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R E P O R T

FROM THE

SELECT COMMITTEE OF THE HOUSE OF LORDS

ON

METROPOLITAN HOSPITALS, &c.;

WITH THE

PROCEEDINGS OF THE COMMITTEE.

Session 1890.

Ordered to be printed 31st July 1890.

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R E P O R T.

BY THE SELECT COMMITTEE appointed to inquire with regard to all HOSPITALS and PROVIDENT and other PUBLIC DISPENSARIES and CHARITABLE INSTITUTIONS within the Metropolitan Area for the care and treatment of the SICK POOR which possess real property or invested personal property, in the nature of endowment, of a permanent or temporary nature ; and to receive, if the Committee think fit, evidence tendered by the authorities of voluntary institutions for like purposes, or with their consent, in relation to such institutions : And, further, to inquire and report what amount of accommodation for the sick is provided by rate, and as to the management thereof ; and to Report thereon to the House.

ORDERED TO REPORT,

THAT the Committee have met, and have considered the subject referred to them, and have examined numerous Witnesses ; and have directed the Minutes of Evidence taken before them, together with an Appendix, to be laid before your Lordships ; and they beg to recommend that the Committee be re-appointed in the next Session.

31st July 1890.

ORDER OF REFERENCE.

Die Lunæ, 28° Aprilis, 1890.

METROPOLITAN HOSPITALS, &c.

Moved, That a Select Committee be appointed to inquire with regard to all hospitals and provident and other public dispensaries and charitable institutions within the metropolitan area for the care and treatment of the sick poor which possess real property or invested personal property, in the nature of endowment, of a permanent or temporary nature; and to receive, if the Committee think fit, evidence tendered by the authorities of voluntary institutions for like purposes, or with their consent, in relation to such institutions: And further, to inquire and report what amount of accommodation for the sick is provided by rate, and as to the management thereof; and that the witnesses before the said Select Committee be examined on oath; agreed to (The Lord Sandhurst):

Then the Lords following were named of the Committee:—

Lord Archbishop of Canterbury.	Lord Clifford of Chudleigh.
Earl Cadogan (<i>Lord Privy Seal</i>).	Lord Sandhurst.
Earl of Winchilsea and Nottingham.	Lord Fermanagh (<i>Earl of Erne</i>).
Earl of Lauderdale.	Lord Lamington.
Earl Spencer.	Lord Sudley (<i>Earl of Arran</i>).
Earl Cathcart.	Lord Monkswell.
Earl of Kimberley.	Lord Thring.
Lord Zouche of Haryngworth.	

The Committee to meet on Thursday next, at Three o'clock, and to appoint their own Chairman.

Die Lunæ, 5° Maii, 1890.

The evidence taken before the Select Committee from time to time to be printed for the use of the Members of this House; but no copies thereof to be delivered except to Members of the Committee until further order.

Die Lunæ, 12° Maii, 1890.

Ordered, That the Select Committee have power to direct that copies of the evidence be delivered to such persons as they shall think fit.

Die Veneris, 6° Junii, 1890.

The Lord Saye and Sele added to the Select Committee.

PETITIONS.

Petitions that the inquiry of the Select Committee may be extended so as to embrace the provincial medical charities; of British Medical Association (29° Aprilis); of Members of the Medical Profession signing (4) (9° Junii); of Members of the Medical Profession at Liverpool (16° Junii); of Members of the Medical Profession signing (19° Junii); read, and referred to the Select Committee.

LORDS PRESENT, AND MINUTES OF THE PROCEEDINGS AT EACH
SITTING OF THE COMMITTEE.

Die Jovis, 1^o Maii, 1890.

LORDS PRESENT :

Earl Cadogan (<i>Lord Privy Seal</i>).	Lord Clifford of Chudleigh.
Earl of Lauderdale.	Lord Sandhurst.
Earl Cathcart.	Lord Lamington.
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The Order of Reference is read.

It is moved that the Lord Sandhurst do take the Chair.

The same is agreed to.

It is moved that the Committee be an open one.

The same is agreed to.

The course of proceeding is considered.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 5^o Maii, 1890.

LORDS PRESENT :

Lord Archbishop of Canterbury.	Lord Zouche of Haryngworth.
Earl Cadogan (<i>Lord Privy Seal</i>).	Lord Clifford of Chudleigh.
Earl of Lauderdale.	Lord Lamington.
Earl Spencer.	Lord Sudley (<i>E. Arran</i>).
Earl Cathcart.	Lord Monkswell.
Earl of Kimberley.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witness is called in, and is examined, on oath, viz.: Lieutenant Colonel
Montefiore.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 8^o Maii, 1890.

LORDS PRESENT :

Earl Cadogan (*Lord Privy Seal*).
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.
 Lord Zouche of Haryngworth.

Lord Clifford of Chudleigh.
 Lord Fermanagh (*E. Erne*).
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *J. C. Steele*, Esq., M.D., and *Timothy Holmes*, Esq., F.R.C.S.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 12^o Maii, 1890.

LORDS PRESENT :

Earl Cadogan (*Lord Privy Seal*).
 Earl of Winchilsea and Nottingham.
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.

Lord Zouche of Haryngworth.
 Lord Clifford of Chudleigh.
 Lord Fermanagh (*E. Erne*).
 Lord Lamington.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witness is called in, and is examined on oath, viz. : *H. Wilson Hardy*, Esq., F.R.C.S., Edin., and M.R.C.S., Eng.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 15^o Maii, 1890.

LORDS PRESENT :

Lord Archbishop of Canterbury.
 Earl Cadogan (*Lord Privy Seal*).
 Earl of Lauderdale.
 Earl Cathcart.
 Earl of Kimberley.
 Lord Zouche of Haryngworth.

Lord Fermanagh (*E. Erne*).
 Lord Lamington.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *William Bousfield*, Esq., and Lieutenant Colonel *Montefiore* (further examination).

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 19^o Maii, 1890.

LORDS PRESENT :

Earl Cadogan (*Lord Privy Seal*).
 Earl of Winchilsea and Nottingham.
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.

Lord Zouche of Haryngworth.
 Lord Fermanagh (*E. Erne*).
 Lord Lamington.
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *Hugh Woods*, Esq., M.D., and *Sir Edmund Hay Currie*.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 22^o Maii, 1890.

LORDS PRESENT :

Lord Archbishop of Canterbury.
 Earl Cadogan (*Lord Privy Seal*).
 Earl of Winchilsea and Nottingham.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.

Lord Zouche of Haryngworth.
 Lord Clifford of Chudleigh.
 Lord Lamington.
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *W. Bruce Clarke*, Esq., F.R.C.S., and *Sir Morell Mackenzie*, M.D.

Ordered, That the Committee be adjourned till Monday, the 9th of June, at Twelve o'clock.

Die Lunæ, 9^o Junii, 1890.

LORDS PRESENT :

Earl Cadogan (*Lord Privy Seal*).
 Earl of Winchilsea and Nottingham.
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.
 Lord Zouche of Haryngworth.

Lord Clifford of Chudleigh.
 Lord Saye and Sele.
 Lord Lamington.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of the 22nd of May last, are read.

The following Witness is called in, and is examined on oath, viz. : *Sir Sydney H. Waterlow*, Bart.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 12^o Junii, 1890.

LORDS PRESENT :

Lord Archbishop of Canterbury.
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.

Lord Clifford of Chudleigh.
 Lord Lamington.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are further examined on oath, viz.: Sir *Sydney Waterlow*, Bart., and *J. C. Steele*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 16^o Junii, 1890.

LORDS PRESENT :

Lord Archbishop of Canterbury.
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Lord Zouche of Haryngworth.

Lord Saye and Sele.
 Lord Clifford of Chudleigh.
 Lord Lamington.
 Lord Sudley (*E. Arran*).
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Sir *Edmund Hay Currie* (further examination), and Sir *Henry Longley*, K.C.B.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 19^o Junii, 1890.

LORDS PRESENT :

Earl of Lauderdale.
 Earl Cathcart.
 Lord Zouche of Haryngworth.
 Lord Saye and Sele.

Lord Clifford of Chudleigh.
 Lord Lamington.
 Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Cottenham Farmer*, Esq., M.R.C.S., *F. H. Corbyn*, Esq., M.R.C.S., and *Lennox Browne*, Esq., F.R.C.S., Edin., M.R.C.S., Eng.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 23^o Junii, 1890.

LORDS PRESENT :

Earl Cadogan (<i>Lord Privy Seal</i>).	Lord Clifford of Chudleigh.
Earl of Lauderdale.	Lord Lamington.
Earl Spencer.	Lord Sudley (<i>E. Arran</i>).
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Rev. S. D. Bhabha, M.D., Brussels, and F.P.S., Glasgow, and B. E. Brodhurst, Esq., F.R.C.S.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 26^o Junii, 1890.

LORDS PRESENT :

Earl Cadogan (<i>Lord Privy Seal</i>).	Lord Clifford of Chudleigh.
Earl of Winchelsea and Nottingham.	Lord Fermanagh (<i>E. Erne</i>).
Earl Spencer.	Lord Lamington.
Earl of Kimberley.	Lord Sudley (<i>E. Arran</i>).
Lord Zouche of Haryngworth.	Lord Monkswell.
Lord Saye and Sele.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: H. Selfe Bennett, Esq., M.B., M.R.C.S., W. Sinclair Thompson, Esq., M.D., J. W. Kay, Esq., M.R.C.S., Lennox Browne, Esq., F.R.C.S., Edin., M.R.C.S., Eng. (further examination), and Mr. J. F. Garioch.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 30^o Junii, 1890.

LORDS PRESENT :

Lord Archbishop of Canterbury.	Lord Saye and Sele.
Earl of Lauderdale.	Lord Clifford of Chudleigh.
Earl Spencer.	Lord Sudley (<i>E. Arran</i>).
Earl Cathcart.	Lord Monkswell.
Earl of Kimberley.	Lord Thring.
Lord Zouche of Haryngworth.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Friday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Miss E. M. Yatman, Miss Mary Raymond, Miss Violet Dickinson, Miss D. J. Page, and Rev. R. H. T. Valentine.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 3^o Julii, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.

Lord Zouche of Haryngworth.
 Lord Saye and Sele.
 Lord Lamington.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Rev. *R. H. T. Valentine* (further examination), Miss *E. M. Yatman* (further examination), Miss *Homersham*, Miss *Mary Raymond* (further examination), and *G. Q. Roberts*, Esq.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 7^o Julii, 1890.

LORDS PRESENT:

Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.
 Lord Zouche of Haryngworth.

Lord Saye and Sele.
 Lord Clifford of Chudleigh.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *G. Q. Roberts*, Esq. (further examination), and Miss *Lüches*.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 10^o Julii, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.
 Lord Zouche of Haryngworth.

Lord Clifford of Chudleigh.
 Lord Saye and Sele.
 Lord Lamington.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witness is called in, and is examined on oath, viz.: Miss *Lüches* (further examination).

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 14^o Julii, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.

Lord Zouche of Haryngworth.
 Lord Clifford of Chudleigh.
 Lord Sudley (*E. Arran*).
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *F. C. Carr-Gomm*, Esq., Miss *E. A. Manley*, *F. J. Wethered*, Esq., M.D., Rev. *C. W. A. Brooke*, and Miss *Lüches* (further examination).

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 17^o Julii, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.

Lord Zouche of Haryngworth.
 Lord Lamington.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Rev. *H. T. Valentine* (further examination), *G. Q. Roberts*, Esq. (further examination), *Raheem Buksh*, Esq., M.R.C.S., Mrs. *C. Perry*, *Samuel Fenwick*, Esq., M.D., St. Andrews and Durham, F.R.C.P., London, *Frederick Treves*, Esq., F.R.C.S., and Miss *Louise Waters*.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 21^o Julii, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Earl of Kimberley.
 Lord Zouche of Haryngworth.

Lord Sandhurst.
 Lord Lamington.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Miss *M. B. Mackey*, Miss *Yatman* (further examination), Miss *Lüches* (further examination), *William John Nixon*, Esq.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 24^o Julii, 1890.

LORDS PRESENT :

Earl Cadogan (<i>Lord Privy Seal</i>).	Lord Saye and Sele.
Earl of Lauderdale.	Lord Sudley (<i>E. Arran</i>).
Earl Spencer.	Lord Monkswell.
Earl Cathcart.	Lord Thring.
Earl of Kimberley.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *G. Q. Roberts*, Esq., (further examination), *John Henry Buxton*, Esq., *W. J. Nixon*, Esq. (further examination), and Miss *Lückes* (further examination).

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 28^o Julii, 1890.

LORDS PRESENT :

Earl Cadogan (<i>Lord Privy Seal</i>).	Earl of Kimberley.
Earl Spencer.	Lord Monkswell.
Earl Cathcart.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *Stephen Mackenzie*, Esq., M.D., *Munro Scott*, Esq., *William John Nixon*, Esq. (further examination), *W. C. Homersham*, Esq., Miss *E. M. Mansel*, *A. W. Lacey*, Esq., and Miss *M. L. Sprigg*.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 31^o Julii, 1890.

LORDS PRESENT :

Earl Cathcart.	Lord Sudley (<i>E. Arran</i>).
Earl of Kimberley.	Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *Mrs. Bedford Fenwick*, and Sir *Andrew Clark*, Bart., M.D.

A Draft Report is laid before the Committee, and agreed to (*vide* the Report).

Ordered, That the Lord in the Chair do make the said Report to the House.



R E P O R T

FROM THE

SELECT COMMITTEE OF THE HOUSE OF LORDS

ON

METROPOLITAN HOSPITALS, &c.;

WITH THE

PROCEEDINGS OF THE COMMITTEE.

Session 1890.

Ordered to be printed 31st July 1890.

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R E P O R T.

Metropolitan Hospitals, &c.

Ordered to be printed 23rd July 1891.

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S E C O N D

R E P O R T

FROM THE

SELECT COMMITTEE OF THE HOUSE OF LORDS

ON

METROPOLITAN HOSPITALS, &c.;

TOGETHER WITH THE

PROCEEDINGS OF THE COMMITTEE,

M I N U T E S O F E V I D E N C E,

A N D A P P E N D I X.

Session 1890–91.

Ordered to be printed 23rd July 1891.

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S E C O N D R E P O R T.

BY THE SELECT COMMITTEE appointed to continue the Inquiry with regard to all HOSPITALS and PROVIDENT and other PUBLIC DISPENSARIES and CHARITABLE INSTITUTIONS within the Metropolitan Area for the Care and Treatment of the SICK POOR which possess real property, or invested personal property, in the nature of endowment, of a permanent or temporary nature ; and to receive, if the Committee think fit, evidence tendered by the authorities of Voluntary Institutions for like purposes, or with their consent, in relation to such Institutions ; and further, to continue the Inquiry as to what amount of Accommodation for the Sick is provided by rate, and as to the management thereof ; and to Report thereon to the HOUSE.

ORDERED TO REPORT,

THAT the Committee have met, and have further considered the subject referred to them, and have examined numerous witnesses, but having regard to the late period of the Session, and the fact that they have so lately concluded taking evidence, the Committee feel that they must defer the consideration of their Report until next Session, in order that they may have ample time to weigh the evidence and discuss their Report. They have, therefore, directed the Minutes of Evidence, together with an Appendix, to be laid before your Lordships ; and they beg to express their hope that they may be re-appointed next Session for the purpose of making a full Report on the evidence taken by them.

18th July 1891.

ORDER OF REFERENCE.

Die Veneris, 23^o Januarii, 1891.

METROPOLITAN HOSPITALS, &c.

Moved, THAT a Select Committee be appointed to continue the inquiry with regard to all hospitals and provident and other public dispensaries and charitable institutions within the metropolitan area for the care and treatment of the sick poor which possess real property or invested personal property, in the nature of endowment, of a permanent or temporary nature; and to receive, if the Committee think fit, evidence tendered by the authorities of voluntary institutions for like purposes, or with their consent, in relation to such institutions; and further, to continue the inquiry as to what amount of accommodation for the sick is provided by rate, and as to the management thereof, and to report to the House; and that the Witnesses before the said Select Committee be examined on oath.

The Lords following were named of the Committee :

Lord Archbishop of Canterbury.	Lord Saye and Sele.
Earl Cadogan (Lord Privy Seal.)	Lord Clifford of Chudleigh.
Earl of Winchilsea and Nottingham.	Lord Sandhurst.
Earl of Lauderdale.	Lord Fermanagh (<i>Earl of Erne</i>).
Earl Spencer.	Lord Lamington.
Earl Cathcart.	Lord Sudley (<i>Earl of Arran</i>).
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The Committee to meet on Monday next, at Twelve o'clock; and to appoint their own Chairman.

Die Lunæ, 26^o Januarii, 1891.

The evidence taken before the Select Committee from time to time to be printed for the use of the Members of this House; but no copies thereof to be delivered, except to Members of the Committee and to such other persons as the Committee shall think fit, until further order.

PETITION.

Petition that the inquiry of the Select Committee may be extended so as to embrace the provincial medical charities; of Members of the Manchester Medico-Ethical Association and other Members of the Medical Profession in Manchester, &c. (20^o Aprilis); read, and referred to the Select Committee.

LORDS PRESENT, AND MINUTES OF THE PROCEEDINGS AT EACH SITTING OF THE COMMITTEE.

Die Lunæ, 26° Januarii, 1891.

LORDS PRESENT :

Earl of Lauderdale.
Earl Cathcart.
Lord Zouche of Haryngworth.
Lord Saye and Sele.

Lord Sandhurst.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The Order of Reference is read.

It is moved that the Lord Sandhurst do take the Chair.

The same is agreed to.

It is moved that the Committee be an open one.

The same is agreed to.

The following Witnesses are called in, and are examined on oath, viz. : *E. H. Lushington*, Esq., and *E. C. Perry*, Esq., M.D.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 29° Januarii, 1891.

LORDS PRESENT :

Earl of Lauderdale.
Earl Cathcart.
Lord Zouche of Haryngworth.
Lord Saye and Sele.

Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *W. H. Cross*, Esq., and *Norman Moore*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 2° Februarii, 1891.

LORDS PRESENT :

Earl of Lauderdale.
Earl Cathcart.
Lord Zouche of Haryngworth.
Lord Saye and Sele.

Lord Clifford of Chudleigh.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *Robert Brass*, Esq., *Frederick Walker*, Esq., and *William Ord*, Esq., M.D.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 5^o Februarii, 1891.

LORDS PRESENT :

Earl of Lauderdale.	Lord Saye and Sele.
Earl Cathcart.	Lord Sudley (<i>E. Arran</i>).
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *J. G. Wainwright*, Esq., *Robert Brass*, Esq. (further examined), Miss *Entwistle*, Miss *Gordon*, and *Seymour J. Sharkey*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 9^o Februarii, 1891.

LORDS PRESENT :

Earl of Lauderdale.	Lord Saye and Sele.
Earl Cathcart.	Lord Sudley (<i>E. Arran</i>).
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Charles Todd*, Esq., *H. H. Clutton*, Esq., F.R.C.S., *Thomas Whipham*, Esq., M.D., and *Isambard Owen*, Esq., M.D.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 12^o Februarii, 1891.

LORDS PRESENT :

Earl Cadogan (<i>Lord Privy Seal</i>).	Lord Saye and Sele.
Earl of Lauderdale.	Lord Sudley (<i>E. Arran</i>).
Earl Cathcart.	Lord Monkswell.
Earl of Kimberley.	Lord Thring.
Lord Zouche of Haryngworth.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Robert Brass*, Esq. (further examined), *F. C. Melhado*, Esq., *E. A. Fardon*, Esq., M.R.C.S., and *A. Pearce Gould*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 16^o Februarii, 1891.

LORDS PRESENT :

Lord Archbishop of Canterbury.
Earl of Lauderdale.
Earl of Kimberley.
Lord Zouche of Haryngworth.

Lord Saye and Sele.
Lord Clifford of Chudleigh.
Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *R. Thorne Thorne*, Esq., M.B., M.R.C.S., *W. H. Cross*, Esq., *Edward B. P Anson*, Esq., and *R. Barnes*, Esq., M.D.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 19^o Februarii, 1891.

LORDS PRESENT :

Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.

Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Sudley (*E. Arran*).
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *F. C. Melhado*, Esq. (further examined), *Arthur E. Reade*, Esq., *Stanley Boyd*, Esq., F.R.C.S., and *Frederick Willcocks*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 23^o Februarii, 1891.

LORDS PRESENT :

Earl Cadogan (*Lord Privy Seal*).
Earl of Lauderdale.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.

Lord Saye and Sele.
Lord Clifford of Chudleigh.
Lord Sudley (*E. Arran*).
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Thomas Ryan*, Esq., Colonel *Stanley G. Bird*, *H. W. Page*, Esq., F.R.C.S., *Malcolm Morris*, Esq., F.R.C.S. (Edin.), M.R.C.S. (Eng.), *A. P. Gould*, Esq., M.D. (further examined), and *Henry Vane*, Esq.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 26^o Februarii, 1891.

LORDS PRESENT :

Earl of Lauderdale.	Lord Clifford of Chudleigh.
Earl Spencer.	Lord Sudley (<i>E. Arran</i>).
Earl Cathcart.	Lord Monkswell.
Earl of Kimberley.	Lord Thring.
Lord Zouche of Haryngworth.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz: *Sidney M. Quennell*, Esq., *Miss Pyne*, *W. H. Allchin*, Esq., M.B., F.R.C.P., and *C. T. Dent*, Esq., F.R.C.S.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 2^o Martii, 1891.

LORDS PRESENT :

Lord Archbishop of Canterbury.	Lord Saye and Sele.
Earl of Lauderdale.	Lord Clifford of Chudleigh.
Earl Cathcart.	Lord Fermanagh (<i>E. Erne</i>).
Earl Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *N. H. Nixon*, Esq., *Sister Cecilia* (Miss *Cecilia Phillott*), *Thomas Barlow*, Esq., M.D., *Arthur Barker*, Esq., F.R.C.S., *Berkeley Hill*, Esq., B.M., F.R.C.S., and *R. Brudenell Carter*, Esq., F.R.C.S.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 5^o Martii, 1891.

LORDS PRESENT :

Earl of Lauderdale.	Lord Clifford of Chudleigh.
Earl Cathcart.	Lord Fermanagh (<i>E. Erne</i>).
Earl of Kimberley.	Lord Sudley (<i>E. Arran</i>).
Lord Zouche of Haryngworth.	Lord Monkswell.
Lord Saye and Sele.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *C. W. Thies*, Esq., *Mrs. Garrett Anderson*, M.D., *James Calvert*, Esq., M.D., *James Berry*, Esq., M.B., F.R.C.S., and *F. H. Alderson*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 9^o Martii, 1891.

LORDS PRESENT :

Lord Archbishop of Canterbury.	Lord Saye and Sele.
Earl Cathcart.	Lord Clifford of Chudleigh.
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Mrs. *Alison, C. H. Byers*, Esq., *D. H. Goodsall*, Esq., F.R.C.S., and *Algernon Coote*, Esq.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 12^o Martii, 1891.

LORDS PRESENT :

Earl Cathcart.	Lord Clifford of Chudleigh.
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.
Lord Saye and Sele.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *H. Dobbin*, Esq., *C. Theodore Williams*, Esq., M.D., *James K. Fowler*, Esq., M.D., and *Seymour Taylor*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 16^o Martii, 1891.

LORDS PRESENT :

Earl Cathcart.	Lord Clifford of Chudleigh.
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.
Lord Saye and Sele.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Pietro Michelli*, Esq., *Buxton Shillitoe*, Esq., F.R.C.S., and *Algernon Coote*, Esq. (further examined).

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 19^o Martii, 1891.

LORDS PRESENT :

Lord Archbishop of Canterbury.
 Earl of Lauderdale.
 Earl Spencer.
 Earl Cathcart.
 Lord Zouche of Haryngworth.

Lord Saye and Sele.
 Lord Clifford of Chudleigh.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Mrs. *Florence Marie Taylor*, the Reverend *Henry Wace*, D.D., Miss *Katherine Henrietta Monk*, and *John Curnow*, Esq., M.D.

Ordered, That the Committee be adjourned till Thursday, the 16th of April next, at Twelve o'clock.

Die Jovis, 16^o Aprilis, 1891.

LORDS PRESENT :

Earl of Winchilsea and Nottingham.
 Earl of Lauderdale.
 Earl Cathcart.
 Earl of Kimberley.
 Lord Zouche of Haryngworth.

Lord Saye and Sele.
 Lord Sudley (*E. Arran*).
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of the 19th of March last are read.

The following Witnesses are called in, and are examined on oath, viz.: *John William Moore*, Esq., M.D., *Henry Gray Croly*, Esq., Major General *T. W. Mercer*, *Herbert Tibbits*, Esq., M.D., *Henry Alexander Dowell*, Esq., and *Samuel H. T. Armitage*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 20^o Aprilis, 1891.

LORDS PRESENT :

Lord Archbishop of Canterbury.
 Earl of Lauderdale.
 Earl Cathcart.
 Earl of Kimberley.

Lord Saye and Sele.
 Lord Monkswell.
 Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Thomas Stretch Dowse*, Esq., M.D., *Arthur Henry Sandiland*, Esq., M.R.C.S., *George Locke*, Esq., M.R.C.S., *Walter Edward Scott*, Esq., and *E. Hurry Fenwick*, Esq., F.R.C.S.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 23^o Aprilis, 1891.

LORDS PRESENT :

Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.

Lord Saye and Sele.
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *E. Hurry Fenwick*, Esq., F.R.C.S. (further examined), *Arthur Lucas*, Esq., *W. B. Cheadle*, Esq., M.D., and *Richard James Gilbert*, Esq.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 27^o Aprilis, 1891.

LORDS PRESENT :

Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Saye and Sele.

Lord Clifford of Chudleigh.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *David Cannon*, Esq., Miss *Marion Squier*, *Richard T. Smith*, Esq., M.D., Captain *A. S. Hincks*, and *W. T. Whitmore*, Esq., F.R.C.S. (Edin.), M.R.C.S.

Ordered, That the Committee be adjourned to Thursday next, at Twelve o'clock.

Die Jovis, 30^o Aprilis, 1891.

LORDS PRESENT :

Earl of Winchilsea and Nottingham.
Earl of Lauderdale.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Saye and Sele.

Lord Clifford of Chudleigh.
Lord Lamington.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Frederick Wallace*, Esq., *George Owen Ryan*, Esq., *William Hope*, Esq., M.D., the Lord *Balfour of Burley*, Major *W. Christie*, and *Edgar O. Hopwood*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday, the 1st of June next, at Twelve o'clock.

Die Lunæ, 1^o Junii, 1891.

LORDS PRESENT :

Earl of Lauderdale.	Lord Saye and Sele.
Earl Spencer.	Lord Lamington.
Earl Cathcart.	Lord Sudley (<i>E. Arran</i>).
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of the 30th of April last are read.

The following Witnesses are called in, and are examined on oath, viz.: *John William Gordon*, Esq., *W. Culver James*, Esq., M.D., *J. J. Johnson*, Esq., and *John Faulkner*, Esq.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 4^o Junii, 1891.

LORDS PRESENT :

Earl Spencer.	Lord Saye and Sele.
Earl Cathcart.	Lord Sudley (<i>E. Arran</i>).
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *George Alfred Cross*, Esq., *Robert Lawson Tait*, Esq., F.R.C.S., *Miss Marian Brew*, *Major William Vaughan Morgan*, *Edward Alder*, Esq., and *Arthur L. A. Forbes*, Esq., F.R.C.S. (Edin.).

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 8^o Junii, 1891.

LORDS PRESENT :

Earl Cathcart.	Lord Saye and Sele.
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Miss Louisa Twining*, *Reginald B. D. Acland*, Esq., *Robert J. Newstead*, Esq., *Miss Elizabeth Nichol*, *Edward Morton Daniel*, Esq., *Gordon Jones*, Esq., M.R.C.P. (Edin.), and *Robert Fitzroy Benham*, Esq., M.R.C.S.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 15^o Junii, 1891.

LORDS PRESENT :

Earl Spencer.
Earl Cathcart.
Lord Zouche of Haryngworth.

Lord Sudlëy (*E. Arran*).
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Henry Williams*, Esq., *John Henry Bridges*, Esq., M.B., *Charles Gross*, Esq., M.D., *Frank Horne*, Esq., and *William Abrams*, Esq.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 18^o Junii, 1891.

LORDS PRESENT :

Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Saye and Sele.

Lord Clifford of Chudleigh.
Lord Lamington.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *John R. Lunn*, Esq., *John Knox*, Esq., M.D., *Thomas Savill*, Esq., M.D., and *John Hopkins*, Esq., F.R.C.S.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 22^o Junii, 1891.

LORDS PRESENT :

Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Saye and Sele.
Lord Clifford of Chudleigh.

Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Thomas D. Mann*, Esq., *W. T. Howard*, Esq., *William Vallance*, Esq., *F. M. Corner*, Esq., M.R.C.S., and *T. B. Campbell*, Esq.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 29° Junii, 1891.

LORDS PRESENT :

Earl of Lauderdale.
Earl Cathcart.
Earl of Kimberley.

Lord Clifford of Chudleigh.
Lord Lamington.
Lord Sudley (*E. Arran*).

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Frederic Andrew*, Esq., *J. E. Allen*, Esq., *John MacCombie*, Esq., M.D., *George Brown*, Esq., M.R.C.S., and *William E. Dawson*, Esq.

Ordered, That the Committee be adjourned till Saturday next, at Eleven o'clock.

Die Sabbati, 4° Julii, 1891.

LORDS PRESENT :

Earl of Lauderdale.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.

Lord Lamington.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Henry Charles Burdett*, Esq., and *Reginald B. D. Acland*, Esq. (further examined).

Ordered, That the Committee be adjourned to Monday, the 13th instant, at Twelve o'clock.

Die Lunæ, 13° Julii, 1891.

LORDS PRESENT :

Earl Spencer.
Earl Cathcart.
Earl of Kimberley.

Lord Clifford of Chudleigh.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Saturday the 4th instant are read.

The following Witnesses are called in, and are examined on oath, viz.: *William Rathbone*, Esq., M.P., and the Rev. *Nathaniel Bromley*.

Ordered, That the Committee be adjourned till Saturday next, at Eleven o'clock.

Die Sabbati, 18^o Julii, 1891.

LORDS PRESENT :

Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.

Lord Larington.
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz. : *Bedford Fenwick*, Esq., M.D., and *C. S. Loch*, Esq.

A Draft Report is laid before the Committee, and agreed to (*vide* Second Report).

Ordered, That the Lord in the Chair do make the said Report to the House.

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LORDS PRESENT:

Earl of LAUDERDALE.

Earl CATHCART.

Lord ZOUCHE OF HARYNGWORTH.

Lord SAYE and SELE.

Lord SANDHURST.

Lord SUDLEY (*Earl of Arran*).

Lord MONKSWELL.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. EDWARD HARBORD LUSHINGTON, is called in ; and, having been sworn,
is Examined, as follows :

Chairman.

9759. You are the Treasurer of Guy's Hospital, are you not?—Yes.

9760. What occupation had you in life before you became treasurer of Guy's Hospital?—I was for 27 years in the Bengal Civil Service.

9761. And to what point in the Civil Service did you ultimately rise?—I rose to be Secretary to the Government of India, in the Financial Department.

9762. How long have you been treasurer of Guy's?—I have been treasurer of Guy's for close upon 15 years.

9763. And during that time have you observed great improvement in hospital management?—Yes, I have.

9764. In what particular branches?—Particularly in the nursing branch.

9765. Could you develop that answer a little further?—I may mention that when I was first appointed to the hospital, for a period of four years I did scarcely anything in the way of reform, but looked on and made myself thoroughly acquainted with the system. The system was that the sisters in charge of the wards were not trained nurses ; that they knew little or nothing about their duties before they came there ; they learned them as they could ; they had no fixed hours of work ; they breakfasted in their own rooms ; they came into the wards when they pleased, and practically they went out when they pleased, so long as they were there when the surgeons and the medical staff went round.

9766. I will come back to the nurses later ; I am taking the constitution of the hospital now. Has there been any alterations made during your time in that?—No, no alteration in the constitution of the hospital.

9767. The hospital was founded by a person of the name of Guy, was it not?—Yes, the hospital was founded about the year 1725, or a little
(24.)

Chairman—continued.

before that, by Guy. He died in 1725, just after the building, I think, had been completed. He left a will defining what in his opinion should be the constitution of the hospital ; and that will formed the basis of an Act of Parliament that was passed in 1726 or 1727 ; and the constitution of the hospital is as follows : It consists of 60 governors, self-elected. Out of this body of governors there is a court of committees, as it is termed, consisting of 21 members ; and this court of committees practically discharges the whole business of the hospital.

9768. How is the court of committees nominated ; there are 21 of the governors you say?—Yes.

9769. Are they taken in rotation?—No, they are elected amongst themselves ; but seven have to go out every year, and seven new members, taken out of the remaining number, are appointed in their place.

9770. Then, with regard to this court of committees, what are their particular functions ; do I understand that they manage the business of the hospital?—They manage the business of the hospital. They take up an agenda, which is prepared by the treasurer, of the several cases and business which have to be brought before them, whether it relates to the estates or to the management of the hospital, or to any expenditure of a character sufficiently large to demand their attention.

9771. And their business is of a formal character?—Entirely ; it is the business of the hospital.

9772. At the same time in the absence of this court you represent that court?—In their absence.

9773. How often do they meet?—Seven times in the year.

9774. Then for the whole of the rest of the year you are in full power in the hospital?—That would be so.

A 2

9775. Does

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[Continued.]

Chairman—continued.

9775. Does that mean that you have the power of settling everything practically off-hand yourself?—If it was of any importance I should call a court of committees; I mean if it was of any importance that I thought was beyond my province, or such that it would be advisable to take the opinion of the governors upon the subject.

9776. Then you have the power of summoning this court of committees in a case of emergency?—Whenever it is necessary.

9777. Whenever you have a case with which you cannot deal yourself?—Yes.

9778. Have you ever called a court of committees together?—Yes.

9779. And what is the quorum?—The quorum consists of seven members of the court besides the chairman, whether it be the president or whether it be the treasurer.

9780. Have you any difficulty in getting a quorum?—I do not think so; I think on the whole we generally have a quorum.

9781. Is your calling this court of committees together a rare occurrence?—They are very rarely called together besides at the appointed times; in fact, I do not think I have called a court of committees together for several years. But I should like to mention that besides this court of committees we have certain standing sub-committees, and we appoint sub-committees for the consideration of important subjects. For instance, we have a standing sub-committee relating to the management of our estates, consisting of three other gentlemen besides myself, and I consult with them on all important particulars concerning the management of these estates. We have a sub-committee just now to consider the expediency of adding to the buildings in the hospital. We have also besides that a consultative body which meets once a month, which is called the "Taking-in-Committee." I do not know how the name exactly came about, it does not apply to what the name indicates, but it is a committee consisting of a certain number of the medical officers, and a certain number of the governors. This committee have no authority to issue any orders, but they meet together once a month to consider whether it would be advisable to introduce any alteration or modification of the nursing arrangements, and their opinion is submitted to the court of committees, and the court of committees either accept it or reject it, or modify it, as they think proper.

9782. That taking-in committee, I understand from you, is practically a nursing sub-committee?—Entirely a nursing sub-committee, relating entirely to the nurses.

9783. Has it anything to do with any other part of the administration of the hospital?—Nothing.

9784. Nothing to do with discipline?—No; nothing.

9785. How is this taking-in committee formed?—It is elected by the court of committees; they choose the governors for this committee, and then we write to the staff, or I write to the staff under the orders of the governors, and beg that they will send two members from the medical

Chairman—continued.

staff to join this committee; any two members they think proper.

9786. Then the medical staff choose two members of their own number?—Yes; generally one surgeon and one physician, and they attend the meetings of this monthly committee.

9787. Then you are assisted in your administration by these various sub-committees?—I am certainly, very much.

9788. But the ultimate responsibility rests with the court of committees?—Yes, the ultimate responsibility certainly does rest with them.

9789. At the same time they are the final court of appeal?—Yes; at the same time there are four general courts that we have; four in the year; and the proceedings of the court of committees are read before the general courts and confirmed by them; it is a mere matter of form, but still all the proceedings of the court of committees come before the general court of governors and are read to them.

9790. Then in the case of some official of the hospital thinking himself very unjustly used, we will say by yourself, he could appeal to the court of committees?—Yes, he could do so certainly.

9791. Then in the case of the court of committees not supporting him he could again appeal to one of these four general courts?—I assume that he could do so; we have never had a case of the kind.

9792. Has it ever occurred to you that it would be useful to have a weekly committee to support you as an executive committee?—We have a meeting once a week, which in former days one of the governors always attended. The meeting is held on Wednesday when I receive all the principal officers of the hospital, the superintendent, the matron, the chaplain, and the foreman of the works. In former days a governor always used to attend those meetings; they are held at 10 o'clock on Wednesday mornings; but of late years the practice of a governor attending has fallen into disuse.

9793. Are not you a governor?—I am a governor.

9794. And you attend?—Yes; but then I take the chair as the treasurer and dispose of the business.

9795. Does the discipline of students come before you in that weekly meeting?—No. As a general rule any misconduct on the part of the students would be brought up to me, especially by the dean of the college.

9796. I will come to that afterwards; but this meeting really has reference to the administration of the hospital, setting aside the medical school?—Yes. It really comes to this: that the superintendent appears with a book in which he has recorded all the events of the week, as far as he is concerned; the number of patients that he has taken in, the number of patients that have died, the number of patients that have been discharged, and so forth; and also if he has noticed any impropriety or misconduct in the wards on the part of the junior medical staff. The matron appears with her book of nurses showing all the transfers, nurses who have been discharged or removed or appointed. The chaplain gives the detail of the various wards he has visited, of the services that he has held, private baptisms, if any child has been

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[Continued.]

Chairman—continued.

been born, and so on. And the overseer, the foreman of the works, brings a detailed account of all the men, the plumber, the glazier, and so forth, who have been employed during the week, and the various works that have been accomplished.

9797. Then, in addition to that, do the petty cash accounts come before you; you have some petty cash accounts, I presume?—Yes, we have some petty cash accounts.

9798. Do those come before you once a week?—No, not so often as that. All the bills that have to be paid come before me on a Wednesday.

9799. To whom of the high officials do the petty cash accounts go in the first instance?—The petty cash accounts go to the accountant in the first instance. If you mean small sums such as 1 *l.* or 2 *s.*, and so on, they are all looked at by him, and he brings them to me with the vouchers once a quarter, or something like that.

9800. There is a voucher for everything; every small detail?—Yes.

9801. Then, do I take it as your answer, that these petty cash accounts are only looked into once a month?—Not so often as once a month; probably once in three months.

9802. And the vouchers go on accumulating during all that time?—Yes.

9803. Do you think that that is a good plan?—The total amount of petty cash accounts, when I go through them, I think only averages about 60 *l.*

9804. Now, passing to another subject, the principal part of the income of Guy's Hospital is derived from estates?—Yes.

9805. What amount of estates have you?—We have three large estates; one in Herefordshire, one in Lincolnshire, and one in Essex. The Herefordshire estate is about 10,000 acres, the Lincolnshire about 9,000 acres, and I think the Essex estate about 9,000 acres; and then we have an estate in Southwark, consisting of warehouses round about the hospital, which produces about 7,000 *l.* a year. These four properties used to give us about 50,000 *l.* a year gross; but in consequence of the agricultural depression we have lost in Essex quite 40 per cent. of our rents. Our rents in Essex have dropped from 9,500 *l.* to 4,000 *l.*; and in Herefordshire and in Lincolnshire they have dropped about 30 per cent.; between 25 and 30 per cent.

9806. Have you any farms on your hands now?—At this minute we have about 1,400 acres of land in hand in Essex.

9807. You used, I understand you to say, to clear 50,000 *l.* a year from these estates?—That was the gross amount.

9808. Now you have a sum much less than that?—Yes; net, to spend on the hospital, very little over 26,000 *l.*

9809. Then how do you make up your deficit?—We make up our deficit from two or three different sources. First of all, we realise a certain income from our lady pupils; we realise a certain income from our out-patients, and we realise a certain income from our in-patients; and we further raised from the public 100,000 *l.*, and we take out of that 100,000 *l.* each year whatever may be sufficient to make up our income.

9810. But now, with all these different methods (24.)

Chairman—continued.

of procuring money, have you got all the beds full that there are in the hospital?—No.

9811. Can you tell me, in round numbers, how many are vacant?—We can take in 600 patients; we have beds for 600 patients, but at this very minute we have about 427 or 428 actually in beds.

9812. Therefore you have about 150 beds vacant for want of funds?—I should rather say 100 beds vacant for want of funds; we always like to keep an odd 50 unoccupied in case there should be any outbreak of cholera or dysentery, or any very serious accident on one of the railways, as the result of which we might have to take in a great number of people. So that though we have only 450 people in beds we practically have an establishment that would enable us to take in 500 on a pinch. I may say, therefore, that we are 100 beds short of what we could maintain if we had sufficient funds.

9813. You are 100 beds short for want of funds?—Yes.

9814. That is in a very densely populated district, is it not?—Very much so.

9815. And is it not very short of hospital accommodation; you have only one other hospital in the neighbourhood, I think?—We have no other hospital immediately near at hand. In the case of all these serious dock and wharf accidents, the nearest two hospitals are the Poplar Hospital and the Seamen's Hospital at Greenwich, each about four miles distant from Guy's.

9816. Then the case is even stronger than I thought; you are the only hospital in that district?—The only one.

9817. And yet for want of funds you are obliged to keep permanently vacant 100 beds?—Yes.

9818. Do you make a habit of appealing annually, or three or four times a year, for money?—I think we almost do more than that. Whenever anybody gives us a present, say some 400 *l.* or 500 *l.*, or 1,000 *l.*, as we now and then get, I immediately put an advertisement into the newspapers headed by this 1,000 *l.*, or 500 *l.* or 400 *l.*, and invite further subscriptions.

9819. Using the gift as a sort of decoy?—That is pretty well what I try to do. It brings the hospital before the notice of the public.

9820. In regard to tradesmen's bills, who pays them?—I do, every one.

9821. Are they examined by any sub-committee, or what is the course taken?—That depends upon what department they are in. If they are in the medical store and drug department, Dr. Steele looks at them; they are signed by the head dispenser, examined by Dr. Steele, and submitted to myself; and he brings a book every week to me, showing me the quantities of drugs that should be ordered. I go through this list of drugs, and if it occurs to me that it would be advisable to apply for contracts for any one of those drugs, then I desire Dr. Steele to apply for contracts, consider the contracts afterwards, and accept whichever contract seems most advantageous to the hospital.

9822. Then the dispenser himself does not order the drugs?—No; he puts them down in a list.

9823. And you pass it?—I pass it.

9824. And you order the drugs, and you pay for them?—I order the drugs and I pay for them.

9825. But is there no committee appointed to take

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[Continued.]

Chairman—continued.

take the responsibility from your shoulders?—No, not in that matter.

9826. You are responsible entirely?—I am responsible entirely. In the same way with regard to the instruments that are used in the hospital, of course I do not order these instruments unless the instrument committee, which is a committee consisting entirely of surgical men, think they should be purchased. They have a book for the purpose, and they put down what instruments they think should be purchased for the benefit of the hospital, and when I get that book, then I look into it as carefully as I can and order the instruments.

9827. But in the matter of the one hundred and one things required for a hospital, food and drugs, and clothes, and all the other articles required, when are those bills paid; once a quarter or once a month?—We pay some of them once a quarter, but we generally try and pay our bills as rapidly as we can. Take our coal bill, for instance; we make contracts for coals, and that bill is paid once in three or four months, or once in six months, when it comes in. And again, our fish and chickens are paid for, I think, about once a month or once in two months.

9828. Not once a week?—No.

9829. You do not have any regular system of paying large amounts once a quarter, petty cash accounts once a week, and certain other bills once a fortnight?—No; I always devote my Wednesday morning to paying all the bills I can, all that we have got in and that have been examined before they come up to me. The whole bundle is brought to me; my accountant gives me one bill after another; I make inquiries about it and see that it has been duly examined and tested; and then I sign the cheque.

9830. Is any other signature required to the cheque besides your own?—The accountant countersigns the cheque after I have signed it.

9831. With regard to some of these contracts, for food, say, who makes the contract?—The applications or tenders are sent to me in sealed envelopes, and I open them in the presence of the superintendent, and I read out the figures; he notes them down, and then I discuss with him as to which person we should give the contract to. It does not always follow that we give the contract to the lowest application. For instance, if I have known a butcher who has not served us very well, though he may quote a little lower than somebody else, I very often pass him over and give it to another man who I think will give us better meat.

9832. Who receives the food when it comes into the hospital?—We have a hospital steward.

9833. Does he receive every item of food that comes in?—Yes.

9834. Then is there any check over him at all; how do you know that he performs his duty?—He is a very old servant of the hospital, and I think we have this assurance that he performs his duty; namely, that if he did not supply the amount of fish and chicken and meat that was ordered, according to the sisters' tickets which he receives every day for the diet, the sisters would complain and say that A. or B. was ordered fish or poultry and never got it.

Chairman—continued.

9835. You think that indirectly there is a check upon him in that way?—I think that indirectly there is.

9836. And you think you are secure of having good food supplied, because the sisters and patients would complain if it was not good?—I may say also that one of the steward's clerks goes down into the kitchen every morning, when the meat arrives, sees it, weighs it, examines it, and reports upon it.

9837. Is the steward always present himself on those occasions?—Not when the meat arrives always; he probably does not come till a little afterwards.

9838. That is what my former question alluded to?—He does not go down to receive the meat himself; one of his assistants does that.

9839. The assistant goes down and weighs the meat, you say?—Yes.

9840. This is a delegation of duty; the steward is responsible, though his clerk weighs the meat?—He would be responsible; I should hold him responsible. He goes himself and serves out beer, wine or spirits, or anything in that way; he goes down to the cellar himself and serves out those personally; that I know.

9841. Now, in regard to these various amounts of meat, beer, and other commodities, are the amounts consumed compared with previous figures?—Very closely; and I constantly turn round to the accountant and say, "How does this fish bill compare with last month?" or, "How is it we have had so many fowls?" It is very difficult to get at the exact truth of the matter, because it depends upon what the medical officers may order. They may have a dozen men on fish in one week in one month, and only six in a week in the following month, and so on; so that you cannot make any very close comparison.

9842. Passing now to the officials, who are the senior officials appointed by; who were you appointed by?—I was elected by the governors.

9843. By the governors in general court?—Yes.

9844. And the other senior officials, the medical superintendent and others?—They are elected by the governors in general court. Under our Act of Incorporation there are certain appointments that are placed in their hands; the matron, the superintendent, and the chaplain are elected by the general court, also the physicians and surgeons.

9845. In the case of dismissal, would they be dismissed by the same body?—I have never had such a case of that kind, but I should think that probably if they were dismissed their misconduct would be inquired into in the first instance by the court of committees, and they would make such a report to the court as they thought proper, and the court would, no doubt, adopt their views. As I have already said, the court of committees really does all the business of the hospital.

9846. Are the assistant physicians and surgeons also appointed by the general court?—Yes.

9847. Then the other gentlemen, the house surgeons, how are they appointed?—They are appointed by me on the recommendation of the medical school.

9848. Now the medical superintendent, Dr. Steele, has, I think, told us in his evidence, that
he

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[Continued.]

Chairman—continued.

he has nothing to do with the medical work of the hospital?—I think he ought not to be called medical superintendent at all; that is a term that has crept in. When he was appointed in 1853 he was appointed as steward, and resident superintendent I think was his title, and it had nothing to do with the medical department at all.

9849. He called himself medical superintendent, I think, when he was examined here?—Yes, but he was never appointed so by the Court.

Earl Cathcart.

9850. He is called "superintendent" in Burdett's Hospital Annual?—Yes, that is the title by which he generally goes.

Chairman.

9851. In answer to Question 614 he gave us his exact position and title as "medical superintendent"?—"Medical" is not correct, strictly speaking.

9852. Where do the resident officers, the house physicians, and house surgeons, live?—Till within the last year, the last few months I may say, they lived in accommodation that was assigned to them in the hospital, and they were fed at the expense of the hospital; they had bedrooms and meals provided for them at the expense of the hospital. When the college was built and opened, I think in April last or May last, they went over to the college, and we handed over to the college authorities the money; and pay them annually the money that they used to cost us when they boarded and lodged in the hospital.

9853. Is that the Residential College of Students?—Yes.

9854. Is that residential college some way from some of the wards?—It is immediately outside the gates, and we have a subway leading into the wards.

9855. Then you have actually no medical officer residing within the walls of the hospital?—Yes, we have in this way, that the medical officer on duty for the week, and the surgeon on duty for the week, sleep in the hospital, but they do not get their meals in it.

9856. So that those are the gentlemen who are called down in case of an accident being brought in in the middle of the night?—Yes, or in a case of any serious illness occurring suddenly.

9857. Have those gentlemen salaries?—They have no salaries.

9858. Now, as regards the nurses, you began to tell us something about the sisters; by whom are the sisters appointed?—The sisters of the hospital are appointed by myself; that is to say, the matron informs me that a ward is vacant, and she recommends A. B. or C. D. to be the sister of the ward, and these sisters are generally taken from amongst the lady pupils who have been trained in the hospital, and who have had a year's training; so that they come to us knowing all about the hospital, and knowing their respective duties.

9859. Do you train your own nurses at the hospital?—Yes, we train our own nurses at the hospital.

9860. You appoint the nurses on the recommendation of the lady superintendent?—The sisters I appoint.

(24.)

Chairman—continued.

9861. They are commissioned, as it were, by you?—Yes.

9862. But who appoints the nurses?—The nurses come as probationers; all our nurses begin life as probationers.

9863. Who appoints them?—They are appointed by the matron.

9864. They are commissioned, one may say, by the matron?—Yes; and provided they conduct themselves properly they become, after 18 months, full nurses.

9865. Being appointed by the matron, are they also dismissed by the matron?—During the period of their probation they are dismissed by the matron.

9866. Is that up to 18 months?—That is up to 18 months.

9867. Then, at the same time, is the engagement terminable by the other party, the probationer, during her time of probation?—Yes; for the first month they have the option of terminating their engagement if they think proper. After that, after the first month, they sign papers to say that they will serve us for three years.

9868. Then there is no giving a month's notice, and going away?—No.

9869. Then, do I understand that the matron has power to discharge?—Yes, the probationers.

9870. As regards the full nurses, who discharges them?—She would speak to Dr. Steele, the superintendent, on the subject, and if they were both of one mind I think the matron would probably speak to me first about it, and then discharge the woman; but that very seldom, if ever, happens.

9871. But that seems rather a haphazard way of doing it; would it not be simpler if the matron had simply the power of suspending, and then bringing the thing formally before you?—That would be, perhaps, a more complete way of doing the business; but I think that, as I am always on the spot, there is scarcely any necessity for that. When I say always on the spot, I am on the spot every day for six months, and, during the rest of the year, always three days a week. There is scarcely any necessity for suspending a nurse pending such orders as I might have to give on the subject.

9872. The fact of your being on the spot, you mean, obviates the necessity for suspension?—Yes. I think, if a nurse committed any very flagrant act, the matron would immediately remove her out of the ward and apply to me for orders; that would be practically suspension.

9873. But, as a matter of your own private opinion, do you think it wise to give a subordinate official the power of dismissal?—Yes; I have no doubt it is advisable to give the matron this power to dismiss probationers. Nobody can really so well tell as herself whether they are inefficient or incompetent. She visits all our wards every day, and she knows the work of everybody in the wards.

9874. Does the matron go round all the wards every day?—Every day.

9875. Does the superintendent go round the wards?—Every day. He goes round the wards every morning; he goes into the wards and ascertains the number of beds empty, or likely

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Chairman—continued.

to be empty : he takes a record of that, and also notices whether the dressers are in attendance and doing their duty ; and, if they are late, it is his business to report it to me ; for instance, that he found a dresser very late, that he had not finished the work by dinner-time.

9876. We will keep to the nurses for the present ; he would be communicated with by the sister in regard to any of the nurses ?—Certainly.

9877. About the working hours of these nurses, can you tell us what they are ?—Yes, I can give it you exactly. First of all we may deal perhaps with the day nurses. The day nurses are expected to be up and out of their dormitories at 20 minutes past seven ; they breakfast immediately afterwards, at half-past seven, and they enter the wards at eight o'clock. They dine in two batches. The first dinner hour is from half past 11 to 12, and the second batch dine from 12 to half-past 12 ; half an hour being allowed for dinner. They have tea at half-past four to five, and five to half-past five. They have supper again at half-past eight to nine, and nine to half-past ; and they leave their wards at a quarter to 10.

9878. But now in regard to dinner, you say the first lot of nurses have only half an hour for dinner, namely, from half-past eleven to twelve o'clock—Yes.

9879. Does that actually mean the time they have for dinner ?—Yes.

9880. Are not the wards a long way from the dining room ?—Not very far ; but, I am sorry to say, I think as a general rule the nurses are very much disposed themselves to curtail this half hour. It is, as you know, a very busy time in the morning in the wards between half-past eleven and twelve ; and they run down and get their dinner as fast as they can.

9881. You say that they are “disposed” to curtail this half hour ; would you not rather say obliged ?—No, I am sure it is a voluntary service on their part ; I am quite certain of that.

9882. Still, at the same time, though we may give them credit for all possible zeal, would it not make the work very much behind-hand if they took longer at their dinner ?—If they had a longer period it would make it very much behind-hand indeed.

9883. I suppose that it takes the nurse two or three minutes to get from the ward to the dining room ?—Yes.

9884. And then she wants to wash her hands, and for that she has to go to her room, and then it takes two or three minutes to get back to the ward ; so that you whittle down this half hour ?—It is whittled down a little bit, I am bound to say that.

9885. Have you ever had under consideration the possibility of elongating this time ?—I have thought over it, but it is not feasible very easily, because our patients dine at a quarter or twenty minutes past twelve ; the sister carves the patients' dinner and the nurses have to hand it round ; and they must be back to do that. Then they have to tidy up the wards directly after that, and at half-past one o'clock our surgeons and physicians begin to come round.

9886. At what o'clock do the house surgeons

Chairman—continued.

go round ?—They ought to be going round directly after 10 o'clock.

9887. Then coming to the night nurses, what are their hours ?—The night nurses go on duty at half-past nine in the evening.

9888. Before they go on duty what do they do ; have they what one may call breakfast ?—Yes ; they breakfast at 10 minutes past nine p.m. They go on duty at half-past nine, and they leave their wards at half-past eight on the following morning.

9889. Therefore, for one hour you have the whole staff at work ?—Yes ; because it is very important just to have that time. It is the beginning of the day ; not quite a whole hour, but a good portion of one.

9890. Do they begin attending to the patients earlier than half-past seven ?—Yes ; people of the working-classes have been all their lives in the habit of waking very early.

9891. And then the night nurses come down out of the wards at half-past eight ; and then do they have any dinner ?—Yes ; at twenty minutes past nine.

9892. Do they take anything into the wards with them by way of food ; what we might call luncheon ?—Yes, they do ; night nurses have tea and sugar served out weekly for consumption in the wards, to which is added each night bread and cold meat, or ham, or eggs, or potted meat. They usually make two light meals in the wards, one about midnight and the other about five in the morning.

9893. And what do they drink, tea or coffee, and do they make their own tea in the wards ?—They make their own tea in the wards.

9894. They do not have any beer in the wards ?—No, not at night, in that way.

9895. Does anybody dine with the nurses, any official ?—No, the matron goes down and carves for them on Sundays, and on other days the dormitory matron and the housekeeper.

9896. She does not actually eat the dinner ?—No.

9897. Is there a housekeeper ?—Yes.

9898. Where does she eat ?—She carves at the other end of the table.

9899. Supposing that the food fell short in quantity or quality, you presume that it would be brought to your notice ?—Certainly it would.

9900. Have you ever had complaints in that respect ?—Little petty complaints ; not that they did not have enough, but that the meat was not as nicely cooked as it might be, and so on.

9901. To whom does that complaint ultimately go, to the superintendent ?—It comes to me generally.

9902. Comes to head-quarters ?—Yes ; and I make inquiries into it, of course ; and now and then I drop in to the nurses' dinner myself and see what it all comes to.

9903. In regard to the patients, have they the same advantage ; does anybody go and see what they have for dinner ?—Yes, I constantly see the patients' dinner.

9904. You said, just now, that one of your sources of income was from lady pupils ?—Yes.

9905. Have you got a separate lady-pupil fund, or probationer fund, or do you keep it with the accounts

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accounts of the hospital?—We keep a separate account, but it is included in the balance of the income of the hospital. We charge a guinea a week for each lady pupil, and we have got 20 of them now, I think; so that you see it, produces a pretty good sum in the year. The rooms are all full.

9906. In addition to your hospital nurses, I think Dr. Steele has told us that you have what is called an institution for nurses?—Yes.

9907. Something like the institutions for private nurses?—Yes.

9908. Is there any possibility of your hospital nursing suffering because of the withdrawal of nurses for the purposes of this institution?—None whatever.

9909. Supposing there was a chance of sending one of your nurses out, and you had not got one in the institution available, should you ever send into the hospital for one to go out?—I do not say that has not been done; it may have been done, but I think very rarely. If we have no nurses to send out, when an application comes, we tell them we have nobody to send.

9910. It is not your practice to take them out of the wards?—No, certainly not.

9911. How long do you train your nurses before you allow them to go to the institution?—Never for less than 18 months; and we pay the whole expenses of their training at the hospital from the funds of the institution, from the profits arising from our private nursing institution. I have always 12 nurses in training for our institution in the hospital, whose services are placed at the disposal of the matron as long as they remain in the hospital, and we pay for their keep; we pay about 400 *l.* a year from the profits of the institution to the hospital; so that the hospital has a clear gain of 12 nurses outside the nursing staff of the hospital to make use of for such purposes as they see fit.

9912. Then it frequently happens in a hospital that cases occur which require special assistance, and then are what are termed special nurses provided for them?—Yes.

9913. Have you got any such special nurses?—We have always a few extra, about six or seven; and then we have got the probationers if they are sufficiently competent; and if there should happen to be an institution nurse who is doing nothing at the time, I think the matron would ask for the loan of her, and we should be glad to send her.

9914. But still that nursing institution has its own separate funds?—Entirely separate.

9915. Then would the hospital credit the institution with the value of that nurse's services?—We have done so for three years; but last year we found our institution so flourishing that we said, "You shall have your nurses for nothing, and we will not charge you anything."

9916. Have you ever had to go outside for nurses?—Never.

9917. You have always had enough to satisfy the demand?—Yes. Supposing the surgeon wishes to perform some delicate or difficult operation, ovariectomy, for instance, and he wants two special nurses to attend that case, the matron may say to him, "I am sorry I cannot let you

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Chairman—continued.

have these two special nurses for to-morrow or Tuesday, but if you will put it off for two or three days I shall then be able to provide for you; "so that we never go outside for a nurse.

9918. Do your nurses, institute nurses and all, have any leave during the year?—Yes; I think our institute nurses get three weeks' leave in the year, and our hospital nurses get a fortnight's leave in the year.

9919. What do the nurses do; merely nursing, or do they also engage in what are known as menial occupations?—They engage in no menial occupations whatever.

9920. Who does that sort of work?—We have a set of ward maids. The probationers are required to clean the lockers that are by the bedside; that is the only menial occupation they have to perform. The fact is our nurses would not be strong enough to perform the rough menial work that used to be done in the wards by nurses 20 years ago; they are a different class of women.

Earl Cathcart.

9921. I think Dr. Steele told us that the conduct of the medical students, as a rule, was excellent?—So it is.

9922. And that he did not remember any case of expulsion of any kind?—I am afraid I could not quite endorse that, and say that I have never known any case of expulsion, because such a thing has happened.

9923. I am speaking from memory only, but I think Dr. Steele said that at the moment he did not recall any case of expulsion?—You see this matter would not come before Dr. Steele. Supposing that by any chance a student was found stealing somebody's microscope, or books, or something of that kind, that would not come before Dr. Steele; he would know nothing about it.

9924. But as a rule the conduct of the medical students is good?—Excellent.

9925. The 1,400 acres of land you have on hand must cost you a great deal of money?—That it does, but I am happy to say that we are not entirely out of pocket by it. I think that last year, when we made up our accounts, after debiting ourselves with interest for the capital and charging a small amount to rent, we still had a little over.

9926. There has been a good deal of complaint in the newspapers lately with regard to your hospital, has there not?—Not very lately; there was some years ago.

9927. But not lately?—Not lately. I did see something, but I really forget what it was about.

9928. Have you paying patients?—Yes, we have.

9929. Are a great many beds occupied by paying patients?—No; we have one ward set apart for three-guinea patients; each patient occupies a cubical, and a resident physician or resident general practitioner is in charge, and if the patient is not satisfied with this general practitioner, he or she may call in any medical man that they desire. If they are too poor, which is very often the case, to have a very first-

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class surgeon, and pay his fees, then the senior surgeon of the week at Guy's will come in and perform the operation for nothing.

9930. And you think there is no danger of these paying patients running away with the attention that ought to be devoted to the poorer patients?—Certainly not. They are kept in a separate ward by themselves; they have a separate staff, a separate cook, and a sister in charge, and so on. Then, also, we have in the general wards what we call guinea beds, and the patients who occupy those beds are treated in precisely the same way as if they were free patients.

9931. And you think there is no tendency that those guinea patients should run away with the attention that ought to be devoted to the poorer patients?—No, it is rather the other way; we generally find these guinea patients' beds filled up with free patients.

9932. Do you find the guinea patients discontented, and more apt to complain than the poorer patients?—No, I do not think so.

9933. The guinea does not really defray the expense of the patient?—No, but it covers a certain amount.

9934. Did the idea ever occur to you of a co-operation for the supply of drugs to the different hospitals; I believe that some such system exists in Paris; did you ever hear of it?—No, I cannot say that I did.

9935. Would any such system be likely to work well, in your judgment?—I am afraid it would not work well.

9936. My opinion does not quite agree with yours on one point; my experience teaches me that if I were in your position I should, myself, go and see the bread and meat that comes in, and certainly I should make the steward go and see it?—I can only say about the bread, that I eat it every day myself; with regard to the meat, I could not promise to see it every day; it arrives early in the morning.

9937. In your position, I think I should get up sometimes even early in the morning to be there when it came; but I should certainly make the steward go to see it. My experience tells me that such supervision is of the greatest advantage in the Army. When I was adjutant of a regiment, my colonel used to come every morning to see the meat, and it was attended with the greatest advantage. Do you know that there are complaints in the London hospitals about the supply of meat?—Yes, I do.

9938. That the meat is of inferior quality?—Yes; I have heard that stated.

9939. Have you got a college club in connection with your college?—Yes.

9940. And it works well?—Yes, very well.

9941. Is it on the same principle as the club in the London Hospital?—I am not acquainted with the club in the London Hospital; but ours works very well.

9942. Now, with regard to the power of dismissal of a nurse which is confided to the matron; that matron is brought into contact with that nurse, and there might be a case where the matron might lose her temper; in a case of that sort, would it not be desirable that there should be somebody who was not brought into contact

Earl Cathcart—continued.

with the nurse who might adjudicate upon the case with an even mind?—It might be so; but, at the same time, I feel that our matron is a very just woman, and I think she would be very sorry that her temper should lead her to do any injustice to another woman; she would rather lean the other way.

9943. But still, from an abstract point of view, leaving your own matron out of the question, you would admit that it would be better, where people are brought into contact, and there might be temper, that there should be some person of an even mind to adjudicate?—In the abstract, I do not deny that.

Earl of Arran.

9944. I think you said that, if there were any changes necessary in the nurses, they first came before the taking-in committee?—Yes.

9945. And then were referred to the court of committees?—Yes.

9946. If a long period elapsed between the meeting of the taking-in committee and the court of committees, how would any changes which were necessary to be made be dealt with?—I should deal with them myself, if I thought it advisable, and mention it to the taking-in committee; if orders should issue at once, I have issued them.

9947. If your funds allowed it, would you easily fill up the 100 beds which you now say are vacant for want of funds?—I should think there would be no doubt about that.

9948. There is a greater need for accommodation than there is accommodation existing?—It is so; we have constantly to send patients out of the hospital, besides sending them away occasionally when we should have been glad to have kept them in until their convalescence became well assured.

9949. If patients apply for admission and you cannot admit them, what becomes of them?—We send them to St. Thomas's very often.

9950. What would be the proportion of guinea patients to non-paying patients?—Something very small. We have altogether 17 or 18 wards, and I think somewhere about 20 beds of guinea patients.

Earl Cathcart.

9951. Is there an absolute limit to the guinea patients?—There is an absolute limit.

Earl of Arran.

9952. Is it a percentage; can you only take so many, or would that depend upon the number of free patients in at the time?—No, it is a fixed limit.

9953. What is the limit?—It rather depends upon the size of the ward. We will say that in this ward we may keep four beds, in that ward two, and so on.

9954. I understand that there are about 500 beds altogether; how many of those 500 could you say are for paying patients. What is the limit of paying patients?—I think 19 to 20.

9955. Altogether?—Yes, not more.

Lord Zouche of Haryngworth.

9956. Before the agricultural depression set in,

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Lord Zouche of Haryngworth—continued.

was the income from your estates sufficient?—We never asked the public for a sixpence.

9957. All your difficulties then commenced?—All our difficulties commenced then.

9958. I think you said that your present disposable net income was about 26,000 *l.* a year?—Yes, from our estates.

9959. I think the public subscribed 100,000 *l.* a short time ago?—Yes.

9960. Are you obliged to take from the capital of that sum to supplement the income from time to time?—Yes, we have to do so.

9961. So that in course of time that will be exhausted?—Yes, but we did it with our eyes open; we felt that posterity must put their hands in their pockets in their turn, and do something for the hospital. We thought that better than reducing our expenditure, where a hospital was so very much needed, to our absolute income.

Lord Thring.

9962. I understand, with respect to the management of the hospital, you would not yourself at all object if the governors took a little more active part in it, and appointed a weekly committee to help you?—I always find that I can get any assistance from the governors. I think they are always ready to help me.

9963. You do not think it is necessary for them to take a more active part?—I do not think so; I do not think the business would be done any better.

9964. With respect to this half hour that the nurses are supposed to have for dinner, do not you think that, *coûte que coûte*, some arrangement ought to be made by which they should have at least a clear half hour for dinner; could not the doctors give way if necessary; surely the health of the nurses is quite as important as the convenience of the doctors?—I have not heard our nurses complain that they find the time short; that is my only standard. As a general rule, I should say that half an hour or twenty minutes is too little time for dinner; but I have no complaints on the subject.

9965. I am aware that there are no complaints, and I am aware that it is not your fault that there is this short time, but you really do not think it is enough?—When it is cut down to less than one half hour I fear it is too short a time.

9966. And you think, therefore, that a little sacrifice ought to be made to secure a full half hour?—Yes.

9967. With regard to those who die in the hospital, what happens?—When a death takes place in one of the wards two attendants come up with the shell, and a pall is thrown over the coffin, and then the body is placed in it, and the nurses and the sister walk reverently behind the coffin to the door of the ward. It is then taken and put into the mortuary. When any friend of the deceased wishes to see the body he comes up to the ward where his friend died, and says, "I wish to see the body of So-and-so who died on such and such a day." The nurse then goes down to the dead-house, speaks to the man in charge there, has the body taken out of the dead-house, put into a little mortuary entirely separate in a shell that is kept for the purpose, sees that

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Lord Thring—continued.

the corpse is decently and properly arranged, and then when all that is complete she takes the friend of the deceased into that mortuary.

9968. With respect to the opening of a body, supposing the patient dies of a particular disease, and the doctor wishes to open the body, who has the control over that?—The doctor manages that, but it is his duty in the *post mortem* department to see that everything is decently and properly covered up afterwards.

9969. But nobody except the doctor looks to see whether the body is, say, properly sewn up so that it shall not unnecessarily offend the friends?—The nurse sees that everything in the shell is in decent order; that grave clothes are arranged so that the friends see nothing of course but the face of the deceased.

9970. And care is taken not to offend them?—Every care is taken not to offend them.

Earl of Arran.

9971. Have you ever turned your mind, by chance, seeing the large size of your estates, and the amount of land that you unfortunately have had on hand for some time, to the question whether it would be possible to supply the needs of the hospital from those estates yourselves instead of by contract; for instance, whether you could grow your own meat and vegetables, and things of that sort?—I am glad to have the opportunity of answering that question, because of late we have made arrangements for the supply of our milk from our own estates. All the milk that is consumed in the hospital comes from our own estates; it costs us a little more money, but we are sure that it is perfectly good and pure; and I think it has been a very great additional comfort to the patients in the hospital to have had such good milk. I have now got under consideration whether we could furnish our poultry from our estates, but I have not yet turned my attention to vegetables. It is a very difficult thing to arrange for our poultry, because I cannot say how many fowls will be wanted for the next day; it depends upon what the doctor orders; if he says there are to be so many patients on chicken diet next day, we have got to get the chickens ready. But as regards milk, we have nearly a fixed supply every day.

9972. The question of supplying meat from your own estates you have not turned your attention to?—Meat I have not; there would be a similar difficulty about that.

Lord Thring.

9973. The sister is the superintendent of the ward?—The superintendent of the ward, the head nursing authority in the ward.

9974. Is she a lady?—She is a lady; and that has been of great advantage in the new system, I think.

9975. She has a permanent appointment?—She has a permanent appointment.

9976. And I suppose that the removal of her would, in fact, rest with yourself?—Yes.

9977. The matron is the head sister?—Yes.

9978. And, supposing anything were wrong, a sister would be removed, on the recommendation of the matron, by yourself?—Yes.

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9979. When do the sisters dine?—At half-past five; they have a separate dining-room.

9980. And what hours do they keep generally?—They are expected to be in their wards at eight in the morning.

9981. A day sister, you mean, has to be in the ward at that time?—A day sister.

9982. And then she breakfasts?—She breakfasts first.

9983. And then does she take something into the ward for luncheon?—No; she has luncheon provided for her in the dining-room.

9984. And dines at half-past five, you have told us?—Yes.

9985. What time does she go off duty?—That very much depends on circumstances. If she is taking in accidents, as we call it, for that week, she probably stays in her ward; it may be the whole of that day.

9986. To what hour?—Her sitting-room and bedroom are part of the ward; she sits in her room occasionally, but considers herself ready to receive patients in case of accident till she goes to bed, which is at 10 o'clock.

9987. The night sister comes on at 10 o'clock?—Yes.

9988. She has breakfast before she comes on?—Yes; and then she has her own room where she has refreshments for the night.

9989. And at what time does she go off duty in the morning?—At the same time as the night nurses go off.

9990. And what holidays do they get?—The sisters get a month in the summer and about a week or ten days at this time of the year; and we are always ready if they want a holiday at any other time to allow them to go, because we can always temporarily supply their places from lady pupils who have completed their training, who are only too glad to come back to the hospital and do work for a fortnight, or three weeks, or a month, for nothing.

9991. Who attends a sister in her illness?—One of the assistant physicians, whichever physician they originally ask; they are allowed to ask any physician that they like.

9992. They have a choice in fact?—They have a choice.

9993. They are attended in their own rooms?—Yes.

9994. Who attends to the nurses?—One of our assistant physicians, Dr. Shaw, is told off on purpose.

9995. And is there a separate room for them?—There is a small room for them when they are ill, provided they are not very ill indeed; if they are very ill, we find that they get better attention by being warded, because then they get the full benefit of all the hospital staff.

Chairman.

9996. You said that Dr. Steele went round the hospital twice in the course of the day?—Yes.

9997. He would, therefore, have the opportunity of observing whether the beds were kept full?—Yes.

9998. In addition to his observation, I think you told us that there was a weekly and a daily return of beds?—Yes.

Chairman—continued.

9999. Do you find that there is any disposition on the part of surgeons to keep beds vacant with a view to having them used for "interesting" cases, say if they are aware at the time of any interesting case that is coming?—I do not think they would attempt to keep a bed vacant if they had not got somebody in their mind's eye.

10000. But possibly the interesting case might be that of a person who could perfectly well afford to pay for himself, and that person might be received to the exclusion of some other case not equally interesting, which ought to come on the funds of the hospital?—I hope our surgeons would say to such a person, "As you can afford to pay for yourself you must take a guinea bed, or go into the Bright ward, which is a three-guinea ward."

10001. But you think that your system of supervision is such that if beds were kept vacant that fact would be noticed?—Yes, I think it would.

10002. Which beds are the fullest, medical or surgical?—We have many more surgical beds than medical. We have only now four medical wards, one holding 50, another 32, and two others 40 each, 162 in all, and the rest of our 422 cases are surgical.

10003. Are there any children in your wards?—Yes.

10004. Is that a good plan, do you think?—We think it a good plan; we think it affords a great deal of interest to the female patients to have a child in the room; they take an interest in it and forget themselves; they nurse it and play with it and so on. On the other hand, I quite admit that sometimes a child is a very troublesome neighbour.

10005. But you do not keep one specific ward for children?—No.

10006. You have cots throughout the hospital?—Cots throughout the hospital.

10007. You have a large number of out-patients we were told by Dr. Steele?—Yes.

10008. That is not entirely free?—No. A few years ago I submitted a proposition to the governors that we should charge out-patients 3*d.* for the first supply of medicine; and 6*d.*, I think, covers the medicine for a fortnight; and we absolutely have no trouble in collecting this money. The course pursued is this: that they are attended by the physician or surgeon, as the case may be; he writes a prescription for them; when they have got their prescription they hand it on to a clerk who is there; he takes their 3*d.* or their 6*d.* if they like to pay it, and then stamps the prescription as having received the money, and then the prescription is taken across the room to the dispensary. In cases where a man says that he has absolutely nothing, and where he is very ill, he is supplied with medicine without charge; at the same time he is told that inquiry will be made into his condition and circumstances, and if we find out that he is misrepresenting matters and that he can afford to pay for this, he will get no more medicine from us till he does pay.

10009. Do you make many of those inquiries?—Not very many, I am afraid; I have no return before

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before me from which I could say exactly how many.

10010. Can you tell us generally whether you find that people tell the truth in those cases, or have you been imposed upon to any great extent?—I do not think we have often been imposed upon in that way. Of course we are imposed upon in the out-patient department, when people pay their 3 *d.* and could easily pay a great deal more.

10011. Is that an argument, in your opinion, against an out-patient department?—I think for the few people who try to cheat we do a great deal of good to an immense number of people who are only too glad to avail themselves of the medicine and the medical skill provided for them.

10012. As a matter of general opinion, would you be opposed to the doing away with the out-patient department?—I should be very sorry to do away with the out-patient department; I think by means of it we afford a great deal of relief to many people who need it.

10013. Did the idea ever occur to you to see whether you could make a provident dispensary work in with the free charity?—It has occurred to me in this way, not to work with the free charity, but to work separately. In these metropolitan provident dispensaries that were started some little time ago by the late Sir Charles Trevelyan—

10014. My question was, whether there could be any co-operation between the provident dispensary and the free charity; you are speaking merely of the provident dispensary by itself?—Yes.

10015. I meant whether by some system of inquiry at the free charity you could turn over the people that you found could pay to the provident dispensary?—I have never carefully examined that part of the question. It would entail a great deal of trouble upon the patient who was being bandied about from pillar to post; first going to the free charity, then coming to the hospital and going back again. But perhaps as I have not considered the question, I had better not say anything about it.

10016. Now about these provident dispensaries; you have had some experience of them?—Yes, I have had some.

10017. Did you find them starved out by the free charities in London?—No; on the contrary, they flourish very well in some places in London.

10018. In what districts?—In Bloomsbury I think they do very well.

10019. Have you in the case of Bloomsbury any adjacent large hospital?—I think the Middlesex would be the largest.

10020. You have King's College or University College quite close?—I think the one I heard of, that I knew did very well, would lie between two large hospitals.

10021. And therefore you would say, I suppose, that although it is in close proximity to two or three large hospitals it does well?—Yes.

10022. What is the name of that?—The Metropolitan Provident Dispensary; I forget what street it was in now.

10023. Was that one of an organisation of a

Chairman—continued.

number of provident dispensaries; how long ago was this?—This was about seven or eight years ago, and I believe it is still going on now.

10024. Was that a place where people paid in health and in sickness?—Yes.

10025. A weekly subscription?—Yes, according to whether you were a single man or a family man.

10026. Have you anything to do with that now?—I was a subscriber to it; but I found I had too much to do connected with my own hospital to go on with that.

10027. When you were connected with it it was a going concern?—Yes.

10028. And may I understand that it was maintained entirely by the subscriptions paid by the members of it?—Several of us took some shares with the view of affording some little money to start it with, and keep it going.

10029. Did you ever get any dividend?—Never.

10030. If the society had to pay any interest, that would, of course, make the treatment more expensive?—Yes.

10031. But still you did not anticipate a very large dividend?—No; we merely subscribed out of charity.

10032. Do you know Mr. Bousfield?—Yes.

10033. Mr. Bousfield mentioned at No. 1461, that there were 15 of these that were going concerns; he said, "There is one at Bloomsbury, Camden Town, Croydon, Deptford, Hackney, Kensal Town, Pimlico, Walworth, Westbourne Park, Whitechapel, and another has just been opened in connection with the University Club at Bethnal Green. Those have all dispensary buildings. In addition to that we have medical clubs where the doctors give medicine and attend at their own homes at Clerkenwell, Dalston, Soho, and Tottenham?—Yes; that is what I refer to.

10034. We have got all those matters from Mr. Bousfield?—Yes.

10035. I need not trouble you, therefore, about them. Then, in addition to the out-patient department at Guy's, we have been told that you have a system of attending midwifery cases in their own homes?—Yes.

10036. To the extent of over 3,000 in the year?—Yes, not quite that; I think it is about some 2,700 or 2,500.

10037. Are those attended by externs?—Yes.

10038. Is that part of their education?—That is part of their education. There is an obstetric physician and assistant physician in the hospital, and they look after that department.

10039. Are you the only institution which assist women in that condition free in that district?—In that district there is nobody that does it but ourselves that I know of.

10040. And supposing that that was not done by you free it would fall upon the poor law?—Certainly.

10041. And would have to be performed by the poor law also for nothing?—Yes, I suppose so.

10042. You pay 1,500 *l.* a-year rates, do you not?—Yes.

10043. Have you ever made any estimate as to how much you save the rates by the charities

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[Continued.]

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you dispense?—I have made this calculation, which I believe to be correct, that out of every 1,000 people who are in Guy's Hospital, 600 come within a radius of one or two miles of the hospital; so that we are really keeping 600 people that would otherwise have gone to the infirmaries.

10044. Do you think that that is quite proved, because there might be a good many of those people who would not like to go to the poor-law officer, and who therefore would pay for themselves?—Yes; of course it is an answer, assuming that our patients are poor.

10045. Do you not rather assume that every one of your patients who comes to you is in a state of destitution?—Yes, we do; of course when I make that statement I rather assume that.

10046. But that can hardly be your opinion, is it?—Instead of saying that 600 would go to the infirmaries, say that 450 would; I think 450 would be quite within the mark.

10047. Do you think that 75 per cent. of the people you treat are destitute?—In a very miserable condition. Many that come in have not any clothes to their backs; the rags they come in we have to throw away, and very often to clothe them before they go out.

10048. So that while you save such a very large amount of expenditure to the rates, you at the same time have to pay 1,500 l. or 1,600 l. a year poor rates?—Yes.

10049. Are all your accounts audited?—Yes, by a professional auditor, a chartered accountant, Turquand and Young.

10050. Does the balance sheet go before the court of committees, or whoever is responsible for that?—Yes, and also the Charity Commissioners. I shall be glad to file a copy of the accounts if you will allow me to give it you.

10051. Is the chartered accountant elected?—No, not elected. We discussed that; it was one of the things that we discussed in the court of committees, and we thought that we could not have better people than Turquand and Young; and so under the orders of the court I wrote and offered them the appointment.

10052. And they are paid a fee for it?—They are paid a fee for it.

10053. Have you ever considered at all the possible advantage of having a central body to control all our great London medical charities?—I do not know that I have considered it very carefully. If I had to answer upon the first blush of the question, and the little I have thought about it, I should say that I think it would be decidedly objectionable; I think it would destroy that spirit of interest which is now diffused amongst all the several hospitals. I should very much like to see, if you asked me that question, a central form of accounts. I should like to see every hospital bound to render their accounts in the same shape and form, so that the public might then understand which hospital manages its affairs economically, and make comparisons, which they cannot do now; but I should not like to see the management under any central body.

10054. You would not see any advantage in a central body which might meet for consultation

Chairman—continued.

as regards grievances or improvements. I do not mean so much the management of the internal affairs of a certain particular hospital, but the general supervision, as it were?—I do not think I should see any advantage in such a body.

10055. In fact you do not think it would be workable?—I do not think it would be workable. I have tried on two or three different occasions to get the treasurers of the other great hospitals to join with me. I did, for instance, in that matter of charging the out-patients, and they would not do it.

10056. But supposing you are not quite certain as regards a particular system, you can always apply to the other hospitals for advice, cannot you, and they will furnish it?—Always. All the treasurers I have had communication with have been ready to help me with any information, as we at Guy's are ready to help them.

10057. There is no jealousy, in fact, between the different hospitals?—Not a bit.

10058. Then why should not some board of supervision work?—I think it is one thing applying for a thing when you want it, and another thing meeting other people to consider it and report.

10059. Perhaps you think that the subscribers and committees ought to look after their own interests?—Yes.

10060. Do you think there is sufficient sick relief in that district of Southwark where you are?—I believe that there is sufficient relief generally to the poor. Is that what your question meant?

10061. Yes; but did you not tell us just now that sometimes you have to send patients away?—Very seldom; but we have had to do such things.

10062. Then, as a rule, you do not find the want of your 100 vacant beds?—I do not think that that follows. I think that the public know very well how many we can take in, and if they hear that the hospital is full they do not care to apply.

10063. Do you think that the public have great confidence in the London hospitals?—Yes.

10064. And that they are satisfied that they would take them in if they could?—I am sure they are.

10065. Then you have a medical school at Guy's?—Yes.

10066. Who is the head of the medical school?—I am the head of the medical school.

10067. You have, then, the power of the dismissal and the reprimanding of students if they misbehave?—Yes.

10068. Supposing a student misbehaves, whose advice do you take; is there any committee of the medical school?—The dean would probably report it to me, and make his suggestions as to what he thought would meet the requirements of the particular case, and I would consider this over and talk it over with him; and if we were satisfied that we had arrived at the right decision we should send for the student and deal with him accordingly.

10069. Then perhaps it will be advisable for me to ask the dean of the school, when he comes, about the school?—Yes, he is here; Dr. Perry. I should

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should be glad to answer any questions that you think I should answer as treasurer about it.

10070. Practically, the whole of the finances of the hospital and the responsibility for the school rest upon your shoulders?—It is so. You will not, I hope, imagine that I am assuming any position in that respect that I ought not. Of course, I have always my court of committees to fall back upon.

10071. I think your answer to a similar question just now was that in the absence of these courts you had power?—That is so.

10072. Practically, you are the responsible officer?—Yes.

10073. Are you a salaried officer?—No.

10074. You are an honorary officer?—I am an honorary officer; the governors give me a house.

10075. And firing and lighting?—Yes.

10076. With regard to the surgeons and assistant physicians, are they honorary officers?—They are honorary, but at the same time they receive a small salary, 100 *l.* a year, the assistant surgeons and the full surgeons, 40 *l.*, and the assistant physicians and physicians on the same scale. You can scarcely call that salary; it is an honorarium given by the governors to members of the staff.

10077. I finished up with this question to Dr. Steele (No. 276): "Then at Guy's all the staff is paid?" and his answer is, "All the staff is paid, with the exception of the aurist; I do not think the aurist is paid or the dentist." Where does the money come from from which they are paid?—The money which is paid to the assistant surgeons, full surgeons, assistant physicians, and full physicians, is paid out of the funds of the hospital.

10078. Then the fees are paid to the lecturers by the school?—The fees are paid to the lecturers by the school.

10079. That comes out as shares; they receive certain shares?—Yes.

10080. These gentlemen, surgeons and physicians, who are paid a salary, do they come under the heading of Officers' Salaries?—They are entered in that way in the sheet.

10081. I suppose considerable difference exists in hospitals as regards physicians and assistant physicians?—Certainly.

Earl Cathcart.

10082. The midwifery cases are really taken for the purposes of education?—Yes, for the purposes of education.

10083. And every student must take a certain number of midwifery cases before he can pass; he is required to have attended a certain number of cases?—Yes.

10084. And therefore there is no philanthropy really in the midwifery cases; it is an educational matter?—These women would be very badly off if they were not attended.

10085. But your motive, your object, is educational?—Yes.

10086. And therefore you would not be particular; you would admit any case that would submit itself to your administration?—Yes. These women have cards, and when the time comes on they send the card to the hospital and are attended directly.

10087. Have you any lock wards?—No.

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Earl Cathcart—continued.

10088. Not separate ones?—No.

10089. Do you restrict lock cases in any way?—As a general rule, we do not take lock cases now.

10090. Where do they go to?—I do not know; they may go to Bartholomew's or other hospitals, but we do not take them.

10091. For what reason do you not take them?—When we had to reduce our expenditure, and at one time the number of our beds, we felt that we had better give up having a ward for this class of patients.

10092. But there is no class of disease more highly infectious; is there not a danger to the public in discouraging the reception of such cases?—I should not have thought so; I do not know; I cannot form any opinion on the subject. Of course we have many cases where diseases in the surgical department have sprung from that source, but not actually lock cases.

10093. You say that you have made this change since your adverse circumstances, but how long ago was it that you ceased to take lock cases as a rule?—I should think it was quite seven or eight years ago.

10094. When the bad agricultural times began?—Yes, when it was absolutely necessary to curtail our expenses.

10095. But you thought that that was an advisable branch in which to begin your retrenchment; that it should be in the direction of the lock ward?—We consulted the medical and surgical authorities on the subject and came to that conclusion.

10096. How do you manage for instruction for your students in that branch if you have not lock cases?—I think you had better ask one of the surgeons or physicians what he does in such cases; but I can only say that we have no longer a ward set apart for that purpose.

10097. But these are dirty and disagreeable cases, and the tendency on the part of any administration would be to get rid of such cases if they could?—I hope that was not our tendency. We really thought that we had better receive patients who had fallen into misfortune through no fault of their own, than receive patients who had got into trouble through their own lives.

10098. But you are aware, with your great experience, that there are thousands of innocent victims, perfectly innocent themselves, who have contracted that disease from no fault of their own?—Yes, that is so; very sad it is, but it is so, I know.

Earl of Arran.

10099. With reference to the accounts, you said you wished there was some general form of accounts to enable the economy of the management of one hospital to be compared with another; should you say that the form that was laid down by the Sunday Hospital Fund would be a good form; do you know that form?—I know it; but not sufficiently to give an authoritative opinion on the subject. I should like to see that carried through into the statistics. For instance, there are many hospitals where one man counts as two, and other hospitals where he only counts as one man. So that we can really have no actual faithful return of the number of out-patients.

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[Continued.]

Chairman.

10100. As a matter of fact, if you state that you have 50,000 new cases in the hospital in the out-patient department, that does not represent the total amount of work in the out-patient department?—No; certainly not.

10101. Then, in order to get at the real amount of work done in that department, you must multiply that number by three or four?—Yes, very often.

10102. You have no experience of other hospitals besides Guy's?—No, none; I know nothing of any hospital except my own, except as a visitor.

10103. I will just ask you this one question: do you consider that on the whole the nursing and the hospital management, so far as you are acquainted with it, has enormously improved in the last 15 years?—Yes; I should say enormously improved.

10104. You have no acquaintance with poor law infirmaries?—None.

10105. With regard to the out-patients, within the last 10 years you have made them pay a certain amount?—Yes.

10106. Did you find that reduce their numbers very materially?—It did at first very considerably, but I think now we have nearly got back to as many as we used to have.

10107. Do you find inconvenience arise from the number of out-patients being too large?—No. As a general rule, when more than we can properly attend to come, we tell them: "You had better go away and not waste your time here," with a view to relieve them from sitting, and waiting for endless hours.

10108. In the case of the examination of females in the out-patient department, is care taken for decency and that a female shall be present?—Always; a nurse is always present.

10109. And no examination of such cases made by students?—No.

10110. You leave the students to practice in the out-patient department unsupervised?—No.

Lord Saye and Sele.

10111. The estates are in four different counties, you have told us?—Yes.

10112. Do you keep separate agents on each of those estates for the management of them?—Yes. We keep three agents for our country estates; one for Herefordshire, Haywood and Son; Mr. Haywood is our agent there. On our Lincolnshire estate we have Mr. Thorold; and in Essex we have the Honourable Mr. Strutt; our estates join Lord Rayleigh's, and he manages for his brother, Lord Rayleigh, and also manages for us.

10113. Do you mind telling me what you pay your agents?—I think Mr. Haywood gets 350 *l.* a year; he has only lately been appointed, so that he begins on a smaller salary. Mr. Thorold has 500 *l.* a year and a house; and Mr. Strutt is paid by results by a curious arrangement; he has 150 *l.* a year as salary, and then the addition to his salary is made up according to whether the lands in hand which he manages give any return after they have been charged with expenditure or not; and then whatever is left over is divided between him and the hospital.

10114. And with regard to the Southwark pro-

Lord Saye and Sele—continued.

perty?—The Southwark property is managed in our own office in London here; we have no special agent for that; it is a small property, entirely house and warehouse property, worth about 7,000 *l.* a year, and we do that work partly through our steward and partly through the clerk and accountant.

10115. The agents all collect the rents?—The agents all collect the rents, and they also expend money which has been previously sanctioned, in repairs, for instance. They generally visit the treasurer once every year with a list of various buildings that require repairs, and also with any requisitions from the farmers as to additional buildings, and the treasurer goes through this list very carefully with the agent, discusses what is absolutely necessary and what really would be an improvement to the estate, for which we think the tenant ought to pay 5 per cent. interest on outlay, and when this has been completed I submit it to the court of committees and the expenditure is sanctioned. Before we got into these agricultural troubles we used to reckon that we spent about 2,000 *l.* a year on each estate for the benefit of the estate, partly for money that was laid out by the governors, for which they got no additional return, partly in money laid out at the request of the tenants, and on which the tenants paid 5 per cent.; but since our agricultural troubles we have cut down our expenditure under this head as close as we can, and we do not really now spend above 1,000 *l.* a year on each one of these three estates.

Earl Cathcart.

10116. What is the acreage that Mr. Haywood manages for 350 *l.* a year?—I think it is about 9,000 acres.

10117. And Mr. Thorold?—That is about 9,000; and the Essex estate is about the same size as Hereford.

Lord Saye and Sele.

10118. You do not think that one agent could manage the whole of the properties?—No; we tried having one agent for Lincolnshire and Essex, but it was not satisfactory; in fact, if we had not given it up we should have been compelled to have done so, because all our land that is in hand is in Essex, and it requires to have a man there going over the farms and seeing the bailiffs, whom he appoints, carrying out the works satisfactorily.

Earl of Lauderdale.

10119. Are you empowered to sell land?—We are empowered to sell land, provided that we buy just the same amount of land elsewhere; that is to say, if we sell an acre we must buy an acre, or, at any rate, if we sell an acre we must expend the money we have received for that acre in purchasing a bit of land elsewhere; and that really has been, if I may say so, one of the causes of our difficulties. You see we cannot sell our estates.

Lord Zouche of Haryngworth.

10120. That is a great burden to you?—A very great burden.

10121. Have

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Chairman.

10121. Have you ever taken into consideration the expediency of getting an Act of Parliament to relieve you of that obligation?—Yes, we have thought over it, but we thought that at the present time it would not be advisable, because our landed property has depreciated 25 or 30 per cent., if we were to put it up for sale. It so happens that our estates are situated in the most out-of-the-way parts of Lincolnshire and Essex; in Herefordshire we are not so badly situated, but in Essex many of our farms are eight, ten, or twelve miles away from a railway station, in a very heavy clay soil, with indifferent roads.

10122. Have you ever considered the advisability of pulling some of these London hospitals down and selling the land, and transplanting them into the country?—I have never thought of that.

10123. Would you furnish a return to the Committee of the establishment that you keep at Guy's Hospital, with their salaries?—Yes, certainly; I should be most happy.

10124. I think you want to correct a certain answer made earlier in your evidence as to the amount of medical relief in that district in which your hospital is placed?—Yes, it was my mistake; I misunderstood the purport of your question. Of course I feel that the medical relief could be and would very properly be extended if we had sufficient means to open more beds; but I do not think that the medical and surgical relief is sufficient for the neighbourhood in which we live, and most especially in the surgical department, where we constantly have so many accidents in at a time that we are compelled to make up temporary beds in the accident wards.

Earl of Lauderdale.

10125. In the event of your selling any land, is it acre for acre that you must take, or is it the money equivalent?—The money equivalent.

Lord Zouche of Haryngworth.

10126. That is to say, if you sell a piece of land you must invest the amount in land?—Yes.

Earl of Lauderdale.

10127. Are there any expenses connected with the offices of these agents in addition to their salaries; for instance, Mr. Haywood, who has 350 *l.* a year, has he any office establishment in addition?—No, he has no office establishment in addition; he does everything for that.

10128. Does the same answer apply to the other agents?—In the case of Mr. Strutt, we pay him in the way I have described, and he gets nothing for establishment. Mr. Thorold has an establishment attached to his office; but it is an establishment for a carpenter's shop, and an overseer, and so forth; that is a small addition to the expense of the Lincolnshire agent.

10129. In addition to his *bonâ fide* salary?—In addition to his *bonâ fide* salary. And then if our agents come up to see me in London their expenses are paid there and back.

10130. Incidental expenses, that is to say?—Yes.

10131. They are inappreciable, in comparison?—Yes.

Witness is directed to withdraw.

MR. EDWIN COOPER PERRY, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

10132. YOU are a member of the staff of Guy's Hospital, are you not?—Yes.

10133. Are you a fellow or member of the College of Physicians?—I am a member of the College of Physicians, having become so since my appointment on the staff of Guy's Hospital.

10134. Were you formerly a student at Guy's?—No; at the London Hospital, and at Cambridge.

10135. Were you obliged to take the London diploma before getting your appointment at Guy's?—No, I got it without the London diploma.

10136. At Guy's are gentlemen admitted with other diplomas?—Yes.

10137. Would a Scotchman coming with a diploma from Edinburgh be admitted?—Yes. Dr. Addison, whose name you may have heard, did come from Edinburgh; he was not educated at Guy's, and he came to Guy's with Scotch diplomas; but I should not like to speak with certainty as to whether he was a member of the College of Physicians before he was appointed.

10138. At any rate, this occurs at Guy's, that the fact of a gentleman not having the diploma of the College of Physicians or Surgeons in London does not prevent his getting an appoint-

Chairman—continued.

ment at the hospital?—No, it does not. When I was appointed, the only qualification I had was that of Bachelor of Medicine in the University of Cambridge, that is to say, the only qualification in medicine; I was also a member of the College of Surgeons.

10139. What is your position on the staff?—I am Assistant Physician to Guy's Hospital, and in the medical school I am Dean and Demonstrator of Morbid Anatomy; I am also the Warden of the Residential College.

10140. I will take the Residential College. You are the warden of the Residential College you say. The Residential College, as its name bespeaks, is a place for the residence of students, is it not?—Yes.

10141. What are your particular functions in regard to the college?—My particular functions may perhaps be put under two heads. I have the business management of the concern, and the supervision of the students as regards discipline.

10142. What does the business management include?—There are three departments of the college, taking the warden's functions as one; then there are the duties of the matron and the duties of the caterer. The matron is subject to the warden, but has reasonable liberty for managing

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Chairman—continued.

managing her department as she chooses. Practically what she does is to engage the female servants, who keep the men's rooms clean, keep their coal-scuttles full, and attend to affairs of that sort. Then the caterer is the steward of the students' club, a club which has extensive accommodation given to it in the college, and provides room not only for the students residing in the college, but also for the students about the hospital, who number between 400 and 500, and nearer 500 than 400.

10143. That is the whole number of students in and out?—Yes; the students actually residing in the college number about 52, together with, not included in the 52, house surgeons, house physicians, two obstetric residents, and the extern obstetric attendants, of whom you have lately been speaking.

10144. That, I suppose, you find gives the tone to the students?—We think so.

10145. Now how is the Resident College supported; where does the money come from?—In June of 1888 a deed of arrangement was made between the president and governors of Guy's Hospital and Henry Hucks Gibbs and others, who form the college committee. I have pleasure in handing to you the last of the college committee, together with the prospectus of the scheme as it was then started. This committee obtained from the hospital a lease of a certain plot of ground adjoining the east gate of the hospital at a nominal rent, in consideration of certain advantages derived by the hospital from the college. They then issued that prospectus, to which I have referred, inviting a subscription of 20,000 *l.* debentures, bearing interest at the rate of 4 per cent.

10146. What is the security for the 20,000 *l.*?—The security for the 20,000 *l.* was the building to be erected; the security for the interest was the receipts from the college, and also an additional security was the school fund, as we call it, that is to say, the sum accruing from fees paid by students of the medical school to the treasurer of the hospital as the head of the school.

10147. Then it is really a commercial speculation?—It is a commercial speculation purely and simply, and no part of the hospital funds was used to build it.

10148. Does it pay its way?—The opening of the college was on the 26th of March last year; it was opened by Mr. Gladstone, as perhaps you might remember, and since last October, when our winter session began, every room has been occupied; but it is not possible at present to say whether as a commercial speculation it will succeed.

10149. Do you find that in the Residential College, as far as you have gone, men work as well as they do in their private lodgings?—I think considerably better.

10150. You find that the fascination of society in the college does not distract their attention from their studies?—I do not think so. Many of the men that we have at the Residential College are Oxford and Cambridge men, who have been accustomed to live in a college; and we have the house surgeons and house physicians living there, so that the place is not exactly

Chairman—continued.

what might be called a nursery for students, but is resorted to by the more advanced of the students as well as the juniors. We have a certain number sent there by their parents in order that they may be overlooked.

10151. What are the expenses that a student incurs by going to this Residential College?—They vary from 12 *s.* to 20 *s.* per week for a set of rooms, consisting of sitting room and bedroom. Then we have some combined rooms, consisting of bed and sitting room in one, the rent of which varies from 9 *s.* to 12 *s.* per week; and we have four sets, each consisting of a sitting room with two bed-rooms, the rents varying from 23 *s.* to 27 *s.* per week.

10152. Taking a middle sum, what do you estimate a man can live there for, counting in everything?—We have an arrangement by which they can board there if they like at one guinea a week, or if they arrange for three months then it comes to 1 *l.* a week, 13 *l.* a quarter.

10153. But that 13 *l.* a quarter does not include the rent of their rooms?—No, that is board. Then the rent of their rooms varies, as I have before stated; but an ordinary set of rooms will be perhaps 14 *s.* or 15 *s.* a week.

10154. Therefore a man could board and lodge there for about 80 *l.* or 90 *l.* a year?—Yes, if that is the result of the figures I have given you. I should say that we do not have the plan that is adopted at other residential colleges, of making a man take his rooms by terms or sessions: they are taken for three months at any time, but if a man occupies his rooms for a year, then we give him an allowance for vacation of eight weeks, during which he keeps on his rooms for half-rent. We find that practically more convenient than the other plan.

10155. And at present you have all your rooms full?—Every room.

10156. I think you told us of two of the heads, the matron and the caterer; what about the caterer?—The caterer is appointed by the college committee. The college committee, you understand, is that body whose names you have before you, consisting of governors and members of the staff; and the caterer's department is very much an independent department in the college; I have nothing to do with it except to see that he carries out the terms of his agreement with the college committee. He provides the board not only for the residents in the college, but also, as I said before, for the large club. The number of men who lunch there every day would be about 200; and also for the house surgeons and house physicians, as to whom we receive a certain sum of money yearly from the hospital; and we spend that sum or more in boarding and lodging them in the college.

10157. Then is he paid a nominal salary?—He is not paid a salary, he pays a rent.

10158. The caterer pays a rent?—Yes.

10159. Then who was the third head?—I said that I might be regarded as the third functionary, and perhaps the chief functionary in the college, and my business is discipline; but in a building of that size there are a large number of things I have to attend to. The matron consults me about repairs, frozen pipes, anything of that

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that sort ; all that work comes before me ; and of course all the accounts of the college I am responsible for.

10160. Do you render an account to the committee ; are you responsible to the committee ?—I am responsible to the college committee.

10161. That is entirely distinct from the hospital?—Yes.

10162. I am speaking now of students living in your college ; in a case of discipline would you report it to the committee, or would you deal with it yourself?—It depends upon what the breach of discipline was. By the deed of arrangement, which I shall be happy to put in if you care to see it, I have the discipline of the students, subject to the control of the college committee ; and the college committee have the letting of the rooms ; so that I should not feel myself allowed to send a student out of the college without consulting the college committee ; but any offence requiring a less punishment than that I should deal with myself.

10163. Would you gate a man for instance, supposing he was always late?—Yes. I might say that the arrangements in the college differ from arrangements at Oxford and Cambridge, with which you are perhaps familiar. What is done is this : the names of all the men who come into the college after 11 o'clock are brought before me the next morning, and it is for me to decide what action I shall take in the matter. If I see a young boy constantly coming in late, I interview him, and ask him what he means by it, and if he can give no good explanation, I write to his father and say I should like him to know that his son is coming in late, and then his father deals with him.

10164. Then I understand that they do not have to ask you for leave to be out after 11 o'clock?—No ; they have to ask me for leave if they propose to be absent all night, but not otherwise ; and I receive from the house-keeper an account of whether a man has slept in his room or not ; if he has not slept in his room I take action accordingly. You understand that considerable elasticity is necessary, because the residents in our college are not junior men by any means ; many of them are men with a Cambridge degree ; and it is only in the case of the junior men that one wishes to enforce such strict rules as would be enforced at Oxford or Cambridge.

10165. They pay for their messing once a quarter or once a month, if I understand you?—I said that the students might board in the college by a weekly payment, and then they pay a guinea ; if they make a three months' agreement, they pay 1*l.* a-week.

10166. In the case of a student who had made a three months' agreement, could he sign off for a dinner?—No.

10167. He must pay for it all the same?—Yes ; consequently very few adopt that plan. That plan is adopted by parents, not by students. If a father has a son whom he wishes to provide with only a certain amount of money, he pays for his rent and board in the college, and knows that he will not starve ; but the ordinary student is allowed by his father to do what he will with

Chairman—continued.

his allowance, and he finds it more convenient to dine by the week or the month.

10168. Therefore, as far as you have gone, you found the club system more popular?—Yes. Before our college started I had the regulations of every other college in London, and I was myself a fellow of my college, and had had to do with young men, so that perhaps we started our college with a fuller knowledge of the conditions of medical student life than some others have done.

10169. Now to come to the medical staff ; you are dean of the medical school, are you not?—Yes.

10170. The number of students is about 500?—Yes, the number of students about the hospital.

10171. Is yours an increasing school, or does it go up and down?—I can give you the numbers for the last five years. In 1886 the full students were 69 ; the full students being students who had entered for the full curriculum.

10172. And what fee do they pay?—One hundred and twenty-five guineas. In 1887 the full students were 64 ; in 1888 they were 74 ; in 1889 there were 85 full students, with six dental students (perhaps you may be aware that we have lately started a complete dental school attached to Guy's Hospital), and in 1890 there were 101, with 16 dental students.

10173. How long is the whole curriculum?—The curriculum until lately was a curriculum of four years in the case of qualifications, M.R.C.S., L.R.C.P. ; and in the case of London University and Oxford and Cambridge qualifications, five years.

10174. That accounts for 60 or 70 of the students ; what are the numbers of the other men who are at the hospital for a shorter time?—I am not sure that I quite follow the question. The total number of the students that I can give you from 1886 is as follows : in 1886, 101. You see there are three classes to be considered : the students who enter for full curriculum, the students who enter for the preliminary scientific examination of the London University, and the students who enter for special courses. For instance, we get men from Edinburgh, or from different parts of the country, as Army surgeons, and others who come to Guy's to take out a course of instruction, hospital practice, or attendance at special departments for a certain number of months ; these are entries for hospital practice. The figures for 1886, taking into account the preliminary scientific students, and the special students, were, as I have just said, 101 ; in 1887, 95 ; in 1888, 103 ; in 1889, 144 ; and in 1890, 164.

10175. Those are the new entries?—Those are the new entries, year by year.

10176. I suppose you would say that your school is an increasing one?—Yes.

10177. Then during the time these gentlemen are at the medical school they attend lectures?—Yes.

10178. And the lecturers are medical men, surgeons and physicians, who are on the staff of the hospital?—Most of them, not all of them. For instance, chemistry is taught by professed chemists.

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10179. But

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[Continued.]

Chairman—continued.

10179. But, as a general rule, they are members of the staff?—I think that what you say is quite correct; but the preliminary subjects, chemistry, experimental physics, and biology are taught by gentlemen who are not on the staff of the hospital. Chemistry is taught by Mr. Groves, who is a professor of chemistry, and experimental physics by Professor Reinold of Greenwich, and so on.

10180. Do you think that the system of individual schools is a good one, or would you prefer to have some great central university for the education of medical students?—My own feeling about the matter is this: that as regards the large medical schools a central institution would be of little value, because the large medical schools can afford to give adequate remuneration to their lecturers, demonstrators, and teachers; but as regards the smaller hospitals I think there can be no question that it would be better to have a central institution for teaching the scientific subjects or the pre-professional subjects, as I may call them.

10181. Does it not come to this: that if you had a very large central university where lectures were given you would be able to have a better class of lecturers; because a medical man may be a very clever man, and at the same time be a very bad lecturer?—On the other hand, you might get lecturers who were worse. After all, if you have your central institution, you must elect your lecturers, and you may make a mistake in electing them at a central place as well as elsewhere. There are advantages in keeping the teaching of anatomy and physiology in the medical schools. I might illustrate what I am going to say by the example of my own university. When I was there, anatomy was taught by Professor Humphry, who was himself a surgeon; since he resigned, anatomy has been taught by a professor, who is probably a far more excellent scientific anatomist, but the teaching tends to get away from practice. A scientific anatomist lectures on the things scientifically interesting, development and such like things; there is a tendency to get away from the anatomy which the student must learn in order successfully to practise surgery; and, as we aim in the medical school to turn out practical surgeons, there are advantages in keeping the teaching of anatomy in the hands of practical surgeons.

10182. Then for all practical purposes you think the existing system is, on the whole, the best?—I should hardly go so far as that. I have no doubt that if there were some central place where students could go, the teaching of anatomy, physiology, chemistry, and such subjects would be, on the whole, better than it is now; but I do not think that such a central institution would improve the teaching of these subjects in the great medical schools, by which, I mean Guy's, Bartholomew's, and St. Thomas's, which can afford to pay their lecturers adequately, and have a good choice of men to take their lecturers from.

10183. Whence comes the remuneration you spoke of?—From the fees of the students which, taken together, form what we know as the school fund.

Chairman—continued.

10184. And how much does it come to in round figures in the year?—Last year the income from the fees of students amounted to 11,000*l.*; of that sum about 3,000*l.* is spent on carrying on the school; by "carrying on," I mean the current expenses of the school, apart from the sums paid to the lecturers and teachers.

10185. But in those current expenses do you include instruments and books?—No.

10186. Merely the maintenance of buildings?—The maintenance of buildings is done in Guy's by the hospital, that is to say the external repairs of the building; but any internal fittings required, the keeping of the school buildings well painted and cleaned, and such expenses as those, are paid by the medical school; and in the office of the dean there are employed three clerks who are paid; there is a considerable staff of servants, and there are considerable expenses connected with the laboratories. In all those amount to 3,000*l.* a year.

10187. I understand you to say that all the instruments are paid for by the hospital?—Would you kindly explain what instruments you are referring to?

10188. What I was coming to was this, that the majority of the expenses, such as books for teaching purposes, would be paid for by the hospital?—The lecturer provides his own books.

10189. Are there no books provided for the school?—There are no books provided for teaching purposes; there is a hospital library.

10190. We have been told on several occasions that the fact of having a medical school makes the hospital more extravagant?—Yes; but what I wish to say to you is, that the instruments required for our purposes *quâ* a teaching school are bought by ourselves, not by the hospital.

10191. Bought by the teachers, do you mean?—By the teachers out of the school fund. You understand that none of this is done individually; these grants for instruments are made out of the school fund. I might say, as bearing on the question that you propose to ask me, that the plan we go upon is this: We expect the hospital to buy the instruments required *bonâ fide* for treating the patients and for diagnosis, for ascertaining what is the matter with the patients; but instruments which are in what may be called the experimental stage, instruments of not yet ascertained value, the school purchases; and the school also keeps up the supply of instruments which were originally bought by the hospital; we pay for the repairs of these instruments; and when I tell you that many of these instruments are made of glass, and that when broken, repair means buying a new one, you will understand that the original cost to the hospital by no means represents the cost that it is to the medical school.

10192. There are certain instruments, such as knives, that are used in the hospital for the surgical wards; are those provided by the school?—No; operating instruments are, of course, provided by the hospital. What I was saying just now was that instruments required for diagnosis and for the actual treatment of patients the hospital would buy.

10193. Then the remuneration of the teachers comes from the fees of the students?—The remuneration

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[Continued.]

Chairman—continued.

remuneration comes from the fees of the students.

10194. That would be in round figures about 8,000 *l.* a year?—It was 8,000 *l.* last year.

10195. Would you mind telling us how that is divided; Dr. Steele said something about shares being assigned?—I think I might make the matter more clear to the Committee if I read to them the historical documents bearing on the starting of the school. By the permission of the treasurer I have the following extract from the minutes of a court of committees held on the 13th of April, 1825: "Resolved, that an anatomical theatre, museum, dissecting room, and other requisite offices be built on the vacant freehold ground in Maze Pond belonging to this hospital, and under the direction and at the discretion of the treasurer, and that he be authorised to borrow such a sum of money as may be requisite beyond that which the hospital can conveniently supply:—Resolved, that the treasurer be authorised to divide at his discretion between the surgeons and apothecary the money arising from surgeons' pupils, reserving such portion of this fund, and of the sum received for lectures given in the new theatre, as may be found necessary to pay the interest of the money, and, for the liquidation of the expenses incurred, in such proportions as he may from time to time find expedient." It was by that resolution of the court of committees that the treasurer became the head of the medical school; and up to within the last 20 years the treasurer divided among the lecturers and teachers in the medical school the money received from pupils according to his own discretion; he retained what part of the fees he chose to be applied as directed there in payment of the interest of the money, or in payment for the building, but no account was given; a cheque was handed to the lecturer, and he was told, "That is your share for the year." But about 20 years ago certain shares were assigned to certain lectureships, and the whole of the school fund was divided into about 90 shares, and whenever a man is appointed to be lecturer on this or that subject, the staff meeting, who recommend to the treasurer the appointment, recommend that a certain number of shares should be assigned to the holder thereof, and that is what is done, and the amount paid is regulated in that way; so that it is no fixed amount, but a varying sum according to the value of that sum for that year or from one year to another. Dr. Steele, I am afraid, gave you the impression that the affairs of the school were managed by the seniors rather in their own interests than in the interests of the juniors. Now, as a matter of fact, the number of shares applied to these senior lectureships has remained the same since anything of the kind has been settled; and at that meeting to which I have referred, all the members of the staff have a vote; they are all represented, senior and junior.

10196. Could you give us the detail of the amounts that the lecturers annually receive?—I hope the Committee will not order it to be put on the Notes.

10197. Will you send a statement showing that to the Chairman of the Committee?—Yes.

10198. One of the objects of this inquiry is to

Chairman—continued.

find out whether the funds are well or badly applied. Take your senior surgical lecturer: will you state what he receives; there is nothing invidious in that, I think?—There are two lecturers on surgery, each of whom receives three shares from the school fund; as I told you, that is a varying sum, according to the entry of students; this last year it would be three times 90 *l.*

10199. These lecturers you are now speaking of are distinguished men, I suppose?—Very distinguished indeed.

10200. How do these fees vary; what would be a low fee?—When I was appointed at Guy's in 1887, the share stood at 65 *l.*, so that instead of having three times 90 *l.*, as now, a lecturer of that year received three times 65 *l.*; 65 *l.* is a low share; 90 *l.* would be good.

10201. That means to say that the school is a very flourishing thing?—Yes.

10202. That remuneration gradually gets reduced, I suppose, down to a person getting half a share?—Yes; the seniors undoubtedly have the appointments that are more highly paid.

10203. Then how are the lecturers appointed; are they appointed by a committee?—Every appointment in the medical school is made by the treasurer; he is the head of the medical school, and possesses absolute power; the appointments are made by him. But what is done is that the vacancies in lectureships are advertised; the claims of the candidates are considered, and a staff meeting, as we call it, reports to the treasurer recommending the appointment of certain people at a certain number of shares per annum, and I need perhaps hardly say that unless there is some very extraordinary circumstance the treasurer would accept the recommendation of that committee.

10204. Then, with regard to the nurses; are the nurses lectured to?—Yes, the nurses are lectured to. I have lectured to them myself.

10205. That is not included in the sum you have mentioned?—That has nothing to do with the medical school; it is an arrangement that the treasurer makes entirely outside the medical school.

10206. But I suppose the lecturer receives something for it?—I think for my course of lectures I received 10 guineas.

Earl Cathcart.

10207. The three shares does not represent the entire advantages that the lecturer derives from lecturing?—By no means.

10208. There is also the fact that he increases his reputation and makes himself famous?—Sometimes.

10209. Do the lecturers lecture at more than one hospital; is there any restriction as to where they lecture?—Very few of our surgeons hold any other appointments except at Guy's Hospital.

10210. It does happen that surgeons and physicians hold appointments at more than one hospital?—Yes; but not so much at the big as at the small ones.

10211. With regard to a central institution, that would cause dislocation, would it not; it would be very inconvenient for students to have to
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[Continued.]

Earl Cathcart—continued.

hurry off from their college or hospital to it?—I do not think that a central institution could ever be more than a central institution for teaching the subjects that are preliminary to the work of the students in the wards. The way in which such an institution would be organised, I take it, would be that the student would enter at a hospital, and be drafted from the hospital to the central institution until such time as he had completed his preliminary subjects, and he would then come to his lectures and clinical work in the wards of the hospital to which he was attached. That would be the only practicable scheme.

10212. I understood you to say that the club system was more generally popular than the boarding system at the college?—That is so.

10213. By that the student pays for every meal?—Yes; clearly if he takes several meals outside the hospital with his friends he loses the advantage that he gains by boarding.

10214. In fact it is the system known as the club system?—Yes.

Earl of Lauderdale.

10215. With reference to this particular lecturer you have spoken of, is there any limit to the number of lectures he has to give during the year; is it a fixed number, or how is that arranged?—The number of lectures is settled by the requirements of the examining board.

10216. Then it is a fluctuating requirement?—No.

10217. I mean, is he obliged to give a certain number of lectures per week or per month?—Yes; he is obliged to give a certain number of lectures per week.

10218. What might that number be in this instance?—The lectures on surgery are three per week.

10219. For each lecturer?—Each lecturer gives three lectures; but they are not lecturing at the same time; one takes half the session and the other the other half, and these lectures go on during the winter session, from October to March. But I might point out that the lectures will not fall below that point, because we have to send a return to the College of Physicians and Surgeons as to the number of lectures given, and they would not recognise a course unless it consisted of three lectures a week, and every man before he presents himself at their examinations has to be signed for as having attended a recognised course.

Chairman.

10220. Take the case of a student who is going on for his first appointment as surgical ward clerk, does he undergo any examination in the hospital for that?—No.

10221. What is the first he does undergo?—He undergoes no examination in the hospital; his examinations are conducted by the examining bodies.

10222. But supposing there is a vacancy for a house surgeon, does he not undergo any examination in the hospital for that?—No; our plan is that the vacancy is announced, and perhaps a dozen men send in their names; those names are

Chairman—continued.

considered by the medical committee, which consists of all the members of the staff, and out of those 12 men one is chosen, and he is recommended to the treasurer by the medical committee for appointment. And you will understand that this medical committee is extremely familiar with the previous work of the student in the wards, and they know also what professional qualifications he has.

Lord Monkswell.

10223. With regard to the London diploma, do you think that your hospital is right in not requiring it?—I think our hospital is right.

10224. You think that it would be a great pity to restrict the employment of medical men in the hospitals to those who have the London diploma?—As I myself was appointed without one, I naturally feel that.

10225. Independently of that, you feel that it is a mistake, I suppose?—I guarded myself; I said, in our own hospital. I think it depends very much upon the body of electors. Sir Andrew Clark, in speaking for the regulation by which a candidate has to be a member of the College of Physicians, alluded to a doctor who he thinks might have got on at the Middlesex Hospital, who took the Middlesex Hospital “by storm”; and he said that the rule in question prevents such an improper person being chosen; but in our own hospital, when there is a vacancy on the staff, the treasurer writes a letter to the dean of the medical school. Such a letter I might read to you to show what happens. “Dear Dr. Perry,—As it seems advisable in the interests of the school to settle matters a little in anticipation of Dr. Pavy’s retirement at the end of next month, I purpose taking the orders of the court on the 14th May in regard to the promotions and appointments that would follow. I presume Dr. Hale White will move up, as a matter of course, among the physicians; this would leave an assistant physicianship vacant, and I should be obliged by your summoning a meeting of the medical staff to consider and report who, in their opinion, is a proper person for the appointment. I think I am correct in assuming that the vacancy can be very efficiently filled by one of our own men.”

10226. But do not you think that there are other diplomas besides the London diplomas good enough to keep out improper persons?—Yes.

10227. Therefore I gather that you are of opinion that it is a mistake to restrict the appointments of medical men in hospitals to those who hold the London diploma?—I think that there is a certain safeguard in requiring the membership of the College of Physicians where you have a large number of ignorant electors; I think that at Guy’s, where we have a governing body of 60 of the most important people in London, we do not require any such safeguard.

10228. What about the Edinburgh diploma, would not that be sufficient?—Yes; but there are other inferior qualifications which men obtain who would be very unsuitable for an appointment on a hospital staff.

10229. But

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[Continued.]

Lord Monkswell—continued.

10229. But do not you think that the Edinburgh diploma is practically good enough?—Certainly; I am not alluding to the Edinburgh diploma.

10230. What I wanted was to get your answer to this question: whether you thought that under any circumstances in any hospital it would be desirable to restrict the appointments to the London diploma?—I think so.

10231. Even in the case of a man who had an Edinburgh diploma?—I did not say that.

10232. That is my point; whether there are not other diplomas almost practically equal to that of London?—Yes.

10233. With regard to the breaches of discipline, on the part of the students, I think I understood a witness who was previously examined, that no one had ever been dismissed from Guy's; at all events, not since you have been there?—I have not made that statement.

10234. Expelled, I will say; have you ever had a person expelled on your recommendation?—I might say not expelled. If you ask me, have I through the treasurer requested the parents of certain students to remove them, I should say that that has happened. What I think Dr. Steele, in his evidence did not sufficiently draw the attention of the Committee to, is the distinction to be made between the maintenance of discipline in the medical school and the maintenance of discipline in the wards. Now, I regard myself as responsible for the maintenance of discipline in the medical school; in the wards the maintenance of discipline falls upon Dr. Steele, or upon the sisters or upon other authorities. But what happens if a student misconducts himself to my knowledge is, that I summon a meeting of the medical council, and the matter is put in their hands. For instance, here is the case of a student, whose name I need not mention. "Dr. Taylor brought before the council the case of Mr." So-and-so, a student of the hospital, "who had borrowed a microscope from Mr." So-and-so, another student of the hospital, "which microscope he subsequently admitted he had pawned. After full discussion it was resolved that the treasurer be requested to intimate to the friends of Mr." So-and-so "that it is desirable that they should withdraw him from the hospital." I have no power of expelling a student; that rests with the treasurer, but he is guided by the authorities of the medical school.

10235. Supposing a student is had up before the magistrates for creating a disturbance?—To my knowledge a student has not been had up before the magistrates for creating a disturbance.

10236. You say that to some extent you look after the juniors and see that they sleep in the rooms provided for them; would you consider it a considerable breach of discipline if a junior student was constantly away from his room at night?—Unless he had a good explanation I should.

10237. And you would lecture him pretty severely if that happened?—Yes.

10238. And report him if it continued?—I have no power of reporting a student, beyond reporting him to his own parents.

10239. Not to the treasurer?—If a student was

Lord Monkswell—continued.

to be removed from the college I should report the matter to the college committee, who are supreme in the college.

10240. How far would you consider that what I have mentioned would be a breach of discipline; do you really insist upon these young men sleeping in the places provided for them?—I do.

10241. And how do you insist upon it, providing they do not do so, or if they say they will and do not; do you bring the matter before the treasurer?—I bring the matter before the college committee, and the college committee, if the case arises, would remove the student.

Chairman.

10242. The college is quite distinct from the hospital altogether?—It is, entirely. The treasurer is the chairman of that committee.

Lord Monkswell.

10243. So that it does come before the treasurer?—Yes.

10244. You know, perhaps, that there are one or two objections which have been taken against Guy's. The Reverend Mr. Bhabha, a nonconformist minister, at Question 3965, says that the patients in the out-patient department make complaints, "that there are so many doctors round them; that does not mean the doctors of the hospital staff; it is the students and the clinical clerks who really do the work. (Q.) That is to say, they are examined medically by a number of young inexperienced men?—(A.) That is quite so. I had a case exactly of that kind happen within this fortnight. A patient was taken to one of the hospitals with two broken legs; before the house physician came to examine the injuries that were done to the limbs there were at least four young gentlemen who examined the patient, who were not medical men. (Q.) That is to say, not qualified medical men?—(A.) Not qualified medical men." And then on being asked what hospital that was, he says, that is "Guy's Hospital"; do you think that such a thing as that could be common?—I should say with no hesitation it was extremely uncommon, and I should trust that it did not occur. An accident being brought to the hospital is seen by one of the house surgeons, or by the assistant house surgeon at the surgery, and there are two dressers on duty in the surgery at that time, and they are the only persons who should examine the limb at all, even if they did.

10245. Then it certainly would be wrong to say that "four" young men examined the patient?—Yes.

10246. Then in regard to the lying-in cases, we have the evidence of Mr. Farmer. He says, in answer to Question 3537: "Only the other day I went in to see a woman; five medical students had turned up, as they often do, all together; it frightened the poor thing out of her life, and we got them out of the room, fortunately." That is not Guy's?—I might say that we only have four or five students attending midwifery cases altogether in the month; and that they all rushed off to see one case when they were probably engaged on others, I think is not at all likely.

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[*Continued.*]*Chairman.*

10247. In reference to this case that Lord Monkswell called attention to, would the woman with two broken legs be at once taken to a ward?—Yes.

10248. She was probably, you said, examined in the surgery?—I did not understand that the question which I was then answering, was one alluding to an examination in the ward; I took it to be an examination which occurred as soon as she came into the hospital.

10249. The case was a woman with two broken legs; do you think it is likely that a patient with two broken legs would be examined in the surgery?—I do not think she would be any further than to see, what probably could be seen without any examination, that her legs were broken.

10250. If she were examined in the ward who would be present then?—The house surgeon with two dressers; the house surgeon might either set the limb himself, and probably would in a case of that kind, or he would allow a dresser to set it under his immediate supervision.

10251. Would not the patient in such a case be attended by the sister of the ward?—Yes.

10252. And if anything of the kind stated occurred, would not the sister report it; can you conceive a case in which she would not report it?—No.

10253. Is there anything else you desire to refer to?—No. I did not come with any intention of doing more than answering, to the best of my ability, questions that were put to me.

10254. You have mentioned the maximum fees that the gentlemen who lecture get?—Three shares for lecturing, or, I am not perfectly certain that it is not three-and-a-half.

10255. Now, what would be the minimum

Chairman—continued.

amount; half a share, or an eighth, or what?—There is no division of a share beyond a half.

10256. So that the shares assigned will vary from three or three-and-a-half down to a half?—Yes; but I do not wish you to understand that no man gets more than three shares from the school fund; what I wish you to understand is that he gets that sum for lecturing. As a matter of fact the physicians and surgeons receive further money for clinical teaching.

10257. And that augments their shares?—Yes, that augments them.

10258. Upon what is the figure 90 based; there are not 90 lecturers?—There are not 90 lecturers, but 90 shares; adding all the shares together, they come to 90.

10259. You mean, assuming that it is fair, that a certain man should have three shares, somebody else two, and so on, adding them all up together, they come to 90?—Yes; so that to arrive at our "share," we have our divisible income divided by 90, and we know what a share is.

10260. So that somebody estimates the value of a certain lectureship at three shares?—Yes. Most of the old lectureships have had the same number of shares assigned to them from the first. In the case of new lectureships a committee decide to recommend that the lecturer should be paid two shares, or one share, or half a share as the case may be.

10261. You are constantly in the wards, are you not?—Yes.

10262. Do you ever have to find fault with the sanitation of the wards in Guy's?—I have never had to find any fault with the wards.

The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 29^o Januarii, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.

Earl CATHCART.

Lord ZOUCHE OF HARYNGWORTH.

Lord SAYE AND SELE.

Lord SANDHURST.

Lord SUDLEY (*Earl of Arran*).

Lord MONKSWELL.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. WILLIAM HENRY CROSS, is called in; and, having been sworn, is Examined, as follows:

Chairman.

10263. You are the Secretary, are you not, of St. Bartholomew's Hospital?—Yes; I am termed the clerk; clerk is my proper title.

10264. What is your exact position; to whom are you responsible?—I am responsible to the governors at large, but primarily to the treasurer. The treasurer, as, I think, your Lordship knows, is the representative of the governors in the management of the institution.

10265. We have had the advantage of Sir Sydney Waterlow's evidence. I think he gave us some outline of the constitution; I think he told us that there was no actual committee that sits from week to week; is that so?—There is a committee that meets every Thursday consisting of the treasurer and four governors elected by the general body. These four governors are termed almoners, and this committee, which meets weekly, is termed the committee of the treasurer and almoners.

10266. Then they are the executive of the hospital?—Yes. In addition to that body there is what is called a house committee, which meets once a month regularly and oftener if occasion requires.

10267. What are the particular functions of the almoners' committee?—To supervise all matters of detail throughout the hospital. They receive reports at their weekly meetings from the steward and the matron, and they take cognisance of what is going on throughout the place.

10268. That is the executive, in fact?—It is the executive.

10269. Then the house committee, what does that do?—The house committee deals with lettings of property, and all the more important matters of expenditure regarding the hospital, and makes contracts for provisions; and any large outlay which has to be made in the hospital must be sanctioned by the house committee; the treasurer and almoners have not authority to incur any but small expenditures.

(24.)

Chairman—continued.

10270. Am I right in saying that you are the secretary, as it were, of that body which is called the treasurer and almoners?—Yes. Shall I just, in a very few words, summarise what I conceive to be my duties?

10271. If you would be so good?—First, I may say that my whole time is devoted to the hospital. I attend all meetings of the governors, and all committees; I make minutes of the proceedings; I accompany the treasurer and almoners on their view of the estates (because they view all properties before they are re-let), and I accompany them also in their visits to the convalescent home. I prepare all agreements with tenants and contracts with tradesmen. I conduct all correspondence; I countersign the cheques; I issue all orders for supplies, except those for daily provisions, which are issued by the steward. I have charge of all deeds and records of the hospital; and I have a general oversight of the whole establishment with the object of enabling me to acquaint the treasurer, the almoners, and the governors whether their orders are carried out throughout the institution.

10272. Is it your duty, at these weekly meetings of the treasurer and almoners to report any circumstances that may have occurred outside the ordinary routine of reports?—I should ordinarily report anything to the treasurer, whom I see much more frequently than the meetings of the committee; in fact, in some sense, I am perhaps the eyes of the treasurer about the place when he is not there.

10273. We will assume that the treasurer is there and sees that something is going wrong, or has a suggestion to make for the alteration of some system; would he report that to the almoners when he meets them?—Yes, unquestionably; I am present on those occasions.

10274. In the absence of that committee, of the treasurer and almoners, he has the power himself?

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Mr. Cross.

[Continued.]

Chairman—continued.

himself?—Yes; he is the governor of the establishment.

10275. You, of course, reside on the premises?—Yes.

10276. You are a salaried officer?—Yes.

10277. May I ask what your salary is?—£1,000 a year.

10278. And board and lodging?—No, not board and lodging; a house.

10279. Lodging, then?—Yes.

10280. And lights?—Yes; gas.

10281. Coals?—No; not coals, nor furniture.

10282. I forget whether Sir Sydney Waterlow told us whether he is a paid official?—No; he is not.

10283. Now, as you live always on the premises, you would be in a position to hear any complaints?—Yes; I am constantly about the place.

10284. I suppose you are the person who receives all the complaints of patients or patients' friends or officials which may occur from time to time?—Not necessarily. The patients and patients' friends come more into contact with the sisters and with the steward than they do with me; but the steward would always come to me in case there were anything serious, and tell me of it; and I should investigate it, and report to the treasurer.

10285. Would not necessarily every complaint be brought to you, or would the steward be able to settle them sometimes on his own responsibility?—He would judge whether the matter were a serious one or not; if it were at all of a serious character, which he felt he could not settle himself, he would unquestionably come to me.

10286. Then he has a responsibility to settle certain minor disputes or complaints?—There is no direct authority given to him to do so; but I am quite certain if the matter were at all serious, if it involved any investigation at all, the steward would come to me at once about it. I do not mean to say that nobody ever comes direct to me. If anybody asks to see me, of course they can see me without the intervention of the steward or anybody else, and I am always willing to see any one.

10287. You mentioned the sisters just now; cases sometimes occur that relatives of patients are abusive in the wards: would the sister of the ward, if such a case as that happened, go to the steward?—Yes, it is her duty to report such a matter to the steward.

10288. How would she communicate with the steward?—She would either go to his office if it were an urgent matter, or wait till he came to the wards, if it were not. He is round the wards several times in the course of the week.

10289. St. Bartholomew's is a large place, and of course one of the wards might be a very long way from the steward's office?—Yes; but the sisters have occasion to go to the steward's office every day to report discharges and various matters.

10290. Perhaps you will say what the duties of the steward comprise. He is a very important official?—He is a very important official.

10291. I think his salary is 350 *l.* a year?—

Chairman—continued.

That is so. He keeps a record of the patients; he sees to the allocation of the patients in the different wards, of course under the advice of the medical and surgical officers; he orders the provisions from day to day, and he keeps the accounts of the provisions and sees that they are properly cooked and sent up to the wards; he has the direct supervision of the cook and of the beadles, and of all the inferior officers throughout the establishment, and is in constant communication with the patients' friends. In case of death, or in case a patient is seriously ill, and the friends have to be sent for, it is done through the steward.

10292. It is notified to the steward by the sister?—Yes.

10293. And he has two or three messengers at his disposal, has he?—He has beadles.

10294. They are the messengers?—They would be used for such purposes; sometimes the telegraph would be used, or other means of communication; he would judge by the urgency of the case as to what he should do.

10295. Is the steward under you?—Well, he is not directly under me.

10296. To give an instance of what I mean by that question: supposing you thought that the steward was misconducting himself in some way, have you the power of suspending him?—No.

10297. But would you think it your duty to report to the almoners and the treasurer if you saw something going wrong?—Yes; I should report to the treasurer at once; and if it were a matter of grave urgency, I do not think I should hesitate to take a responsibility upon myself, which is not committed to me by the letter of my duties, feeling that in the treasurer's absence I was the responsible officer in charge of the establishment. I should assume whatever responsibility might be necessary for dealing with any particular emergency, and I am sure that the governors would approve of my doing so.

10298. I suppose what you would really do would be that you would telegraph to Sir Sydney Waterlow if you did find yourself in difficulty?—I should try and communicate with the treasurer.

10299. Do not you think it is rather an inconvenient system to have two heads, as it were, because you are supreme under the treasurer in the hospital, and at the same time you have an important official in the hospital not directly under you; I am not speaking of your own hospital, but asking about the system generally?—It is rather a difficult and perhaps a delicate matter for me to express an opinion upon.

10300. You have great experience in hospital administration?—Yes.

10301. And cannot you conceive of such a case arising where it might be inconvenient if you had not someone with authority to act?—Yes, I think that, viewed abstractedly, it would be very much better that there should be always somebody on the spot who had supreme authority for the time. I altogether dissociate myself personally from that answer.

10302. I quite understand that. In the case of provisions the steward is supreme in his own department?—He takes provisions into the kitchen in the presence of the cook. Shall I just

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just explain the system which is adopted about these provisions?

10303. I think it would be very convenient that you should do so?—Every sister, every afternoon, makes out from the diet sheets of the several patients, a tabulated account for her ward of the several diets required for the next day. All those sheets, so made out by the sisters, are taken in the afternoon to the steward's office, and there they are summarised in a book by one of the steward's clerks, and from that book sheets are sent to the kitchen and to the other departments of the hospital, from which supplies have to be given out. Then taking, as an instance, the kitchen, and the meat and the bread which have to be issued from day to day, the butcher and the baker have an order direct from the steward's office, to supply the quantities of meat and bread so ascertained to be required for that particular day's consumption. The steward, in the presence of the cook, receives the meat on the following morning in the kitchen. That meat is then under the control of the cook; and after it has been cooked, either in the boilers, or in the ovens, either the steward himself, or one of the clerks, goes down and sees the meat weighed out for the several wards, before it is sent up for the patients. The sister knows what quantity she should have, and if she did not get that quantity she would complain. The steward orders no more from the butcher than appears to be requisite by these summarised requisitions.

10304. So that, supposing the proper quantity did not come up to the ward, somebody would be short, and somebody, that is to say, the sister, would complain?—Yes.

10305. So that, in point of fact, that is checked by the sister?—Yes, I think it is. Of course it is conceivable that fraud may be committed under any circumstances.

10306. Does the sister get the weight in cooked meat?—Yes, her requisition is for so much cooked meat, and there is the usual allowance made for loss in cooking, which is the result of long experience of the waste and the bone which would be so expended.

10307. All the cooking for the patients is, no doubt, done in the kitchen of the hospital?—It is done in the general kitchen of the hospital.

10308. Is there any cooking at all in the wards?—No, only warming up beef-tea, and things of that kind.

10309. And making tea?—Yes, making tea; the tea is made in the wards for the patients.

10310. When you speak of these books, in which the steward enters the totals of these diets, is there any committee whose business it is to go through these books and see how they vary from week to week, or month to month?—These books are placed on the table of the treasurer and the almoners' committee once a month at the same time that the provision bills are produced to them for audit, or for their allowance before being paid. The steward certifies these bills as correct in reference to the quantity of provisions he has received. They are checked in my office as regards the moneying out of the bills, and seeing that a proper price is charged according to contract; that is quite

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Chairman—continued.

independent of the steward. The steward has nothing to do with the payment of them.

10311. But then these bills are placed, you say, on the table, before the committee of the treasurer and almoners?—They are placed on the table.

10312. Are they ever inspected and initialled?—They are always signed.

10313. By one of the almoners?—Yes; by one of the almoners. There is a book that we keep showing what books should be laid before the treasurer and almoners at each of their meetings; and the almoners not only initial or sign the actual book examined, but put their initials in this register book, so that they may see that the proper books have been brought before them.

10314. So that at the end of the year, when you come to compare the year's account, with the accounts for other years, if there was a great increase of any particular commodity, the responsibility for that would rest, not upon your shoulders, but upon those of the almoners?—As far as examining bills is concerned. But I always see the bills before they go in, and form my own opinion about them; and if there is anything to which I think attention should be directed, I speak to the treasurer and almoners about it.

10315. But assuming that fraud had crept in, and that there was detected a great increase in the consumption of meat, for instance, the responsibility would be with the almoners and treasurer, because they had initialled the book, and therefore, we may presume, examined it?—Yes, to that extent.

10316. But, surely, you look upon that committee, do you not, as being a safeguard for yourself?—Yes; but still I do not think that they can do more than see that the bill is properly certified by the officer who has had the goods, that it has been checked by an independent officer, and that there is nothing extraordinary about it to which their attention should be directed.

10317. There are stock books, I presume?—Yes, there is a book in which, from day to day, the steward enters what he receives; and this book is produced at the same time.

10318. Supposing that 100 lbs. weight more meat than usual has been consumed, they would observe that, would they not?—They might; perhaps I might say they ought to; but so small a quantity as that in so large an establishment would not attract notice.

10319. I mean a large quantity beyond the usual amount?—Yes, if it were anything unusual.

10320. They ought to notice it then?—Yes.

10321. And they would interrogate the steward?—Yes, they would interrogate him or interrogate me; they would make inquiry about it.

10322. That is what I mean by the ultimate responsibility resting upon the shoulders of that committee?—Yes, quite so; the ultimate responsibility would rest upon them.

10323. Now, there is another committee you said, called the house committee?—Yes.

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10324. They

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Chairman—continued.

10324. They have to deal with the estates?—Yes.

10325. Referring to the nature of your endowments and your revenues, it is stated by Sir Sydney Waterlow, in answer to Question 2586, page 169, amongst other things, that there are "about 13,000 acres of land in the country, in the counties of Essex and Kent, Hampshire, and in some of the midland counties, but principally in the southern division of England;" that is what he states?—Yes, I should have thought that that figure, 13,000, was a misprint; it ought to be more like 9,000.

10326. That was his statement, and I do not recollect any correction of it. You have got properties distributed over various counties?—Yes.

10327. Are those managed by agents?—We have one land agent.

10328. Perhaps you would explain a little further about that?—He lives at Chelmsford; and our principal estates are in Essex; so that he is very conveniently situated for the management of most of the estates. We will suppose that a lease or tenancy is about to expire; the tenant applies for a renewal; the treasurer and the almoners always visit the estate, as they do their London estates, before any renewal is granted; a report is made then by the land surveyor of his valuation for reletting; the tenant comes to London to the committee and has an interview with the treasurer, and ultimately with the committee, at which terms are arranged for the fresh tenancy. With regard to outlay on buildings, repairs and maintenance of buildings generally, the practice is (I am speaking of farming estates, country estates) for the hospital to make any outlay in the construction of buildings. When new buildings are necessary, the money is found by the hospital as part of the arrangement upon the reletting; but for ordinary repairs the hospital provides the materials, and the tenant finds the labour.

10329. You have mentioned the almoners in connection with the management of the estates; are they doing this work because of their knowledge of estate management, as a rule, or are they almoners who happen to be doing duty on that committee at the time?—There are only four almoners, and each holds office for four years; so that one almoner goes out, and a new one is appointed in his place every year.

10330. Are those gentlemen men who are acquainted with the management of estates, as a rule?—Yes; not specially estates, because you see they have many other kinds of business to conduct. They are men, as a rule, of large business experience.

10331. They are men, as a rule, who have had experience of some kind, in the management of estates?—I should say that we are never without one among the four almoners who has had considerable experience of that kind.

10332. You have one agent for all the estates, and he lives in Essex?—Yes.

10333. And the bulk of your property is in Essex, I understand you to say?—Yes.

10334. What do you pay your agent?—We pay him 3 per cent. upon the rental value of the estate and his travelling expenses.

Chairman—continued.

10335. Three per cent. of the net value?—Of the rent that we receive.

10336. And no fixed salary?—No fixed salary. I need not point out that with the present depreciated rentals, he receives very much less than he used to do.

10337. Could you tell us, with regard to last year, what his receipts were; do you happen to have got it there?—The land surveyor's charges in the last year were 243 l. 19 s.

Earl Cathcart.

10338. And the acreage?—About 9,000 acres.

Chairman.

10339. Are these estates managed through your office?—Yes; all the lettings go through my office, as do those of the London estates too.

10340. Your London estates have increased in value, have they not?—Yes; they have considerably of recent years.

10341. Do you find that that increase balances the decrease in the value of the country estates?—It more than balances the decrease.

10342. Then, are all these estate accounts audited in your office the same as the hospital accounts?—Yes, everything.

10343. Now, as to your system of accounts, you have a system of your own at St. Bartholomew's?—Yes.

10344. Is it the same as the system of the Hospital Sunday Fund?—Well, we have nothing to do with the Hospital Sunday Fund, so that I cannot say that I am intimately acquainted with their system; I do not believe that it is quite the same.

10345. You have nothing to do, you say, with the Hospital Sunday Fund; at the same time your treasurer is the head man on that committee, is he not?—That is so.

10346. And the Hospital Sunday Fund committee have got a certain system which they require other hospitals to follow out before they give them grants; but you say that has nothing to do with you?—That has never been introduced into our hospital accounts.

10347. You have never applied, in fact, to the Hospital Sunday Fund?—We have never applied, and they would not give us anything if we did, because, as perhaps your Lordship knows, the basis on which the award is made is the hospital's total expenditure, after deducting from that expenditure all the income derived from endowments. As almost the whole of our income is from endowments that would leave practically nothing on which to found our claim for a grant from the fund.

10348. You are in the fortunate position of having a large income and being able to save money?—For the last three years we have been putting by money. May I read to your Lordship a copy of a resolution that was passed by the house committee, with reference to this putting by or saving of money, nearly three years ago: "That having regard to the importance of acquiring, whenever opportunity offers, a portion of the site of Christ's Hospital as an addition to the area of this hospital, and to the desirability of making provision beforehand so far as is possible

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possible both for the purchase thereof, and for the re-building of the nurses' home, and the college (which re-building will be greatly facilitated by the acquisition of an extended area) it be an instruction to the treasurer and almoners to carry from time to time to a reserve fund to be applicable to the said purposes, all surplus income of the hospital beyond that required for current expenditure, such fund, together with the income arising therefrom, to be invested in the names of hospital trustees," and so on. During the last three years we have invested on that account 23,000 £. But when I tell your Lordships that we hope to be able to acquire at least as much as an acre and-a half from Christ's Hospital when that institution moves into the country, I think you will see that that 23,000 £. will go but a very short way towards its purchase.

10349. We were told that your hospital, St. Bartholomew's, is a parish in itself?—The whole of the parish of St. Bartholomew-the-Less, except one house which belongs to the governors, is comprised in the hospital. We also jut into other parishes, St. Sepulchre and St. Botolph, Aldersgate; but, practically, you may say Bartholomew-the-Less is St. Bartholomew's Hospital.

10350. How much land do you cover?—Between four and five acres.

10351. In respect of St. Botolph and St. Sepulchre, do you pay any rates?—We do.

10352. Not on behalf of St. Bartholomew?—Not for St. Bartholomew-the-Less, except for the residences in the hospital.

10353. Could you tell me how much your rates comes to?—Our rates for the last year came to 1,186 £.

10354. You have seen reports of other hospitals from time to time?—Yes.

10355. Have you been able, with your knowledge of your own accounts, to discover anything from them?—I think that our system is an exceedingly good one.

10356. I do not doubt that; I am not speaking of your system; I am speaking of the systems of other hospitals; you say you have seen the reports of other hospitals?—Yes.

10357. And can you, as a rule, make out what the accounts of other hospitals mean?—I have never failed, I think, to find out what I required to ascertain from those accounts; but, perhaps, my inquiries have been supplemented by personal applications to the people at the different hospitals to give me the information I was seeking for.

10358. It has been frequently said that hospital accounts for want of systematic arrangement, or similarity of system, are so involved that you cannot really make out what the position of the hospital is; do you think there is anything in that allegation? I am not speaking of your own hospital, you will understand?—I am afraid I do not know enough of the other hospitals to be able to express an opinion upon that. I should be surprised if any intelligent subscriber could not make out from any hospital accounts what they meant.

10359. At any rate, as far as you are concerned, you could understand what they meant?—I have never failed to do so.

10360. Do you see any advantage in having a

Chairman—continued.

uniform system of accounts for the London hospitals; all on the same basis?—I do not see any disadvantage; I do not see any very great advantage in it.

10361. You do not think it would be to the advantage of the public to be able to compare and see whether one hospital is extravagant in its expenditure as compared with others?—I doubt whether a mere examination of the accounts would be sufficient for such a purpose. Anybody wishing to ascertain the facts in order to come to such a conclusion as that would have to learn much more than would be divulged by any statement of accounts; he would have to learn the circumstances of the hospital, the nature of the cases they received there, and many things. Expenditure is largely affected by difference in the character and size of the buildings, and by the relative location of the different parts of the building, and there are many other things varying in different hospitals that affect expenditure; so that I should think that any conclusion arrived at from a mere examination of the accounts might be a very faulty one.

10362. Do not you think that the subscribers to any charity have a right to expect that from the annual report and the balance sheet they should be able to find out the position of the hospital?—Certainly.

10363. And yet at the same time you consider that the report itself and the balance sheet do not convey that information?—I am afraid I did not quite convey my meaning. I mean that in making a comparison between the reports and the statements of accounts of different hospitals, if you were going to draw a conclusion as to whether one was more economically managed or more extravagantly managed than another, you would have to know much more than is divulged by any statement of accounts; I did not mean to convey more than that.

10364. But at the same time the general hospitals of London admit, with one or two exceptions, pretty much the same class of cases, do they not?—Yes.

10365. They all of them have large out-patient departments, and they all have surgical and medical beds; and, their circumstances being the same, ought not their expenditure to be pretty much the same?—I do not think that all out-patient departments are the same. I do not think that there is anything like a relative proportion in all the hospitals, I mean in the larger hospitals, between out-patients and in-patients; and that makes one of the difficulties, to my mind, in instituting any comparison upon figures only.

10366. I was just coming to that question: what do you mean by relative proportion between out-patients and in-patients?—Suppose that one hospital has 500 beds and 150,000 out patients, you would expect another hospital that had 200 beds to have the same proportion of out-patients as the larger hospital has; but that is not the case so far as I know.

10367. They might have a proportionately smaller number of out-patients, you mean?—Yes; but they might chance to have a larger number; but I do not think that there is any proportion between out-patients and in-patients, as a rule.

10368. Have you any means of getting at the charge

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charge of in-patients and out-patients?—Speaking for ourselves, we have not given, and we never pretend to give a statement of the average cost of in-patients; because out-patients draw their supplies, medicine, bandages, and all surgical appliances from the same stocks as the in-patients do; they have the services of the same officers in common with the in-patients; they use parts of buildings common to in and out-patients. It is true that an estimate might be made, but unless the estimate were formed upon the same basis in all hospitals, and unless the circumstances justified an identical basis for all hospitals I am afraid the result would be rather misleading.

10369. Of course any comparison would have to be made on the same basis; but how does the locality affect that; did I rightly understand you to say that that does affect it?—No, not the locality, but the form of the buildings, the location of the different parts of the hospital buildings within its own area. For instance, we consist not of one building under one roof, which, of course, can be much more economically managed than a building consisting of four sides of a square, with no communication between each other.

10370. Then is your hospital a more expensive one than others?—I should think it is in that respect; there is more service required. I may give this illustration: We have lately been putting lifts into the hospital; we have four detached wings, and we are therefore obliged to have four lifts, and four lift-men to work them. If the hospital were all under one roof probably one lift would suffice, and the services of only one lift attendant would be necessary.

10371. Then I am to take this answer from you that the circumstances of different hospitals differ so materially that it is almost impossible to institute a comparison?—I would not go quite as far as that; I would say that a comparison between them, unless those circumstances were taken into consideration, would be misleading.

10372. It might be necessary to leave out of the comparison these three great hospitals. Your hospital, St. Bartholomew's, that great hospital over the river, St. Thomas's, and Guy's; but taking the other eight general hospitals in London, they are all about the same size, are they not, generally ranging between 250 and 300 beds?—Yes.

10373. And the buildings are pretty much of the same sort, one with another?—Yes.

10374. And the patients the same sort of class?—Yes.

10375. And, with the exception of St. George's, there is not much difference, is there, in the localities in which they are placed?—No.

10376. There might be a comparison therefore instituted in those cases?—Yes, there might be. I am not suggesting that it should not be tried; I was only venturing to point out these difficulties in the reply to your Lordship's question as to whether a comparison in regard to relative economy or relative extravagance could be fairly formed on such a basis. It would have to be taken for what it was worth; and if people would bear in mind that it was not conclusive, I do not know that any harm would be done.

Chairman—continued.

10377. We have been furnished with a statement here of the various hospitals in London, their donations, subscriptions, &c., and there is also a comparative table of the cost of occupied beds; and taking the large hospitals, they take St. Thomas's at 99 *l.* 9 *s.*; they take, we will say, the Westminster at 63 *l.* 12 *s.*; they take the Middlesex at 81 *l.* 15 *s.*; they take the University College at 59 *l.* 11 *s.*; so that there is a very great difference in the cost of beds?—Yes, if those conclusions are arrived at on the same basis. That is what makes me very doubtful; I cannot think there can be such a difference.

10378. Then, have you seen that memorandum; that is, the Charity Organisation Report?—Yes, I saw it. They credit us with some figures, and I cannot tell how they arrived at them.

10379. At any rate, in that document the figures, as regards your hospital; I understand you to say are not correct?—I do not know how they arrived at them; I could not have arrived at those figures.

10380. So that on the whole, are you disposed to think this is a trustworthy return or not?—Well, not as far as we are concerned; I know nothing of anything else.

10381. Are these almoners, who manage your estates, responsible to any court of governors?—Yes; they are responsible to the general court of governors, by whom they are appointed. They would report primarily to the house committee; recommendations from them go to the house committee for their approval; and then the house committee's proceedings all have to be sanctioned by the general court of governors.

10382. You have a plan at St. Bartholomew's of making inquiries in the out-patient department into the circumstances of casual patients?—Yes; that is so.

10383. Do you think that on the whole that works well?—I think that it does.

10384. Do you think that they ought to have an inquiry officer in each of these great general hospitals?—Yes; I think that there should be an inquiry officer.

10385. He is an expensive individual, is he not?—He costs us about 150 *l.* a year; 3 *l.* a week.

10386. Is it that you advocate the plan of an inquiry, because of the saving it brings to the hospital in the way of attendance and drugs, and so forth, or because of the principle?—Because it warns off improper applicants. I do not think that our number of patients have been diminished by our having an inquiry officer; but I do think that some people who improperly came there do not now come.

10387. Do you mean people who could afford to pay?—Yes, people who could afford to pay.

10388. And also a large number of people whose proper home ought to be the infirmary?—Well, I would hardly say that. We do warn them off on account of their extreme poverty.

10389. That I understand; but at the same time you do not take chronic cases, do you?—Not chronic cases; but I do not think that part
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of the question would be affected by the inquiry officer.

10390. Supposing that a patient came to your hospital as an in-patient, and that after getting fairly cured of the disease which he had when he came to you, he developed some chronic symptoms, would you send him to the parish infirmary?—We should send them to the parish infirmary. We should communicate with his friends first of all, and see what arrangements they could make, and if they could not take him away, we should communicate with the parish officers.

10391. Are the class of people who come to your hospital very very poor?—A great many of them are very poor.

10392. So poor that when they go out you have to find them clothes?—Yes, often; from our Samaritan Fund.

10393. The district by which you are surrounded is very poor, is it not?—Not so much as it was. There is a poor district immediately near; it is behind Bartholomew Close, Cloth Fair, and so on; but we draw a great many patients from Clerkenwell, and that district, which is a poor one.

10394. Have you any other hospitals close to you?—No, none close; there is no other in the City. I suppose that the Royal Free Hospital in the Gray's Inn-road is the nearest.

10395. So that the population round about you, for what distance shall I say, a mile and-a-half?—For a mile; Guy's must be a mile off.

10396. The population round about you, for a distance of a mile, depend entirely upon you and the infirmaries for their free medical relief?—Yes.

10397. Do you ever get any complaints from the patients, or the patients' friends, of too rapid treatment or examinations made by students?—Complaints of that kind are so rare, that I may say they have never occurred.

10398. Have you any remark to make about your out-patient department; is it a great inconvenience to the working of the machinery of the hospital?—Of course the great number of patients that we have as casualty patients in the morning, puts a severe strain upon everybody at one time; but I have no reason to suppose that the patients do not get properly treated, and that enough time is not given to them. Most of the cases that come are of a very trivial character.

10399. I referred more to the organisation of the department?—I think that our organisation is good. One wishes at times that we had rather larger buildings in which to do that casualty work. But we are looking forward to the time when we shall acquire this larger area, to remodel some of that department, and perhaps some others too. We are cramped for space.

10400. But this might occur; you might get a message from the medical committee; you have such a committee, have you not?—We have a medical council.

10401. You might get a message from them that the arrangements were bad in the out-patient department, and that by a different organisation you might do the work better. That

Chairman—continued.

you have not had?—No, we have not had any such message.

10402. Therefore you are bound to assume that it works well?—Yes, I think it does; I would say as well as it is possible for such a vast amount of work to be done in a limited time and in rather a limited space.

10403. Do you have a return of all cases in the out-patient department?—Of the numbers, do you mean?

10404. The names and numbers?—We have a return of the numbers only, as regards the medical casualties; in the case of surgical casualties the names are always recorded.

10405. But the names of medical cases are not recorded?—No; there is more likelihood to be some after-inquiry in a surgical case, where there has been an injury, than there is in any medical case; and I am afraid that if we recorded all the names and addresses of the medical casualties, we should have to keep two or three clerks at work for the purpose.

10406. Have you a return like this (*pointing to a return*) of new cases and attendances after the first?—No, not for casualties. With regard to what are known as the out-patients proper, which are selected cases from the casualties, of them there is a very systematic register kept.

10407. Of the new and old cases?—Yes.

10408. But of the casualties, which form the greater mass, you do not keep a register?—No, only of the surgical casualties. The object of keeping a register of the surgical casualties is, that we may be able to answer inquiries, if they should happen to be made, in case of any accident.

10409. Then in fact you number the medical casualties?—Yes, we have a system of numbering the new cases every day, by giving to patients tickets, which they deposit in a box; and I have several times verified a conclusion we came to some time ago, as to the average number of attendances, by taking the whole number every day, for a certain period, and calculating that out.

10410. I will not pursue that question of the out-patient department, because we had evidence as to that from Sir Sydney Waterlow, and you have not more to do with the out-patients than any other branch of the hospital?—No, I am frequently round there, and I see what is going on there.

10411. Is it a part of your business to go round the wards?—Yes, occasionally.

10412. Whose business is it to go round the wards every day?—The steward's and the matron's.

10413. And do the steward and the matron go round the wards every day?—Each goes round at least three times a week.

10414. On alternate days?—Not necessarily on alternate days.

10415. So that there might be one day or two days in a week on which nobody went round the wards?—It might be so; but I do not think it is likely to occur.

10416. Do not you think that it would be a good plan in the abstract if some official, like the matron, or the steward, or the secretary, of the institution, went round every day?—Perhaps so. It takes a long time, you know, to go round to

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any effective purpose ; it takes you several hours, two or three hours at all events.

10417. Then may I ask you how does the fact of vacant beds come to your notice?—It comes to the notice of the steward.

10418. How does it come to the notice of the steward?—He makes up, as I explained some time ago, his summary of diet sheets, every afternoon, and by that means he ascertains the number of patients that there are in each ward ; and so arrives at the number of vacant beds. Besides, he has a record of all admissions and discharges.

10419. And do you keep a return of the vacant beds ; I do not mean you personally, but is a return kept of the beds in the hospital that are vacant?—There is a record every day of the number of patients in the hospital ; you could easily arrive, by looking at that book, at the number of patients that there are in every ward ; and, of course, knowing the number of beds in the ward, it is easy to tell how many are vacant.

10420. We will assume that there are 300 surgical beds ; each day there is a record made that there are so many occupied ; therefore if beds were kept vacant you would be in a position to ascertain that?—Yes, going back any time we could tell how many beds have been vacant at any given time.

10421. Do you ever have to complain that beds are kept vacant?—Never.

10422. In fact you are always full up?—Yes, allowing a proper interval for filling up beds with fresh cases.

10423. And also I suppose allowing a certain margin for extraordinary demands?—Yes, a certain margin ; but I do not think much attention is paid to that. If there are urgent cases for admission they go in.

10424. But you are in a position to know when the beds are vacant?—Yes.

10425. Now there is one other point that has been commented upon in the press, I have noticed ; of course I know nothing about it myself one way or the other. Have you lately had an outbreak of diphtheria among the nurses?—We have had several cases of diphtheria amongst our nursing staff during the last year. We took into the hospital last year, from outside, 140 cases of diphtheria, being double the number that we received in the previous year. Several of our nurses, 23 nurses, two ward assistants, and one servant, have been attacked with a more or less severe form of diphtheria. The matter has been engaging the very anxious attention of the treasurer and almoners ever since there was any idea that our nurses were suffering in that way, from the earliest development of it, and that is still very carefully under consideration.

10426. Do you admit all cases of diphtheria?—We have admitted all cases of diphtheria.

10427. In whatever stage?—In whatever stage.

10428. And you say that that question is still under consideration?—Still under consideration. I do not mean to say that nothing has yet been done, because a great deal has been done.

10429. I suppose you have a separate ward

Chairman—continued.

for diphtheria cases?—We commenced this year putting diphtheria cases into a separate ward.

10430. Do you take advantage of all the available space in your hospital for patients?—Yes, certainly.

10431. But have you not got a magnificent hall on the first or second floor?—Yes, there is a hall, but the hall has never been considered to be available for patients ; it is not fitted up. I have no doubt it could be adapted for patients.

10432. What use is that hall put to?—The courts of governors hold their meetings there, and it is occasionally used for dinners.

10433. Is that the only place where the governors could hold their courts?—According to present arrangements.

10434. How often do they meet?—The court of governors meet once in every three months ; it is a quarterly court ; sometimes they meet more frequently than that.

10435. Has the question of turning that into a ward, or having it arranged for a ward, ever been considered?—No, I have never heard that suggested.

10436. Have you ever taken into consideration the possibility of co-operation between the hospitals and the provident dispensaries?—No, that has never been before the governors.

10437. As a hospital official, has that ever occurred to your own mind?—I cannot say that it has, to the extent of my coming to any conclusion about it.

10438. Would you favour us by putting in a return of the employes in your hospital?—Yes.

10439. Of the whole of the staff?—Medical and civil staff, do you mean?

10440. I was not speaking so much of the medical staff, but of the civil staff?—Yes.

10441. I think Sir Sydney Waterlow furnished us with two or three returns ; perhaps you will furnish us with this one?—Yes, I will send a complete list.

10442. You do train all your own nurses, do you not?—Yes.

Earl Cathcart.

10443. You have lost a nurse from diphtheria, have you not?—No ; we have lost one from typhoid. I am happy to say that that is the only death we have had amongst our female staff, nearly 250 in number, for the last three years.

10444. Have you any reason to suppose that there was anything wrong in the quarters which were given to the nurses?—We have no reason to suppose that. Two months ago the surveyor was instructed to make a complete examination of the buildings throughout the hospital.

10445. Did you not move the nurses away from the house where they were?—You mean from some cubicles that a few of them were occupying.

10446. I do not know ; I understood that you moved the nurses away for some reason?—We moved those nurses away, because we found that one nurse there had had scarlet fever ; and so we moved them away for the purpose of disinfecting the whole place.

10447. Where did you move them to?—Some to the Nurses' Home and some to another house which was in course of being enlarged,
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for the purpose when we put them in those cubicles.

10448. Is that the treasurer's house?—No, the treasurer's house is just now finished for an additional staff of night nurses, and they will go there in a week or two.

10449. And the removal into this other house had nothing to do with this outbreak?—No, nothing to do with it.

10450. Where will the treasurer live now?—The treasurer has not occupied that house for some years.

10451. You are paid 1,000 l. a year, and beyond doubt you have great responsibility; and indeed, as you suggested, you are the eyes of the treasurer in his absence?—Yes.

10452. With regard to the accounts, do not you think that if the cash-book dissections were made in all the hospitals on a uniform principle, then the cost of the beds would be a good standard of comparison?—The difficulty that occurs to me is that so long as you draw your supplies for out-patients and for in-patients from a common stock, and have the services of several of your medical and surgical officers for out-patients in common with in-patients, you cannot arrive at that.

10453. But, pardon me, that does not meet my question. My question was this: supposing your cash-book dissections were made on a uniform principle for all the hospitals, that is to say, that the items belonging to the cost of the beds were dealt with on a uniform principle, then would not the cost per bed be a good standard of comparison as between one hospital and another?—I am afraid that I do not quite follow your Lordship. If I may do so, I would ask you to take the item of drugs; we could not say, unless we kept an entirely separate stock for each of these departments, what quantity of the drugs went to the in-patients and how much to the out-patients.

10454. Do you know this book, called "Burdett's Hospital Annual"?—I do know it; I know that there is a system of accounts there, but I have not examined it carefully.

Chairman.

10455. You said, if I understood you, that amongst certain hospitals a comparison could be made, but everybody would have to take it for what it was worth?—Yes.

Earl Cathcart.

10456. Could you suggest any better standard of comparison than the cost per bed?—Not if we could arrive at some understanding as to what should be considered an out-patient, and what the out-patient's cost should include.

10457. You are aware that in the army and navy, and the police force, the cost per man is the standard for comparison between one force and another?—Yes.

10458. Can you suggest anything better than the cost per bed as the standard for the hospitals?—If we can get rid of this disturbing element of the out-patient department, about which there is no uniformity, then we take the cost per bed as the standard.

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Earl Cathcart—continued.

10459. You have referred to the matron and to the steward paying a daily visit to the wards, but when pressed you said that they did not do so; and from that, I presume, it is their duty to pay daily visits according to the standing orders; will you tell me as regards the matron, if you please, because that is the more important?—The matron has to visit every ward in the hospital at least four times a week.

10460. But you did say that it was her duty to visit the wards every day?—I did not intend to state anything but what was quite correct.

10461. Of course, I only want to get the thing correctly?—May I just give the rule laid down for the steward?

10462. Yes?—It is that he shall daily visit the several wards of one wing in the hospital in turn.

10463. Do not you think it would be better, as is done in several other hospitals, if the matron visited the wards every day?—I think it would occupy so very much of her time, that if she might occasionally send the assistant matron it would be better.

10464. Now, with regard to the bread, do you bake it in the house?—No, we buy it.

10465. The bread is of good quality you find, do you?—Yes, the bread is of good quality; two loaves of bread, one new and one stale, are always placed upon the table of the committee every week.

10466. You do not see any advantage in baking in the house?—I think it would be better, if we had the room.

10467. It is done abroad, as you are, perhaps, aware?—I think it would be very much better, if we had the room.

10468. Do you know what the price of bread per hundredweight is?—The price now is a very small fraction over 4 d. per four-pound loaf.

10469. With regard to the meat, is the steward invariably present when the meat comes in?—I believe that either he or his assistant is.

10470. What is his assistant?—His assistant is a clerk in his office.

10471. He may be a junior clerk in the office, or the office boy?—No; he would be the senior clerk; he has two clerks. I believe almost without exception the steward is there when it comes.

10472. But you think that the steward ought to be there?—I think the steward ought to be there, and I think that nothing but unavoidable circumstances ought to prevent his being there.

10473. And you would think, I suppose, that the steward has no more important duty than seeing that the meat is supplied according to contract?—That is a very important duty.

10474. That is his most important duty, to see that the provisions are according to contract, and of good quality, is it not?—Yes, perhaps so.

10475. What duty has he more important than that? Then with regard to the meat, as a rule, have you frequent complaints from the steward and others that the meat is not satisfactory?—They are very rare indeed. He makes a report every week to the treasurer and almoners, in which he refers to the quality of the provisions received.

10476. And how often might complaints be made

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made of quality of the meat, speaking broadly?—I should not think once in three months; and then he always reports what he has done.

10477. And then what takes place if the meat is reported as bad; is it rejected?—Yes, he would reject it.

10478. And send to the market to buy other meat in its place?—No, he sends to the contractor, and gets more.

10479. Do the committee of almoners visit that offence upon the contractor?—I have known them send for the contractor, and remonstrate with him; and once on the occasion of a supply of bread they put an end to the contract at once.

10480. They have the power of doing so under the contract?—Yes, they have.

Lord Zouche of Haryngworth.

10481. I suppose your buildings are very old?—They were erected, for the most part, in the middle of the last century. The rebuilding of the hospital on its present site began about the end of the first quarter of the last century.

10482. And some of the building is even older than that I think?—No, except a portion of the church; no hospital building is older than that.

10483. Do you think that any danger arises in connection with infectious disease from the antiquity of the buildings?—I do not think that there is any evidence of that as far as our hospital is concerned; the wards are very frequently cleansed and re-painted.

10484. It has been suggested in evidence to us that they might become permeated by emanations from sick persons?—I have heard that suggestion. Of course it is a point on which I am not so well qualified to speak as a medical man would be; but I know that our surgical results are very good indeed, which could hardly be the case if our hospital were impregnated; but I think it would be better for you to have an answer on that point from a surgeon.

10485. I suppose every care is taken to paint all the wards frequently, and to disinfect them when necessary?—Yes; and if there is any case of infectious disease, and the surgeon or physician suggests that it is in the least desirable to do anything beyond ordinary disinfection or cleaning, the ward is turned out at once without any hesitation.

10486. You would not suppose that this outbreak of diphtheria which has taken place had happened in consequence of the antiquity of the buildings?—Personally, I do not think so, and I have never heard it suggested.

10487. About these inquiries that you make into the circumstances of the out-patients when they come, do you use more than one man to make inquiry?—No, only one.

10488. Do you find that sufficient; is he able to manage it all?—Of course he is able to do but little; but he makes a selection; he questions those people who from their appearance seem most likely to be able to pay, and then he follows the cases up to their homes, unless he gets a satisfactory reply from them; and even if the reply seems to be satisfactory he follows them up to the extent of the time at his disposal.

Lord Saye and Sele.

10489. I suppose your Essex property is almost valueless?—It is very greatly reduced in value. We have, unfortunately, two farms in hand that we cannot let; we should be very glad to get a tenant who would pay even our rates and taxes.

10490. If it were sold and cut up it might be of considerable value to the adjoining land-owners, especially if it is woodland?—It is not woodland, unfortunately.

10491. Have the corporation of the hospital the power of selling it?—With the consent of the Charity Commissioners; we should have to get the consent of the Charity Commissioners. We did, about two years ago, sell an estate in Essex, 268 acres, and about 37 acres of that were woodland; we sold it for 2,000*l.*, and were very glad to get the money.

10492. Did you, at that time, attempt to sell the remaining portion?—We have never put it up for sale.

Lord Monkswell.

10493. You say that your inquiry officer inquires into those cases where the applicant seems likely to be in good circumstances; but I suppose if a man came in rags his case would not be inquired into?—Unless there were something to attract attention to him.

10494. Practically, therefore, a man knows that he has nothing to do but to present himself with an appearance of destitution at the hospital, in order to prevent the case being inquired into at all?—I hardly suppose that a man would go through the form of clothing himself in that sort of way in order to gain admittance; I do not know, but I hardly suppose that.

10495. At all events you have not come across any cases of that kind?—No.

10496. You say there are three committees who practically govern the hospital; first of all the treasurer and four almoners, a committee of five; how many generally attend?—They are almost always all there; certainly nine times out of ten.

10497. How many, generally, attend the house committee, which is the next above them?—I should say an average of 15 or 16.

10498. Then it would hardly ever happen that those five would form a majority of the house committee?—No.

10499. Then, again, you have a general court of governors; that is supreme over both the committees that have been named; and I see, from Sir Sydney Waterlow's evidence, that the attendance at this court of governors varies very much, from 30 to 150, the quorum being 13; do you think that that court affords sufficient supervision, or indeed any supervision at all, over the proceedings of the two other committees?—Yes, I think it does, because they have notice issued to them with a statement of the various reports and minutes that will come before them for confirmation; and, as a matter of fact, the recommendations are often criticised.

10500. But I suppose a great many men who belong to the court of governors know very little about the circumstances of the hospital; in a large body such as that, that would happen, would it not?—No, they are almost all men who take an interest in the hospital.

10501. And

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10501. And who have been over it and know about it?—Yes.

10502. You say that the surplus over current expenditure goes to a reserve fund?—Yes.

10503. You do not fix any minimum amount that must go to the reserve fund every year?—No, all that remains after paying the current expenditure of the hospital; instead of enlarging the operations of the hospital, for a time the money is put aside, with this particular object in view.

10504. Then you would not enlarge the hospital unless you had a satisfactory amount, or what you consider a satisfactory amount, in the reserve fund?—I do not think the governors calculate upon enlarging their operations until they get this extended area, because they have rather more than they can do in their limited space at present.

10505. As to the comparative cost of beds you said that very much the same class of patients went to all of these eight hospitals that were spoken of; but is it not the fact that some hospitals would, as a matter of fact, have a good many more persons with a particular kind of disease than other hospitals, perhaps from the character of the surrounding neighbourhood, or something of that kind; and might it not be the case that owing to that particular class of disease that was prevalent in the cases occurring around the particular hospital, the beds there might cost more than in other hospitals?—Unquestionably that might be so; and that was one of the facts in my mind when I said that figures alone would not be a fair basis of comparison.

10506. With regard to this outbreak of diphtheria, you say that your surveyor inspected the hospital two months ago; what was, generally speaking, the nature of his report?—Generally speaking, it was that he could not discover anything amiss to account for the illness; but he pointed out that some of the appliances were not of the most modern type, and that they could be improved; and orders were at once given for the substitution of newer for the old appliances.

10507. But did he say nothing about the sleeping accommodation of the officers, or nurses, or students; did he not condemn some of it?—No.

10508. These ward assistants, I suppose, sleep in the hospital, some of them?—I think there are two who sleep out.

10509. As a rule they sleep in the hospital?—As a rule they do.

10510. Are the ward assistants put up in what you consider sanitary bedrooms?—Yes, I think so.

10511. Are not some of these places very low down, almost under the ground, and very damp?—No; the ward assistants sleep, some on the upper floor, and some on the third floor, and some on the second floor in the Nurses' Home.

10512. But is there no person connected with the hospital who sleeps in bedrooms that are partly below ground?—I think I know now what your Lordship is referring to. In the house set apart for the house physicians and house surgeons and resident staff, some of the male attendants slept below the ground, but that

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Lord Monkswell—continued.

house is at the present time being raised, in order that they may have bedrooms up at the top of the house; that is almost completed.

10513. Did they suffer from illness?—There was one attendant there who, in the last summer, had diphtheria.

10514. And might not that be traced to some extent to the insanitary nature of the bedroom?—I do not know.

10515. Was there any other case of illness of an attendant who had a partly underground bedroom?—No, none that I have heard of.

Earl Cathcart.

10516. Will you kindly specify what are the sanitary appliances that your inspector objected to, and that are going to be replaced?—What is being done now is the putting in of a different kind of waste trap, and putting anti-syphoning pipes.

10517. Those are for the sinks?—Those are for the sinks.

10518. And to the water-closets too?—No, not to the water-closets.

10519. The water-closets have not been objected to?—The water-closets have not been objected to.

10520. It is only in the sinks that this is required?—Yes.

10521. And they are just off the ward, I suppose?—Yes, in a sort of annexe off the ward.

10522. Is there anything else of a sanitary kind below ground that has been taken up?—No.

10523. Nothing has been suggested beyond that matter about the sinks?—Yes, he suggested some other things.

10524. What else?—I cannot charge my memory with all the details.

10525. What sort of things?—The better ventilation of some pipes, improved forms of trap, and additional inspection chambers.

10526. Underground?—Yes.

10527. And are you going to do that?—Yes, unquestionably; it is all ordered or actually in hand.

10528. And there is no danger while the operations are going on?—I believe not.

Earl of Arran.

10529. You have no reason to suspect the existence of any old bad system of drainage that has not been properly destroyed?—I should say not. In addition to this report from their surveyor, the governors, in order that there might remain no doubt about it, have called in a well-known expert to advise them generally upon their system of drainage. As the result of the inquiries made so far, there is no ground for thinking that drainage has had anything to do with this outbreak.

Earl of Lauderdale.

10530. Did you say that 23 nurses had been attacked with diphtheria?—Yes.

10531. Had all those been attending diphtheria patients?—No, we do not know that; we know that 16 had been attending diphtheria patients and were attacked by it; two ward maids and one servant attacked had also been in contact with diphtheria patients.

10532. That

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Earl of Lauderdale—continued.

10532. That together makes 26 who were attacked with diphtheria?—Yes.

10533. And there were 19 of the 26 who had been attending diphtheria patients?—Yes.

10534. And do you know that there were also some attacked by it who had not attended any diphtheria patients?—Yes, so far as we know.

Chairman.

10535. Have you never had a resident medical officer?—No, not over the whole establishment.

10536. The only medical gentlemen who live in the hospital are the house surgeons and house physicians?—Yes; there is also Dr. Norman Moore, one of the assistant physicians, but he resides there as warden of the college.

10537. You have nothing to do with the school?—Nothing at all to do with the school. The school is, in some respects, a separate establishment; the lecturers are appointed by the governors.

10538. The reason I ask that question about the resident medical officer is in reference to the admission of patients to beds. At Question 2440 I asked Sir Sydney Waterlow about the admission of patients to beds. He explained that there is a certain amount of sorting; and then he says, "Take, for instance, the 19th to 25th May; of the cases admitted as in-patients 75 were from the casualty department, 20 were accidents, 15 were sent over from the out-patient department, and 22 were admitted as the result of direct applications to the physicians and surgeons, and other medical officers of the hospital." Now I presume that that took place during the time that the officers were in the out-patient department, would it not?—That was in the out-patient room.

10539. During the time that the officers were at work in the out-patient department?—Yes; but I think I do not quite understand the question.

10540. You see that question and answer in 2440?—The house physicians and house surgeons are on duty all day; a patient may come at any time of the day and be admitted.

10541. What I want to get at is this: supposing a patient comes at five o'clock in the afternoon when there is no out-patient department going on, before you take him into the hospital I suppose some medical opinion must be expressed?—Yes.

10542. Who is that medical opinion expressed by?—The house physician or house surgeon on duty. There is a house physician and house surgeon on duty for a stated period; in fact, there are two, because there is a senior house physician and house surgeon, and a junior house physician and house surgeon; and it is the duty of the junior house physician and junior house surgeon during their period of duty to be always in attendance in the surgery so that any case coming may be immediately seen by them.

10543. Then those gentlemen determine whether a patient is a fit patient to come into the hospital or not?—Yes, they do.

10544. Are those men as a rule men with a certain amount of experience, or are they very junior men?—They are young men; but they are as a rule picked men.

Chairman—continued.

10545. Have you ever had a resident medical officer of some standing as an official at your hospital?—A good many years ago, 24 years ago, when I first went to the hospital there was a resident medical officer then styled the apothecary, but at that time of day we had no house physicians; and he had charge, in the absence of the physicians, of the medical cases in all the wards of the hospital. That system was altered in the year 1868; his services were dispensed with, and house physicians were appointed in his place.

10546. I wanted to ask you your opinion as to the plan of having a resident medical officer; but perhaps I might ask Dr. Norman Moore that question?—Yes.

10547. You have a number of house physicians and house surgeons in the hospital?—Yes.

10548. Under whom are they as regards discipline and general behaviour?—Under the treasurer as regards their general behaviour; as regards their work under the particular physicians or surgeons under whom they are acting.

10549. Supposing, for instance, that a sister said that one of the house surgeons was drunk in the ward?—I have never heard of such a thing.

10550. In the case of some very grave misfortune occurring, to whom could the sister go?—She could go either to the steward or to me.

10551. Have you the power of suspension?—No, I have not the power of suspension.

10552. Has the steward the power of suspension?—No, nobody has the power of suspension except the treasurer.

10553. Then the only thing would be to fetch the treasurer?—Yes, in such an extreme case as that; but I have no doubt that I personally should be able to settle the thing until the treasurer could be got there.

10554. But when you say that you could settle it; I understand that you have no authority to suspend?—I have no direct authority, but in such a case as your Lordship suggests of a medical officer being drunk, I should take the responsibility upon myself.

10555. I know it is an extreme case that I am putting; I want to know what would be done?—We should get the treasurer.

10556. But in the event of such an extreme case happening there is no official living on the spot who has paramount authority?—Not that authority officially committed to him.

10557. How often is the treasurer there; he told us five days a week, I think?—Yes, several days in the week; there are not many days in the week on which I do not see him.

10558. As a general principle, do not you think, in a large establishment like your hospital, it would be well to have somebody with such paramount authority?—I replied a little time ago to a similar question. I was careful to guard my answer, so that I might not seem to be speaking with reference to myself.

10559. You have a large staff of clerks, I suppose?—There is a renter, whose business it is to collect the rents and keep the accounts, and there are in the counting-house four other clerks besides.

1060. Then with regard to all the small accounts,

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accounts, such as the weekly books and the weekly check upon the men who supply vegetables, and the petty cash books; do those go before the committee of almoners?—Yes; everything is checked in my office first of all, and then it goes before the almoners, and everything is signed by them before the bills are paid.

10561. It is laid on the table for them to examine if they please, you have told us?—Yes; but I did not mean to imply that there is no examination.

10562. It costs you about 1,100 *l.* a year in rates, you told us?—Yes.

10563. Have you ever been able to estimate at all, or can you estimate at all, how much you save to the parish by the number of poor that you assist?—No, I have never made that calculation; it would be to the City of London Union, not to the parish.

10564. That is what I meant; at any rate, it would be a very large amount, would it not?—A very large amount.

10565. And at the same time you pay 1,100 *l.* a year in rates?—We pay 1,100 *l.* a year in rates.

10566. Your accounts go to the Charity Commissioners?—Yes.

10567. Is there ever any criticism made on them by the Charity Commissioners?—Yes; some 14 or 15 years ago I should think, speaking as accurately as I can, they made some inquiry.

10568. But since that time no inquiry has been made?—No.

Earl of Lauderdale.

10569. Is there a fixed time at which out-patients have to attend at your hospital?—Yes.

10570. What are the hours?—The hours for what we term our casualty patients, are from nine to ten in the morning.

10571. And in the event of a patient coming after 10 o'clock, would he be seen by a medical

Earl of Lauderdale—continued.

officer?—Yes, if it were anything like an urgent case.

10572. And if not urgent?—He would be told to come again next day. If he objected to go away because of his having come after time he would be seen.

10573. Otherwise the hospital would be open for out-patients for the whole 24 hours?—It would be so.

Chairman.

10574. Is there any suggestion that you have to make to the Committee?—I do not think so; if your Lordships like to ask me any further questions I shall be happy to answer them.

10575. As regards the nurses and their food, and so forth, to whom would a complaint be made if a complaint had to be made?—A complaint by a nurse you mean? I have no doubt she would go to the matron.

10576. Supposing it were a matter connected with the discipline of the ward, the matron would settle it?—Yes; if she had any doubt about it she would come to me, and speak about it no doubt. I am a sort of general referee in the place.

Earl Cathcart.

10577. May I ask what your profession was before you went to St. Bartholomew's Hospital?—I am a barrister by profession.

10578. And you have been at the hospital 24 years?—Yes.

Chairman.

10579. You mentioned just now the treasurer and almoners' committee; what is the quorum of that committee?—There is no fixed quorum, but it is quite an exception that they are not all there, I should say certainly nine times out of 10 they are all there.

The Witness is directed to withdraw.

DR. NORMAN MOORE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

10580. You are the dean of the school at St. Bartholomew's Hospital, are you not?—There is no person bearing that style there, but I represent the official who is styled the dean of other schools. Our arrangement is this, that one member of the staff is the honorary secretary of the school, and represents it; there is no such person as a dean.

10581. Do you hold any other appointments in the hospital?—I am assistant physician to the hospital, lecturer on pathological anatomy, and I reside there as warden of the college; that is to say, as president of the resident students.

10582. Do you hold the diploma of the London College of Physicians?—I am a Fellow of the College of Physicians of London and a Doctor of Medicine of the University of Cambridge.

10583. Were you obliged to become connected with the Royal College of Physicians before you could be eligible for an appointment at St. Bartholomew's?—I should have been obliged to

Chairman—continued.

have been at least a member of the Royal College of Physicians before I could obtain the appointment of assistant physician at the hospital, but I was a member of the Royal College of Physicians many years before I received that appointment.

10584. Have there been any distinguished men who were anxious to become attached to St. Bartholomew's, and have been debarred because they did not hold that degree?—I never heard of one.

10585. You do not think St. Bartholomew's Hospital would be likely to lose a distinguished man because he does not hold that degree?—They can obtain it immediately if they are distinguished.

10586. How many medical students have you in your school?—It is a little difficult to state the exact number on any day, but about 500.

10587. Taking the entrances this year, and the men previously there, you mean that there

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are about 500?—All the men actually studying there at present.

10588. Do you find your medical school increasing in numbers?—No; I should not say it is increasing; it has maintained about that level for some time.

10589. Is that about as many as you could conveniently take?—No; I think we could conveniently teach a larger number than that; not very much larger, but a larger number.

10590. Then in regard to the residential college; how many students can you accommodate there?—Twenty-seven.

10591. Do you find that you can keep your residential college full?—Always.

10592. You do not reside in it, do you?—Yes; my house is in the middle of it.

10593. Have you the power of discipline over a student?—Yes; in the college.

10594. And then what do you do; do you suspend, or can you dismiss, or gate?—I know every student who lives in the college, and if his conduct was not satisfactory to me I should speak to him at once.

10595. But then what is the highest authority in connection with the school; is it yourself?—As regards the college, apart from the government of the hospital, I am the highest authority.

10596. Supposing it were a grave case, and you thought the man ought to suffer for it, would you report it to the hospital authorities?—I should get rid of him first, and I should not report to them unless he chose to dispute my ruling; then he could appeal to them if he chose.

10597. Who is the head authority of the school?—There is no person officially so described; but for anything referring to discipline, any one would naturally come to me, and I have certain powers. The head authority of course is the committee of the school; that is the governing body of the school, which consists of the physicians, surgeons, assistant physicians, assistant surgeons, and lecturers.

10598. Then would he be tried by them?—You asked me about the college, and about offences in the college. As regard the school, any offence against discipline or good manners would be heard by a committee called the discipline committee. If there was need for immediate action I should take that action, and I am authorised to do so.

10599. Are you generally in favour of schools being attached to large hospitals?—Yes, I am.

10600. And do you prefer the hospitals with the smaller schools to one central university?—I think if you compare, as far as one has the opportunity, the results of medical education in England, with the results in other countries, one has reason to consider that our system is a better one.

10601. Have you any acquaintance with the system at Vienna?—I have never been to Vienna, but I know the general system which prevails throughout both the Austrian and German empires.

10602. A witness here, a Mr. Broadhurst, spoke very strongly in favour of the Vienna system as opposed to ours?—I should have

Chairman—continued.

thought that he was entirely incompetent to form any opinion; he has never been a prominent teacher in an English school or had good opportunities of becoming acquainted with the teaching that is carried on in such a school at the present day.

10603. He was asked a question on the subject, by Lord Kimberley at No. 4111: "What are the results of the system? Is the result of the system that the practising surgeons and physicians in Vienna, or who have been educated in Vienna, are superior in knowledge and skill to those educated in England, or are they not?" and his answer is, "It is a very difficult question for me to answer." Then he was asked: "But on that turns the whole matter; how can we judge of such a system except by its results?" and his answer is, "But if the lecturers are so superior that there is nothing to compare with them in London, surely the result ought also to be better." From your experience or knowledge do you think that the lecturers are as good here as they are abroad, say, in Vienna?—Of course, in any university or any collection of teachers, there will at times be particular men who are superior to any others; but I am quite sure that the teachers of London will bear comparison with those of anywhere else. And there is this very important point in a medical education: that you are not merely training a man to lecture or teach, but you are training a man who is to go out into private houses and families and be trusted in a variety of ways; and, therefore, his moral training is of quite as great importance, and perhaps of greater importance, than the mere amount of knowledge that he acquires; and I believe that the general moral training in England is very much superior to what it is in any continental country.

10604. The training in our hospitals with schools is generally of a practical character, is it not?—Thoroughly practical.

10605. But do you think that by the system we have here we get as good lecturers as we should if we had a central university?—I should have said quite as good. There could not have been in Europe a better lecturer anywhere than Sir James Paget, when he was engaged in teaching.

10606. You mention one distinguished lecturer; but there are a great many lecturers required in one medical school?—Yes.

10607. And though a man may be a very clever medical man he may not be a good teacher, I suppose?—I will put it in this way: Whether you will have many good lecturers or not will depend on what rewards a man can obtain by becoming a good lecturer. The ultimate rewards of successful teaching are greater in London than anywhere else. Therefore there is no reason, *a priori*, to think that our teachers would be worse than those elsewhere; as a matter of fact, I believe them to be quite as good.

10608. You refer in that answer to other advantages beyond pay?—Yes; I refer not to the pay, but to the ultimate rewards.

10609. You do not hold then, according to that, that by having a central university you would secure better lecturers?—I have, no doubt, that if

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if you had a central university you would secure good lecturers; I do not believe that you would have any better lecturers than you have at present.

10610. Has it ever occurred to you that it might be possible to have a university for certain subjects, such as physiology, chemistry, and pathology; would there be any advantage in such an arrangement?—You ask me about three subjects which are on quite a different footing, one from the other. I think it would be very useful if students of medicine had been taught chemistry at public schools before they began their education. I think there might be something gained if there was a large central physiological laboratory; there might be I say. I think that pathology in its relation to the practice of medicine is more usefully taught as it is taught now; that is to say, in direct relation to the sick patients.

10611. A great laboratory would undoubtedly form part of a central university, would it not?—It would. I do not know that that is so urgently needed, because there are excellent laboratories at Cambridge and at Oxford; and the College of Physicians and the College of Surgeons jointly have established very expensive and fully fitted up laboratories on the Embankment; and the College of Surgeons itself has very large laboratories in Lincoln's-Inn Fields, so I do not think that there is at present any urgent public want.

10612. Then I am to understand that you are quite satisfied with the state and the prospects of medical education at present?—I do not mean to say by that that I do not think it is capable of improvement; any university that is really alive is always making improvements; but I think it is so satisfactory that it is sure to make the necessary improvements.

10613. You have been for some time connected with the out-patient department of St. Bartholomew's?—Yes.

10614. We have had the system explained to us of casualties and out-patients; did you, with your experience, find it worked well on the whole?—I think on the whole it worked well.

10615. And you were not enormously inconvenienced by the crowds?—No; I think there is a certain advantage for a certain time of one's career in having to see a very large number of people; a very important advantage.

10616. You mean to say because of the different descriptions of disease that you see?—Yes, that is one reason; there are several others.

10617. Perhaps you will give them?—Another is, that it trains a man into the habit of ascertaining accurately, not so much what is the matter with the patient, but whether he is very ill or only slightly ill; and that is a knowledge of the utmost importance to patients and to physicians. Then, of course, there is the necessity for making observations on a very definite system; it is impossible to see many patients unless it is done in an exceedingly systematic manner. These are the three chief advantages.

10618. Then the casualty department has advantages for the profession; that is to say, from an educational point of view, rather than for the

Chairman—continued.

public?—Yes, an advantage for the profession, and therefore for the public.

10619. In the answer to Question No. 804 (this is the evidence given by Mr. Hardy in regard to cases that were badly treated at St. Bartholomew's in either the out-patient or casualty department), I find this: "There are a large number of cases going for the general treatment of ulcers of the legs, and chronic rheumatism, and cases of that kind which cannot receive proper attention when being seen at the rate of 60 cases an hour, which seems to be necessary where the out-patient departments are so overcrowded as they are." Have you any remark to make upon that?—I should say that they were not seen at the rate of 60 patients an hour, and that no case of ulcer of the legs would be neglected; it is such an obvious thing that it could be seen. A case of chronic rheumatism may be an exceedingly obscure case which would take a very long time to investigate; and, of course, it is possible that a man of only small experience might overlook something which he ought to have noticed.

10620. That might occur elsewhere than in the out-patient department?—It might occur in the rooms of physicians, in their own house, of course.

10621. In No. 914 the same thing is referred to again. "You say that sometimes on a Monday a thousand out-patients would be seen at St. Bartholomew's, and you told us that there are a dozen doctors to see them; that would be about 80 for each doctor; about how long is the out-patient department open on a Monday?—(A.) It is open till they have finished seeing the patients; I think they close the doors at 10 in the morning. (Q.) And how long do they go on seeing them?—(A.) Till they are done; I think it is sometimes six or seven in the evening before they get away and have their medicine." Could you give us your experience; have you ever seen patients examined at that rate, 80 patients to a doctor?—I should doubt the accuracy of that statement altogether; but so far as that has any foundation, it refers to a former period many years ago, when the arrangements in the casualty department were certainly less perfect than they are now. No one would see that number of patients now. I doubt myself whether a thousand patients were ever seen on a Monday; I doubt whether ever much more than perhaps a little over six hundred. I was casualty physician myself for two years and a part of another year.

10622-3. You yourself, have you ever been put to such hard work as that?—The largest number of patients I ever saw when I was casualty physician in a morning was a little over three hundred.

10624. How many hours did "the morning" extend to?—It extended after nine till between 12 and one.

10625. And all that time you were doing nothing but seeing patients?—Nothing else. But your Lordship will observe that you are not prescribing for all those; you are selecting a certain number for the out-patient room. You see that a man, for instance, has a serious form of spinal paralysis; you give him an out-patient letter; that

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that need not take you more than two seconds; you are practised in recognising that. You see that a patient ought to be admitted; the order is a printed form, and you sign it; that need not take more than ten seconds. So that it is not as if you had to go minutely into that number of cases. But in any case nothing of that kind occurs now, or has occurred for many years, because the staff is enormously increased in that department.

10626. And I think you said that the department itself had been reorganised?—Entirely reorganised.

10627. Have you had opportunities of seeing what class of people come to these out-patient and casualty departments?—Yes.

10628. Do you ever see well-dressed people there?—I have, very very rarely.

10629. I do not mean to say that that is always a criterion of their circumstances; but should you from your own experience imagine that the free department of the out-patient and the casualty departments was much abused?—Of course I can only speak of St. Bartholomew's, and I have seen many thousand out-patients, I am sure over 100,000 myself, and I am confident that it is a very rare occurrence indeed for any one to come who could afford to get the advice of a physician; I do not say any medical advice; but if I were ill I should like to have the best possible advice.

10630. Were you in the out-patient department when the inquiry system was instituted, or since the inquiry system has been instituted?—I have been there both before and since.

10631. Did you find any appreciable difference in the numbers?—It is very difficult to tell. There is a large room, and on certain days it is pretty full; I should say that there is not any very obvious difference.

10632. Then are you one of those who are in favour of maintaining out-patient departments, or are you in favour, as one or two witnesses have been, of the abolition of them?—I am strongly in favour of maintaining them. I am quite sure that if they were not maintained you would do a most serious injury to the progress of medicine in this country. You want to have a tolerably easy access afforded to the out-patient room of a hospital, and that the selection there should be done by a skilled person; and in that way only can you insure serious cases of disease among the poor not being overlooked.

10633. Do classes take place in the out-patient department?—No classes take place in the casualty department. In the out-patient room, of course, teaching is regularly done. Shall I tell you how?

10634. Yes, if you please?—Speaking of my own out-patient room (and with everyone else it is practically the same), I go there at a quarter to 10 on two days in the week, and find there some patients. I have 24 clerks; those clerks come at half-past 10, 12 of them each day, when they arrive they find 12 patients (I have selected 12 of the most serious cases) seated on chairs behind a desk; each clerk takes a note of the case; he takes three-quarters of an hour to take a note; meantime I myself am seeing the other cases, or prescribing for cases which have come

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before. At a quarter-past 11 the 12 clerks will have taken notes, and 12 others who are in attendance, and any other students who like, come in; they all have to sit down, and I then take the note of the first case and read it aloud, and examine the patient myself, and discuss it with the clerk who took the note, and finally prescribe for it; and that takes till a few minutes before two o'clock. So that each case that has been examined by a clerk has been minutely examined, and I myself have prescribed for every case.

Earl Cathcart.

10635. Will you kindly state what is a clinical clerk?—A student who has reached a certain stage of his education; who has passed all his examinations in the first part of his education, that is in anatomy, physiology, materia medica, and chemistry; is appointed to take notes by the bedside or in the out-patient room, and is called a clinical clerk.

Chairman.

10636. Supposing that your view is right as to the benefit of these out-patient departments, and also as to the improbability of people going to the out-patient department who could afford to pay, do you see any advantage to be gained by co-operation between provident dispensaries and free hospitals, such as St. Bartholomew's?—As far as I understand what is meant, I understand it to be something like this: that there should be some selection by the medical men outside of the patients coming to a hospital. I think that would be injurious to the poor, because what you want is that the most competent person should decide whether the patient ought to be treated. The general average of medical men outside would necessarily not have the kind of knowledge possessed by those who are constantly studying and teaching their profession; and, in that way, important cases of disease might be overlooked, which would not be overlooked at the hospital, and which a physician would recognise at a glance as being cases of the very greatest importance, and which ought to be taken care of immediately.

10636*. Then, if the out-patient department were made merely a consultative department, you think, as I understand you, that that would not altogether meet the wants of the poor?—I am quite sure that it would lead to the overlooking of numbers of serious cases of disease.

10637. Have you had anything to do with provident dispensaries?—Nothing.

10638. With these great crowds of people that resort to the out-patient department is there no fear of infection being spread, because it must occur that sometimes there may be a person with an infectious fever, or something of that kind?—What is quite true of a theatre or any other assembly of people, of course is true of a room full of out-patients.

10639. Does that comparison quite apply; because the people who go to the theatre are well, whereas those who went to the hospital would not be well; is there not some risk in that respect?—No doubt there is some risk.

10640. I think Sir Sydney Waterlow told us that those out-patients who are found to have infectious complaints are isolated as soon as possible; that is so, is it not?—Immediately.

10641. And

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10641. And that in the case of fevers they are sent to the Fever Hospital?—Yes.

10642. Do you know anything about poor-law infirmaries?—A little; I have been into them occasionally.

10642*. Since you were a student, do you mean?—Yes; I never went there as a student, only since I have taken my degree.

10643. Do you think it would be an advantage if students were allowed to go there?—I am not quite sure about that. When a man is beginning the study of medicine, the important thing is that he should be carefully taught; so that whilst the infirmaries would of course, afford a great deal of instruction to people who were already informed, unless the medical officers were a great deal more competent to teach than they are usually, the student would not learn much by visiting the infirmaries.

10644. But still it would be right, would it not, to assume that if they were made use of for the instruction of students, such arrangements would be made that the instruction would be of the best kind?—I do not think that is certain, and I do not see how that could very well be made quite certain, because, after all, it would be the poor-law medical officer, and the union would never pay him in prospects; I mean that it would never pay him to the degree that a first-rate teacher of medicine would have to be paid. I think it would be very useful in this way: of course, in poor-law infirmaries, there are numbers of chronic cases, and if all those cases were examined post-mortem, then the post-mortem rooms of the workhouse infirmaries could be made most instructive places, and a great deal would be learnt from them; but I do not think very much that is not to be learnt in a general hospital could be learnt from the wards of a workhouse infirmary taken by themselves.

10645. But at the present there is a great waste of fields for instruction, is there not, because we have a very large number of patients in these infirmaries?—Yes, there are many patients there, of course.

10646. And if care could be taken that the instruction should be first class, would you favour the idea of students being admitted?—You cannot see any man sick or well without improving your knowledge of medicine if you examine him carefully, and therefore, of course, the more you can study sick men of any kind the better.

Earl Cathcart.

10647. On that very busy day of yours in the casualty ward, I think you said you had to see 300 patients in four hours; from nine o'clock to one?—About that time.

10648. That would make it rather over a patient a minute?—I explained how that was done; and I also should like to say again that that could not occur now.

10649. Now, have you got a club attached to your college?—No.

10650. How do the students live?—The students live as they would in a college at the university; they dine in hall, and have breakfasts and other meals in their own rooms.

10651. But you have nothing in the nature of a club as they have at Guy's?—No; but in the middle of the day any students of the hospital,

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whether resident or non-resident, can get luncheon in the college hall; and the students themselves have a society, for which we provide a room, where they can always go and sit; nothing to do with the eating.

10652. A reading-room, you mean?—A reading-room.

10653. As to the conduct of the students, their conduct is generally good, is it?—The conduct of the students is generally very good indeed; it will compare quite favourably with that of undergraduates at the university.

10654. Did you ever draw in your own mind any essential distinction between the Scotch system of teaching medicine and yours?—I have never studied at the Scotch universities, but I think that the Scotch system is admirably suited to that country, and has grown up out of the circumstances of the country. The system here is a little different. I think there is something to be said in favour of the characteristics of each.

10655. Wherein does the essential distinction lie between the two different systems?—I should say, first of all, that the English system costs the State nothing at all, all the medical schools resting upon their own merits. Under the Scotch system the universities are provided with considerable sums of public money. That does make rather a difference in the constitution of the schools. I thought that there was perhaps a little more catechetical teaching in Scotland, and I am inclined to think that it might be increased here with advantage; but that varies very much.

10656. I think it was suggested to us that in Scotland the teaching was more practical and less theoretical than in England; what do you say to that?—That would not be the case. You could not have heard any good teacher in London teaching in the wards without seeing that he was thoroughly practical. I think perhaps in Scotland the teachers are a little more inclined to question the students in the wards, and I think that that is an advantage.

Lord Thring.

10657. To go back for a moment to the school, how high are the lecturers paid?—The lecturers are paid by the school. In the handbook of the school are stated the fees that you have to pay to attend any particular lecture.

10658. But what I mean is are they paid by salary?—If 100 students attend a man's lecture he receives a definite fee in relation to them.

10659. Is he not paid a fixed salary?—If there were no students he would receive nothing; if one student he would receive one fee.

10660. There are two modes of payment; one mode of paying them is to carry all the fees of all the students into a common fund and pay the lecturer's salary out of that common fund; another mode is that each lecturer should be paid either the whole or a portion of the fees of all the students who attend him, and that if a portion only is paid the residue should go to a common fund. How are your lecturers paid?—Entirely on the system of fees; not at all on the system of salary.

10661. In other words, a lecturer receives the whole money from all the students who attend him?—That would perhaps give a slightly in-

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accurate

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accurate idea, because every lecturer has to contribute to the common expenses of the school; but if you allow for that, what you state is exactly the case.

10662. And, as a general rule, how much does he receive?—It entirely depends upon his standing, and his fees.

10663. What is the largest sum that in the last year your best lecturer received?—There is no one whom I would for a moment describe as our “best” lecturer.

10664. I will alter my question and say, what was the largest sum given to any lecturer last year?—That I could not say.

10665. Is it 200 £.?—Probably the smallest sum received by any lecturer is about 100 £.; and I should say, speaking quite roughly, that no lecturer received as much as 700 £. last year.

10666. Then it ranges, according to you, from 100 £. to 700 £.?—I do not say that. It entirely depends upon the number of students that the lecturer has attending him.

10667. But if last year the largest sum received was 700 £., and the smallest was 100 £., the fees last year ranged from 100 £. to 700 £.?—Certainly, last year.

10668. That was the question I asked you. Then how is it arranged with regard to these lecturers; do they each tout for as many students as they like, or are the students sent to them by the college?—I trust that no member of the medical profession would “tout” for a patient or for a student.

10669. I will use another term. Are the students distributed by you, as the head of the school, among the lecturers, or can students go to any lecturer they like?—The lectures required to be attended by every student of medicine are prescribed by different examining bodies, and a student who wants to take the diploma of any particular examining body goes to the lectures required by that examining body. He goes to them exactly where he pleases; he might go to a different course of lectures in every hospital in London.

10670. I am asking with respect to your own hospital; I want to know the mode in which your teaching is managed; you have a certain number of lecturers; I want to know whether those lecturers have the option to take their own pupils, or whether the pupils are distributed among them by you as the head of the school?—No, neither is the case.

10671. What is the case?—A student comes to London, we will suppose, and wants to become a member of the College of Surgeons, or a licentiate of the College of Physicians; he obtains from the secretary of the examining board of each of those bodies the regulations; in those he finds that he must have studied for a certain period, and attended certain lectures; he then proceeds to take out those lectures at St. Bartholomew's, or wherever he pleases, and if he likes he may take half of them at St. Bartholomew's and half at Guy's; it entirely rests with him; we do not compel him, and the lecturer has no relation with him on the point; it entirely rests with the student or his father.

Lord Thring—continued.

10672. Then how is the moral training (to which you referred as being so pre-eminent a distinction in the school) conducted, and by whom?—It is conducted by the fact that the students in the school form a body like a college in a university where there is a considerable degree of *esprit de corps*, and where each student acts upon another, and where there is a good tone. In addition to that the students are personally known to their teachers, and come into close contact with them.

10673. I thought you said that there was no relation between the lecturer and the student except the teaching relation?—No, I said nothing of the kind.

10674. Then is the lecturer responsible for the moral training of his students?—He is responsible. He is not responsible to any special authority, but he comes into constant contact with the students and so necessarily influences them.

10675. Will you let me explain my meaning; I only want to know your system. Take the case of a college; I go to a college at the university, if I misbehave myself I go before the tutor, he is practically responsible for my conduct; if I have done very wrong, I go before the master, and so on. I want to know whether at St. Bartholomew's, your college or school is conducted on the principle that the lecturer, or some tutor, or yourself, or somebody or other is practically charged with the moral training of the students?—I should say that when you compare it to a college, the comparison is a perfectly good one, the only difference being that I think there is a much closer relation between the teachers and students of medicine than there commonly is between the undergraduates and resident fellows of colleges.

10676. In other words the relation is between the lecturer and the student?—Between the teaching staff generally, and the student.

10377. What is the teaching staff?—The physicians and surgeons are included; we do not necessarily call them lecturers.

10378. I do not quite understand?—I can explain to your Lordship. The teaching staff consists of physicians, assistant physicians, surgeons, assistant surgeons, some of whom may lecture, and also of persons who do nothing but lecture; such as the lecturer on chemistry, the lecturer on physiology. A physician teaches as he goes round the wards; he may in addition to that lecture on the practice of medicine or he may not, but he is a teacher whether he does or does not; we do not call him a lecturer.

10679. I do not see that any individual relation is instituted between any individual lecturer and his students, as there is between the tutor of a college and the pupils of a college; that is what I ask?—I should like to point out to you that there is. Every physician has clinical clerks; every surgeon has dressers; every student in the course of his career must be a clinical clerk for six months and a dresser for six months. When he is holding these offices he comes into almost daily contact with his physician or surgeon.

10680. Then, I understand you, that taking the clinical clerk, during the time that he is a clinical clerk, the gentleman under whom he acts as a clinical clerk conducts what I should call his moral training;

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training; that is what you meant?—That is one of many ways; I point out many other ways than that.

10681. Then I want to ask a question with regard to the higher officers of the hospital; they go round, I presume, at stated times, the visiting doctors?—Yes; the hours at which they go round are stated in the hospital handbook.

10682. And do they always go round at those stated hours?—Always.

10683. And supposing they do not, is there anybody who finds fault with them, or speaks to them about it?—But, as a matter of fact, they do go round at those hours.

10684. Then, with regard to the post-mortems, I think you said that you thought it would be a good thing that all the bodies in the infirmaries of persons that died of certain diseases should be examined; I suppose you do not think that is a practical question, because, of course, that could never be done?—I am quite aware that there is a prejudice against it; it would be enormously for the benefit of the nation if every single person were examined post-mortem, and it is only because we are ignorant and superstitious that that does not occur.

10685. Still, there is that prejudice existing. Do you examine all the bodies of the patients that die in the hospital, in your own particular hospital?—No, not unless their friends give leave.

10686. And when their friends give leave, and they are examined, then what is done; who is responsible for their being decently buried?—While they are being examined (they are being examined post-mortem, not dissected, your Lordship will understand), there is the particular officer who is responsible for the body.

10687. Who is that officer?—The Demonstrator of Morbid Anatomy, or Lecturer on Pathology.

10688. Does he take care after he has examined a body that the body is decently sewn up, and that there is nothing to shock the relatives?—He takes care that it is not mutilated or otherwise injured, so that it might shock the relatives; and the body is sewn up and so forth under the supervision of a beadle, and then replaced in a coffin and given to the relatives.

10689. The beadle is the only person responsible then for no offence being done to the feelings of the relatives?—The relatives can come and complain immediately.

10690. Whom would they complain to?—I suppose they would go to the steward.

10691. And is the steward a very subordinate officer, or is he not?—I should have said not very subordinate.

Lord Zouche of Haryngworth.

10692. With regard to the question of Lord Thring's about examining bodies, do you usually ask leave of the relations of people who die in hospitals for their bodies to be examined?—Always.

10693. And is it usually accorded, or is it generally refused?—I am speaking now quite roughly, because I have not referred to statistics, but I should say that about two-thirds of the

(24.)

Lord Zouche of Haryngworth—continued.

people gave leave; it may be a little less than that; it is not more, I think.

10694. Then, with regard to these poor-law infirmaries, who are the medical officers of the poor-law infirmaries; generally are they a body specially attached to those infirmaries, or are there visiting physicians and surgeons who go round them in the same way as in general hospitals; or how are the arrangements made?—I do not know very much about them, but I know that they have not got visiting physicians or surgeons; they have medical officers appointed by the poor-law authorities.

10695. Who stick to those poor-law infirmaries and do nothing else, do you mean?—I think they are generally engaged in practice, but that varies.

10696. I do not wish to institute a comparison between one body of medical men and another, but I take it from you that, generally speaking, the medical officer of a poor-law infirmary would not be quite so competent to discriminate between serious cases of illness which were presented to him for the first time as medical officers of a general hospital?—I do not think, if I may say so, that that is quite a fair way of putting it. A man who had been constantly seeing sick persons would be worth nothing if he could not tell whether a man was seriously ill or not; so that I think in that respect the poor-law medical officer might be quite competent.

10697. But if the idea which has been suggested was carried out, that all patients should go to a poor-law infirmary, or provident dispensary, or that kind of institution, before they come to a general hospital as out-patients, you think, as I understand you, that they would run the risk very often of having serious cases of illness overlooked, because those medical men to whom they would go first, would not have had quite the experience that a medical officer of a general hospital would, in discriminating between one case and another which were brought before them?—I do not mean that a poor-law medical officer would overlook necessarily a serious case; he would be quite certain, for instance, to recognise a case of inflammation of the lungs; but there would be cases of the utmost importance to the patient which a want of wider experience might prevent him from making out, and which a physician would at once recognise because he would have seen so many more, merely for that reason.

Earl of Lauderdale.

10698. Do you ask for permission to examine every dead body?—Every person; there is no patient who dies from whose body something important is not to be learnt.

10699. Therefore you ask the relatives in each instance?—In each instance. I think I may add that it is done with the very greatest regard for their feelings.

10700. And in two-thirds of the cases the relatives readily give their sanction to the examination, I understand you?—I should say roughly, about that.

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10701. Might

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Dr. MOORE.

[Continued.]

Lord Monkswell.

10701. Might it not be worth your while to pay something small for leave to dissect the body?—We do not want to dissect the body; a post-mortem examination is what I am speaking of.

10702. Then I will say for leave to have a post-mortem examination?—I do not see why that should be done; it is of quite as great importance to the friends as to us.

10703. But the friends do not recognise the importance, and you do?—I have repeatedly seen the friends, and they have granted the leave when I have shown them the importance.

10704. In a very important case you generally see the friends and represent to them the importance of it?—I state the case as one would do in private practice.

10705. If you think it necessary to make any special appeal to them for leave to have the examination, they generally allow it?—Yes.

10706. In four cases out of five, should you say?—I should think about that.

10707. I observe from Sir Sydney Waterlow's evidence that it would seem that you and he were principally responsible for the moral discipline and training of the students; that seems to be so?—I have not read his evidence.

10708. He is asked at Question 2523: "For matters of discipline; that is, social behaviour inside the hospital, you are responsible for the behaviour of the students?" and he answers, "No; they are directly responsible to the warden of the college, Dr. Moore, who will come before you; but he communicates with me directly; he feels that any action beyond that which he is authorised to take has to be taken." The following question is: "What can he do; can he suspend from the service of the hospital; I am speaking only of students?—No; he cannot suspend; he can ask me to suspend. (Q.) He can report to you?—(A.) Yes; I see him very frequently." So that it would appear that the treasurer, at all events, thinks that you are the person who, jointly with himself, is primarily responsible for the discipline and moral training of the students?—I should not accept that. The answer, I think in that particular, is not a perfectly accurate one; he has not thought over what the arrangements are. There is this degree of accuracy in it, that no student could be absolutely excluded from the hospital except by authority of the treasurer; but that statement which you have read does not give a clear description of what really occurs.

10709. How would you describe what really occurs?—I should say that there is a discipline committee of the school to which all matters relating to the discipline of the school are referred. I am a member of that committee, and I generally act for the school in any communications to the authorities of the hospital.

10710. How many compose that committee?—It consists of all the persons lecturing in any particular session (the medical year is divided into two sessions) and certain fixed members; about half-a-dozen fixed members as well.

10711. How many in all would there be? you say there would be yourself and the half-dozen fixed members and the lecturers; how many would that be in all?—I can tell you better what

Lord Monkswell—continued.

number usually attend; six to seven or eight usually attend.

10712. Does the treasurer usually attend?—Never.

10713. If you wanted in a very bad case to go to the length of suspending or dismissing a student you would report it, I suppose, to the treasurer?—No; we should call the student before us and go into the case, and report to the committee of the school; the committee of the school would receive and discuss the report and decide. This student is not to attend further till such and such a time. It is only with regard to the question of physically ejecting a person from the hospital that we should refer to the treasurer.

10714. You would have to refer to the treasurer, if the student refused to go, to use physical force?—The hospital is the property of the governors and we could not eject him from that.

10715. But the treasurer would give an order under which you would be safe in not allowing the student to come into the building?—We should state that he was not to be allowed to attend; if he forced his way in the owners of the property would keep him out; we should ask them to do so.

10716. You have mentioned the committee of the school; why should the case, having come before the discipline committee, come again before another committee?—Merely that injustice may not be perpetrated; that there may be every possible means of deciding a case justly.

10717. Then, supposing a student thought he had been unjustly treated by these two committees, could he appeal to the treasurer?—No, he could appeal to the law courts.

10718. Then the treasurer could not reverse a decision of these two committees?—No; if we decided that the student was not to attend our lectures, the treasurer could not compel us to receive him.

10719. And supposing that you decided that his character was so bad that he ought not to be allowed to come into the hospital at all, what would you do then—rusticate him?—He would only have the right to come into the hospital in two capacities, either as a student or as a patient; if he ceases to be a student, if we remove his name, then the treasurer would naturally exclude him.

10720. And it lies with you, and I understand that the treasurer is wrong in saying that it lies with him to dismiss or exclude the student; it is you yourselves, the lecturing body and others, who can without the intervention of the treasurer strike a man's name out of the list of students, and thereby prevent him having any *locus standi* to enter the hospital?—Yes. I must add that the treasurer and the governors have power independently of us to exclude anybody; and if they wrote to us and said, So-and-so is not to be admitted as a student, we should be obliged to exclude him.

10721. And if the treasurer came to the conclusion that a student had behaved so badly that he ought to be dismissed, though you had not suggested his dismissal, he could go to the court of governors and get that done?—Certainly. I think

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Lord Monkswell—continued.

think it was only a little confusion in his mind between that power and the other that led him to give the answer to which you have referred.

10722. Sir Sydney Waterlow said that he never had occasion to suspend a junior medical officer: "I do not remember a case of absolute dismissal," he said. That is rather strange, because we find in colleges that undergraduates are not so very infrequently rusticated; that rather looks as if your discipline were lax?—I do not remember any instance of a Fellow of a College being suspended, and the case of a junior medical officer is more analogous to that than to the case of an undergraduate.

10723. He draws a distinction, you mean, between junior medical officers and students?—Yes.

10724. Then I suppose students are occasionally told to leave, at all events?—That occurs every year. As a matter of fact, the discipline committee meets and makes a rule that no man shall stay who is not working; if he is not working he is sent for and told that if he has not passed his examination by a certain time he cannot attend further till he has passed.

10725. And I suppose sometimes he is told that he must not attend because his conduct is not satisfactory?—Yes.

10726. That has happened?—Yes.

10727. Sir Sydney gives the number of nurses and so on as 218; is that the number now?—I could not answer a question of statistics of nurses.

10728. I cannot find out from his evidence what the hours of the nurses are; he is asked at Question 2563, but all he does is to say what their hours are off duty?—The only point I am informed upon about the nurses is their education.

10729. You know nothing about their hours?—I cannot give the details.

10730. I suppose somebody will attend who can give us the hours?—I have no doubt that Mr. Cross, who is still here, can tell you.

10731. You know, I suppose, the fact that the poor-law infirmaries are filling up more and more rather at the expense of the hospitals; is not that so?—I see nothing in St. Bartholomew's to lead me to think so.

10732. If it was so, I suppose you would think it was rather a bad thing?—There are plenty of patients in England.

10733. But, now, with regard to students getting advantages in going to the poor-law infirmaries, could you not manage some system by which they might go round with a lecturer or some officer of a hospital who might instruct them?—I do not doubt that something might be done; but one has to remember that the students' time is limited, and that by working in one place he gets through more in a given time; particularly senior and advanced students would no doubt gain something by going to the poor-law infirmaries if they went with a properly-qualified instructor, which is a very different thing from a properly qualified medical man.

Chairman.

10734. According to what you said in answer to Lord Thring, just now, a student could belong to one or two schools in London?—If he liked.

(24.)

Chairman—continued.

10735. So that suppose a young man at your school commits a breach of discipline and your committee rusticate him, although he has the disgrace of being rusticated from your hospital, he could at the same time continue his course at another hospital?—I think he would have this difficulty. It is the general custom for the dean of a hospital to ask a man whether he has been anywhere else, and, if he has, to write to the dean of that hospital, asking about it; I should always pursue that course, and I believe that most of the deans of the schools do pursue it; they all intend to do it, and never intentionally omit it; they are all acquainted with one another and meet occasionally.

10736. With regard to the portioning out of the fees of the lecturers, which Lord Thring asked you about, I did not quite understand on what basis the calculation of the fees may be made. First of all there are the fees of the students?—The fees last year amounted, within 100 l. or 200 l., to a little over 14,000 l.

10737. Then out of the 14,000 l. what have you to do; what expenses have you to meet?—We have to pay the whole of the expenses of the school and the different lectureships.

10738. Can you tell me roughly what the expenses of the school would be?—Last year what we call the school expenses (I will explain that soon), amounted to something over 4,000 l.

10739. That leaves you 10,000 l. for distribution?—What I wish to explain in addition as regards that is, that a small part of that 4,000 l. is expended in paying certain junior teachers, who are paid very small sums and who are only in office for a short time, whose object is to help other people, for instance, in microscope work.

10740. What you call coaching?—No, not coaching, but where a large class has to be taken, and you necessarily have certain assistants to go round and see how it is going on; so that part of them might be teachers; then they have to be paid. Then there is the expense of all the servants, the expenses of the very large museum, of a considerable laboratory, all the working expenses of the lectures.

10741. Then you have to pay the lecturers?—Yes.

10742. And then there are the physicians or surgeons who go round and take the students with them in the ward?—They are paid too. The general rule is that everyone is paid who does teaching work, on two principles; partly in relation to the amount of work done, and partly in relation to his seniority, which is really in relation to the difficulty of his teaching.

10743. Could you tell us on what basis the calculation or division of this 8,000 l. or 10,000 l. is made among the lecturers and teachers?—If you take the Hospital Calendar you find a statement of the fees that are charged for every subject. If a student pays all the fees at one time, that is to say, if he pays a composition fee, a little is taken off each of them; they are paid in the proportion stated there, with some small exceptions.

10744. That is with regard to the providing of the 10,000 l.—Yes. Then the expenses are deducted equally from everybody; no payments are made till all the expenses have been paid.

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10745. Then

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Dr. MOORE.

[Continued.]

Chairman—continued.

10745. Then you have a net 10,000 *l.* say ; on what basis do you make the division of the fees ; do you divide the amount into shares ?—It comes to such a division based on the principle that I stated. If the fee, say for a particular course of lectures as stated in the handbook, was nine guineas, if a student had paid the composition fee, the amount of deduction in that case would represent 5 *s.* ; so that the lecturer on that subject, *minus* whatever was taken off for the school expenses, would have received 9 *l.* 4 *s.*

10746. Then at your school each student pays for his lectures as he has them ?—No ; as a rule he pays a composition fee, but in that composition fee each lecturer's fee is considered to have a representative. Supposing, for instance, that a student died at the end of six months, and had only attended lectures on anatomy and physiology ; we should deduct 18 *l.* 8 *s.*, and pay back the rest to his relatives.

10747. We will take an instance of a class of 10 students. Supposing a lecturer has a class of 10 students, he would receive nine guineas less five shillings for each of them ?—Less five shillings and less whatever his share of the expenses was. Some lectureships appear to receive a large sum, the reason being that it is the custom always to appoint two lecturers ; for instance, I saw it stated in some evidence here that Sir William Savory had received a very large sum ; he was lecturer on surgery. That is quite an exceptional circumstance, his colleague died, and he was particularly requested by the rest of the school to continue the lectureship alone for a short time, so that he really received double.

10748. So that really the amount of fees that a lecturer receives depends upon the number of students in his class ?—Certainly.

10749. Is there any suggestion that you would like to make ?—No.

10750. About the residential college ; that is quite separate and distinct from the hospital ?—It is in the hospital.

10751. Then, is it maintained by hospital funds, or is it a commercial undertaking ?—No, it is a part of the property of the governors, and it pays, practically, its own expenses. Sometimes there is a very few pounds over, and then that goes to the next year. Practically there is no surplus.

10752. If, for some reason, you had been obliged to lay out a large sum, say on drainage, or had been obliged to close your rooms, would any deficit that there might be be met by the funds of the hospital ?—Yes ; the sum over is always under 100 *l.*

10753. It is not really a commercial undertaking ?—No.

Lord Monkswell.

10754. Is St. Bartholomew's a hospital where a London qualification of the College of Physicians or Surgeons is required ; in some hospitals we know it is necessary in order to be on the staff that you should have that qualification ?—In order to be assistant physician to St. Bartholomew's Hospital you must be a member of the College of Physicians of London.

10755. Do you think that that is right ?—Quite.

10756. You think that an Edinburgh degree would not do ; that it would not be enough ?—The membership of the College of Physicians and the fellowship of the College of Physicians occupy quite a distinct position from university degrees ; they are a sort of testimony to professional character, which you do not get in any other way, as distinct from mere professional knowledge. No one would be elected to the College of Physicians against whose character there was anything whatever.

10757. Have you anything to say on the question of general as against special hospitals ?—Yes ; I think that there is room for some special hospitals, but that it would be a misfortune if all diseases were sorted out into special hospitals, and that no doubt there are many special hospitals which had much better not exist. I would mention such a hospital as a Cancer Hospital ; a hospital like that is really injurious.

Chairman.

10758. Why ?—Because you cannot separate off cancer in that way ; it is not a real specialty. Cancer affects every organ of the body, and it is not to be regarded as a real specialty.

10759. And you think that it would be equally well treated at a general hospital ?—Very much better ; and I think even in special hospitals for the chest, which are perhaps the best examples you could take, you always find many patients whose lungs are not affected, or even whose hearts are not affected, proving that the staff find it dull to be absolutely restricted to one thing.

10760. That amounts to this, does it not ; take a chest hospital, advertising for funds because they are a chest hospital, and yet at the same time other diseases are admitted, that is obtaining funds under false pretences, is it not ?—I would not go so far as to say that. It is almost inevitable ; a man has got in ; he has had a cough ; it is supposed to be a chest case ; he is recommended and there he is ; he has some disease of his liver ; you could not turn him out in such a case.

The Witness is directed to withdraw.

Mr. WILLIAM HENRY CROSS, is re-called ; and further Examined, as follows :

Chairman.

10761. I WILL draw your attention to Question 2563 in the evidence of Sir Sydney Waterlow : " There are one or two further questions in respect to the nurses that I should like to put ; first of all, what are their hours of duty ? (*A.*) The sisters are off duty from 6 p.m. to 9 p.m.

Chairman—continued.

every other day ; from 2 p.m. to 10 p.m. once in two weeks ; and once a month from 4 p.m. on Saturday to 12 noon on the following Monday ; and on Sundays from 3 p.m. to 9 p.m. every alternate Sunday. The staff nurses have a rota of four weeks ; in their first week they are off from

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[Continued.]

Chairman—continued.

from 6 p.m. to 8.45 p.m. twice in the week; in their second week from 6 p.m. to 8.45 p.m. once in the week; and from 2 p.m. to 9.45 p.m. once in the week; so that you see they get a half-holiday once in that week, besides an evening off. In their third week, from 6 p.m. to 8.45 p.m. twice in the week; in their fourth week they are off a whole day to 9.45 p.m. On Sundays they are off for the purpose of attending Divine Service, but as a rule they attend with the patients in the church of the hospital." Now, it appears by that that the sisters are off duty from 6 p.m. to 9 p.m. every other day; at what time do you expect your sisters to be in the wards?—The sisters should be in the wards by 8 o'clock in the morning.

10762. And at what time should the nurses be in the wards?—The day nurses come on duty at 7 o'clock in the morning.

10763. And how long are their working hours?—The day nurses are off duty at 9 o'clock at night; I am speaking of the ordinary nurses, not the special probationers.

10764. Then there are certain days, as mentioned in that answer, when they have two or three hours off?—Yes. I think there is one omission; in their fourth week they are off a whole day to 9.45; but in that fourth week they have one evening also.

10765. But now that is a day from seven to nine, when they are on the whole day?—Yes.

10766. What time do they have for meals?—They have had their breakfast before they go into the ward; the day nurses have their breakfast at 6.45 in the morning. They come out of their wards for dinner; and they can go to the home for a few minutes at about half-past 9 or 10 o'clock for some luncheon; soup is always provided. They have their dinner in two batches; one at 12 o'clock and the other at 1 o'clock.

10767. And how long is allowed for that?—They are about half-an hour or 35 minutes over their dinner. They have their tea in the wards, and then they stay on there until 9 o'clock when it is not their turn off.

10768. Then when it is not their turn off, they do not have any time off excepting for meals?—Yes.

10769. Is not the 10 o'clock going down stairs rather inconvenient; no doubt it is necessary, but are not the house surgeons and physicians going round the wards then?—No; it is not inconvenient in that way. They go over to the home to change their caps and aprons; they have got over the dirtier and more laborious part of their work by that time; they go to their sleeping rooms to change, and then there is this refreshment for them if they choose to have it.

10770. At what time do the house surgeons and physicians go round the ward?—They are generally round from about 10 in the morning till 12 or 1 o'clock; they have mostly done soon after 12, because the patients' dinners are served at half-past 12.

10771. At what time do the night nurses go off duty in the morning?—At 20 minutes past 9; they are expected to be in the home at half-past 9.

10772. And you said that the day nurses come

(24.)

Chairman—continued.

on at 7; so that for a little time you have double service?—Double service. The night nurses go on duty at 9 o'clock at night.

10773. They have a meal just before going on?—They have a meal before going on. Reference was made to the additional number of night nurses about to be provided, and I may say that we hope that such a re-arrangement of the work will take place that we shall be able to release all the day nurses from duty at 8 o'clock in the evening, instead of 9, so as to shorten their day by one hour. That arrangement is not quite perfected yet, but I have no doubt that it will be accomplished.

10774. Where are those extra nurses going to be provided for?—They are going to the treasurer's house.

10775. In certain special cases the surgeon will most likely call for a special nurse?—Yes.

10776. Have you got a number of nurses as a reserve for such cases?—Yes, there are some that the matron keeps unassigned to particular wards, so that she may be able to employ them on particular duties, such as your Lordship speaks of.

10777. Then, with these nurses that you keep as a sort of reserve, do you, in your hospital, have recourse to outsiders to take the place of special nurses?—No; I do not mean to say that such a thing never occurs; for lately, we have once or twice drawn from our private nurses' home, just borrowed a nurse for a day or two, but it is a most unusual thing; it is so uncommon as not to need consideration.

10778. You do not have to hire a special nurse from outside two or three times a week, say?—Oh, dear no!

10779. But still that nursing institution, I suppose, is a commercial business, is it not?—Yes, it is.

10780. Then, is the institute good enough to lend them to you for nothing?—It belongs to the hospital; so it is only taking out of one pocket and putting into the other; but really I do not think we have had five pounds worth of service out of them, in that respect, for the three-and-a-half years that it has been in existence.

10781. You find that the staff you have in reserve is sufficient for the special nurses you require?—Yes, we always reckon to have a few over for those purposes.

10782. Do the night nurses have any meal in the wards?—Yes, they take some food into the wards with them, usually eggs.

10783. No meat?—No meat.

10784. No herrings?—No. They have herrings for breakfast sometimes.

10785. They have what is termed "breakfast" for night nurses before they go into the wards?—Yes.

10786. And then they have what is termed "dinner" when they come out of the wards in the morning?—Yes; they come out of the wards at half-past 9 for their dinner; and then, after they have had their dinner, they can go out; and then they can have soup or cake, or some light refreshment of that kind, which is supplied for those who care for it; then they go to bed.

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10787. And

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[Continued.]

Chairman—continued.

10787. And then they get up in time for breakfast?—Yes.

Lord Monkswell.

10788. Will you look at Sir Sydney Waterlow's evidence, at Answer 2563; he says: "The sisters are off duty from 6 p.m. to 9 p.m. every other day; from 2 p.m. to 10 p.m. once in two weeks." I suppose that does not mean that the other sisters, the ones not on duty, work once in two weeks to 10 p.m., but merely that they must come back to the hospital at that time, and that on other days they must come back at 9 p.m.; 10 p.m., I suppose, has reference to the time that they must be within the gates?—Yes, but commonly they would not go to bed until about 10 o'clock. The sisters live in rooms attached to the wards, and so they are up and about until they go to bed.

10789. They can do what they like up to 10 p.m.; then they must be in the hospital?—Yes.

10790. But their ordinary day on duty is from eight in the morning till nine in the evening?—No; I was speaking of the nurses when I referred to nine in the evening.

10791. What about the sisters?—There is no defined hour at which they go off duty at night.

10792. What is their usual hour?—I should say they are on duty till about nine, but that hour is not defined.

10793. Then, again speaking of the staff nurses, he says that they are off from 6 p.m. to 8.45 twice in the first week; does that mean that they must report themselves at 8.45?—That is so.

10794. And sometimes they do not need to report themselves till 9.45?—Occasionally.

10795. Is 218 the number of your nursing staff at the present time; that is the number that was given by Sir Sydney Waterlow in answer to Question 2541?—There were then 161 "nurses"; there are now 166. There are now 28 sisters instead of 27, as there were then.

10796. How many night superintendents?—Three, the same as before.

10797. How many ward assistants?—Twenty-seven.

10798. Making altogether rather more than the number given by Sir Sydney?—Yes; the total number now will be 224.

10799. Is the ward assistant a female servant?—Yes; they are called ward-maids in other hospitals.

Chairman.

10800. You said that the nurses go over to the home to change their caps and aprons, at about 10 o'clock in the morning; is there a certain amount of menial work that has to be done by them, housemaids' work?—Yes, some people would describe it so; sweeping the ward and keeping it clean.

10801. What do the ward-maids do?—A great deal of cleaning.

10802. Do not the ward-maids then relieve the nurses of that sweeping and cleaning work?—To a very great extent, but still there are many things to be kept bright and clean about the place which a nurse does.

Chairman—continued.

10803. You are speaking of the utensils necessary for the doctors?—Yes, the nurse does those; and then there is the bed-making, which a nurse does.

10804. It is for that reason that you have a double service of nurses for those two hours between seven and nine in the morning?—Yes.

10805. In regard to your sisters, are they nurses who have proved themselves more efficient than others, or do the nurses belong to a different class from the sisters?—The sisters are all ladies. Of the nurses a very large proportion, certainly five-sixths, are what are commonly described as ladies. The class of people that we have engaged in nursing has very much altered within the last ten or a dozen years.

10806. That is universally the case; certainly within the last 12 or 15 years there has been great improvement in the nursing?—Yes, very great improvement; and the sisters now have for several years past been selected from nurses who have served their three years and obtained their certificates, and in most cases have distinguished themselves in their examinations, though of course that is not the first qualification for a sister; still regard is always paid to those who have successfully passed their examinations.

10807. Would you call your staff of nurses ladies who are a very superior class of domestic servants?—No, I should say more than that; I can give you a list made out for a couple of years, showing the classes from which they were drawn.

10808. You might give us that. I will first ask you this: you have lady pupils?—We have what we call special probationers; they are called lady pupils elsewhere.

10809. I think Sir Sydney Waterlow called them lady pupils?—I do not think so; if so, he has made use of a term that we do not use.

10810. I will take your definition; now, do those ladies merely come there for their training, and leave after their training, or do they sometimes stay on as nurses in the hospital?—A great many of them stay on as nurses in the hospital. Many people who want to become nurses, and who do not mind paying the fee requisite to be entered as a special probationer, for either three or six months, prefer entering first of all as "specials," so that they may have experience of the work they would have to perform. I should say that about half of those who enter as special probationers ultimately become ordinary probationers.

10811. How long is the probationership?—In the ordinary way for three years. A nurse is termed a probationer during the whole of that time, but if at the end of the first year she passes an examination as she ought to, she may be employed as a staff nurse in the second and third years.

10812. Then at the end of the three years you give her a certificate?—We give her a certificate.

10813. How long do you train her before you send her to the institute?—Three years; we do not send any over to the Private Nursing Home until they have been trained for three years and obtained their certificate.

10814. And is there any limit of their service in

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Mr. CROSS.

[*Continued.**Chairman—continued.*

in the hospital if they like to stay on?—No, they may stay as long as they like; but we find that they do not stay long; they move on, perhaps, to something better. We get some that stay four, five, six, or seven years; we have a very few that have been with us many years.

10815. In regard to payment, St. Bartholomew's is quite a free hospital?—Quite; there is no payment whatever.

10816. Can you now give us an account showing the position in life of some of your nurses?—I have a statement here showing that the ordi-

Chairman—continued.

nary probationers admitted during the last two years were the daughters of the following persons: an accountant, architects; auctioneers, estate agents, &c.; a bank manager, a baronet, a barrister, a civil engineer, civil servants, clergymen, clerks, &c., a colliery owner, farmers, an hotel proprietor, an insurance agent, manufacturers, medical men, merchants, military and naval officers, a nautical instrument maker, a professor of physiology and anatomy at Oxford; a publisher, a schoolmaster, a secretary of a public institution, solicitors, a stockbroker, and tradesmen.

Ordered.—That this Committee be adjourned to Monday next, at Twelve o'clock.

Die Lunæ, 2^o Februarii, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.
Earl CATHCART.
Lord ZOUCHE OF HARYNGWORTH.
Lord SAYE AND SELE.
Lord CLIFFORD OF CHUDLEIGH.

Lord SANDHURST.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. ROBERT BRASS, is called in; and, having been sworn, is Examined, as follows:

Chairman.

10817. YOU are a high official connected with St. Thomas's Hospital, are you not?—Yes.

10818. Will you tell us what your style and title is?—I am called the Receiver. My duties are to give notice to all the tenants of the amount of rent due at each quarter-day; to receive the rents when paid, and pay the cheques and money into the bank.

10819. How long have you held that position?—For 21 years; a little more than that.

10820. May I ask what your profession was before you took that position?—I was articled to an architect and surveyor.

10821. Do any other moneys come through your hands except the rents from the landed estates?—Yes; in fact, all moneys pass through my hands.

10822. Are you a salaried official?—Yes.

10823. May I ask what your salary is?—£. 600.

10824. And do the authorities give you a house?—No.

10825. You live outside?—I live outside.

10826. In addition to this 600*l.*, does the receiver get any commission upon the rents or appeals to the public for subscriptions or other sources of income?—Nothing at all.

10827. Just 600*l.* nett?—£. 600 nett.

10828. To whom are you responsible as receiver?—To the treasurer and governors. I was appointed by the general court of governors, and I am responsible to them for all amounts that pass through my hands.

10829. Do the treasurer and governors form some sort of a committee that you lay your books before?—Yes; there is a committee of almoners, consisting of four governors and the treasurer; they meet once a week. I have to examine all accounts presented for payment, and submit the same to the treasurer and almoners for approval; to draw cheques for such accounts and give notice to persons, whose bills are passed,

(24.)

Chairman—continued.

to come and call for the money, and to receive their receipts for the same.

10830. Then, as well as being receiver, you are paymaster, too, to a certain extent?—Yes, to a certain extent.

10831. Do you know what the quorum of this court of almoners and treasurer is?—Two is the quorum.

10832. And do they go through your books and initial them, and so forth?—Every month I have to make up my cash-books, and submit the cash account of the preceding month to the treasurer and almoners at their first meeting in the month; they check it and sign the book; that is each month.

10833. Then as soon as your account has been presented to the treasurer and almoners, and they have signed it and passed it, your responsibility ceases, I suppose?—Well, hardly that, I think, because till the end of the year, when the accounts are really audited, many little matters might arise. It ceases so far as this, that they have checked all the receipts and payments for that time, and know the outstanding arrears and things which will come in in another month; affairs are not really wound up till the end of the year.

10834. That I understand; but at the same time, as far as the amounts go that you have had through your hands, when the authorities see that those amounts have been received, and also are aware that other amounts may be outstanding, so far your responsibility ceases?—Yes.

10835. Because, otherwise, would not a year be rather a long time to elapse for the checking of small accounts?—Yes; they are all checked week by week.

10836. You are responsible, then, as I understand you, to that court of almoners and treasurer; will you tell us, please, how much is the annual income that St. Thomas's receives?—The annual income derived from estates—

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10837. We

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Mr. BRASS.

[Continued.]

Chairman—continued.

10837. We will take country estates first; you have country estates?—We have property in London and in the country.

10838. Take the country, first, if you please?—Last year they amounted to 14,481 *l.* gross.

10839. That was the income?—That was the amount of rents that ought to be received.

10840. Are those properties spread over different counties?—They are spread over several counties. We have property in Middlesex, Berks, Cambridge, Essex, Hants, Hertfordshire, Kent, Derbyshire, Yorkshire, and Wiltshire.

10841. How are these properties managed; by local agents?—We have a land surveyor, who attends principally to the home counties, as you may call them. We have a local agent for Derbyshire and Yorkshire.

10842. One for the two, do you mean?—One for the two. From the rest of the counties the people come up twice a year, and pay their rents to me directly.

10843. Then has nobody any supervision over what we may call the rent collection?—Yes, the local agent has.

10844. I understood you to say that there was a local agent for Yorkshire and Derbyshire, and a land surveyor for the home counties; what about Wiltshire?—Our surveyor in London will go down, and also the almoners and the treasurer and myself will go down and visit the estates every few years; but generally, if anything arises, any question of any difficulty, our surveyor will go down and survey and report to me, and through me to the almoners, and if necessary to the grand committee, and then it is approved by the general court of governors.

10845. I have not gone into the matter of the grand committee or the court, because I understand we shall get that from somebody else. You are responsible to the almoners and treasurer, you say?—Yes, in the first place.

10846. Then the surveyor is the person who has knowledge of the land matters, and who practically supervises the estates?—Yes.

10847. With the exception of the counties of York and Derby, in which your estates are managed by a local agent?—Yes.

10848.—Have any of the almoners any knowledge of landed estates themselves?—Generally, I think. They may have property of their own, but not further than that.

10849. A man might be a very large owner in London of ground leases and that sort of thing, and be a very fit person to be the almoner of a hospital, but might not have knowledge of the management of estates?—Yes, that is the case; we have to depend in great measure upon our surveyor.

10850. Is he a salaried officer?—No.

10851. How does he get his remuneration?—He is paid by commission upon the duties he performs during the year; he sends in an account once a year on purpose.

10852. Made up of commissions?—It is not so much commission; it is principally costs for travelling, and so much of course per day for his own services, or clerks' that may be wanted, and for drawing out these reports, and general services in fact.

Chairman—continued.

10853. He is in fact what we could call paid by the job?—Yes, he is paid by the job.

10854. Taking last year, can you tell what the amount paid to him came to?—The whole expenses for the land surveyor and country agent, that is the one in Derbyshire, amounted to 596 *l.* last year.

10855. That was the whole amount of the cost of supervision of your estates?—Yes.

10856. But you could not include rent collection in that?—No; only in Derbyshire and Yorkshire are the rents collected by our land surveyor or agent.

10857. Would it be fair to say that the cost of supervision and collection of rents amounted last year to 1,196 *l.*?—Hardly.

10858. Your salary, that is to say, plus the 596 *l.* which you have mentioned?—But I have so many more duties to perform that it would not be fair to put my salary all down to the collection of rents.

10859. You do nothing but receive money, if I understand you rightly?—Perhaps I had better really read out what my duties are.

10860. If you please?—As I said, to examine all accounts presented for payment, and submit the same to the treasurer and almoners for approval; draw cheques for such accounts, and give notice to persons whose bills are passed to come and receive same; make up and balance all cash-books at the end of every month and submit cash accounts of preceding month to treasurer and almoners on the first meeting in the month, to be checked and examined by them; and I keep proper ledgers and draw up a complete account of receipts and payments every year to be audited by auditors, and I see that all the policies of insurance on the property of the hospital are kept in force; I accompany the treasurer and almoners on their views of estate, and draft report of same for approval; I attend also all meetings of the almoners and write minutes of the meetings, and attend to the various correspondence as well.

10861. Then, in fact, as well as being what is termed receiver, you are the responsible accountant of the hospital?—Yes.

10862. Can you give us any clear idea of what the cost of management of your estates comes to; 596 *l.* is the amount you have already told us for the land surveyor and the country agent?—With the exception of my services, that is really all; there is nothing else.

10863. Would you think that this is a fair division of your salary, to allot 300 *l.* a-year to your accountant duties, and 300 *l.* a-year to your rent-receiving duties?—More time is taken up in receiving the rents and in the correspondence, and in that way perhaps than in my duties as accountant.

10864. Is St. Thomas' a free hospital?—To all intents and purposes it is a free hospital; we have about 340 governors altogether, and they have letters of recommendation; but even if a case is recommended by a governor it does not follow that it would be admitted into the hospital at all; if any person applies casually to the hospital, and the case is a very bad one, it would be received before any recommendation of any governor,

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Mr. BRASS.

[Continued.]

Chairman—continued.

governor, so that, to all intents and purposes, it is a free hospital.

10865. In fact, the principal recommendation to the hospital is disease?—Disease; and the worse the case the better the chance of admission.

10866. Have you any paying beds in the hospital?—Yes; we have what we call St. Thomas' Home in connection with it; that is to say, there are two wards occupied by paying patients, and the receipts from there amounted last year to 5,600 *l.* gross.

10867. That comes through your hands?—That comes through my hands.

10868. Can you tell us whether you have any beds unoccupied for want of funds at St. Thomas' now?—Yes; we have quite 90 beds; three wards entirely unoccupied.

10869. The object of having paying beds was to get funds for the hospital, was it not?—Yes; primarily, certainly.

10870. Therefore, supposing that it were well off in funds, you have, I think you said, three wards, holding 90 beds, which would be available for the sick poor?—Yes.

10871. Is there any other hospital on the south side of the river near you?—Guy's is the nearest; Guy's is the only one near us.

10872. Do you ever have to send away any patients; I mean, to refuse admissions to would-be patients, because of the want of beds?—I should think so; a great many are sent away, no doubt.

10873. Then the accommodation for the sick poor on the south side of the river is lamentably deficient; would you go so far as to say that?—We could occupy the 90 beds well if we had funds.

10874. Do you know if there is an infirmary for that part of London?—There is the Lambeth Infirmary.

10875. And that, of course, takes in a large number of in-patients; you do not know its dimensions, I suppose?—I do not.

10876. Do you pay rates?—Yes.

10877. What amount?—The rates amount to 2,308 *l.* 6 *s.* 8 *d.*

10878. What parish is the hospital in?—In the parish of Lambeth.

10879. Have you had any opportunity of observing the class of patients that attend the hospital?—Not very much.

10880. Then I will not pursue that subject with you; you are obliged to close beds for want of funds you have said; you have landed estates in the country from which your funds come; you have already told us something about that; and then you have some town estates?—Yes.

10881. Will you kindly tell us about them?—The amount that according to the rental should have been received for 1889 for the parish of Southwark was 11,908 *l.* 12 *s.* 1 *d.*; from the City we received 11,133 *l.* 9 *s.* 6 *d.*; from Hackney and Clapton we receive 7,146 *l.* 18 *s.* 6 *d.*, and from Wapping we received 1468 *l.* 0 *s.* 6 *d.* That includes the whole of the estates from which we derive money.

10882. That makes the total of the London estates?—I will make the addition.

(24.)

Lord Thring.

10883. These receipts are net, are they?—No, gross; the London estates amount to 31,665 *l.*

Chairman.

10884. Has this estate very much increased in value of late years?—During ten years the London property has increased in value. In the year 1880 the Southwark property was 10,525 *l.* against 11,900 *l.* in 1889; the City property in 1880 was 9,624 *l.* as against 11,133 *l.*; the Hackney and Clapton property was 6,098 *l.* as against 7,146 *l.*; and Wapping was 1,013 *l.* as against 1,468 *l.* So that the London estates have increased in value. Then with regard to the country estates they have decreased. In 1880 the amount was 17,349 *l.* that we received for country estates against 14,481 *l.* for 1889; a loss of nearly 3,000 *l.*

10885. Then you have 5,600 *l.* gross a year from your paying patients?—Yes.

10886. And have you any other sources of income?—There are "gifts" to the hospital; that is moneys left by donors, certain sums of money which amount to 123 *l.*, principally moneys in the funds that we receive the dividends from.

10887. Small sums?—Small sums amounting to 123 *l.*; and then we received dividends from funds in the Court of Chancery, and also in the hands of the Charity Commissioners, amounting to 2,372 *l.*

10888. What is that, interest?—If we are compelled by any cause to sell any property the Charity Commissioners take that property and invest it for us, and allow us the dividend and interest upon it.

10889. Then is there any income from legacies?—Yes, I may say that the total income from gifts, estates, and property in public funds was 46,658 *l.*

10890. According to what you have told us it is more than that; you have 31,655 *l.* from your town property, 14,481 *l.* from your country property; that makes 46,000 *l.* odd, does it not; and then to that there is to be added the 123 *l.*, and the 2,372 *l.*?—Yes; it must be 48,658 *l.*

10891. That is including the 123 *l.*—And the property in the funds; and a small amount which we have from quit rents of 23 *l.* 19 *s.*

10892. That comes to a pretty reliable total of 48,658 *l.*?—Yes.

10893. Then you have the additional 5,000 *l.* odd from the paying beds?—I received last year in addition from donations and benefactions 3,283 *l.*, and from the sale of timber and underwood, 236 *l.*, and from alienation fines 122 *l.*

10894. What does that mean, alienation fines?—The governors are lords of the manor, and there are fines that are paid by tenants upon property changing hands from one to the other. Then "casual receipts," different small legacies, 250 *l.* Then I also received "cash repaid, being balance of account due in respect of expenses for carrying on farms." We have had farms in hand which we have cultivated ourselves; we have had to spend money upon them; and when we let the farms we received back 1,173 *l.* 17 *s.* 9 *d.*; so that that was an amount that passed through my hands last year; and we redeemed some land

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tax

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Mr. BRASS.

[Continued.]

Chairman—continued.

tax in the Old Bailey, the official trustees of charitable funds selling stock to provide the money; that amount was 125 *l.* Then certain enfranchisements which the Charity Commissioners invested; they amounted to 32 *l.* These appear on both sides of the account. I received from the Law Fire Office for losses from fire 372 *l.* 10 *s.*; then also they allowed us a commission on the premiums, and that amounted to 49 *l.* 11 *s.* Then came the 5,600 *l.* from paying patients, which I have already mentioned. We received also small sums, amounting to 112 *l.* 9 *s.*, from what we call poor paying patients. Sometimes people come to the hospital, and perhaps they can afford to pay something; and afterwards when they get out they may send 5 *l.* or 10 *l.*, or something of that sort. That covers pretty well all the receipts last year. This (*producing a statement*) is a general statement of the receipts and payments for the year ending the 31st of December 1889.

Earl of Arran.

10895. May I ask you whether the 14,481 *l.* received from the London estates means the rental, or the net receipts, after expenses were paid?—That is the gross rental.

10896. Repairs to farms, and so forth, and the expenses incident to the landed estates had to come off that before the estate received it?—Yes.

Chairman.

10897. What is the net rent of the estates in the country?—On the other side of this account I have all the payments that have been made; that is the only way in which I can get at it. After having received 67,000 *l.* last year, and after paying for all expenses, rates, taxes, expenses on the estate, and so on, I had a balance of 40,040 *l.* to bring down for hospital purposes.

10898. That was the net balance?—That was the net balance for hospital purposes.

Earl of Arran.

10899. Could you tell us by chance what the deduction from the 14,481 *l.* was before you carried the net income from the country estates to the general account?—No, I could hardly tell you that off-hand.

Earl of Lauderdale.

10900. Your expenses of management come to 27,000 *l.*, is that how we are to understand it; that is to say, 67,000 *l.* minus 40,000 *l.*?—It comes to that.

10901. Your expenses of collection and putting this money, as it were, together, and accounting for it, amount to 27,000 *l.*; is that what you mean?—We make all sorts of payments, you know, besides those to which you have referred.

Chairman.

10902. Could you prepare us a statement showing what Lord Thring wants to know, the gross income and the net income from your country estates, and the same with regard to the town estates?—I understand you wish to know the total amount of rents that I ought to have

Chairman—continued.

received from the estates, and the amount which I have actually received?

10903. Yes?—Then with regard to all these extra amounts which I have received which have gone into hospital expenses, they appear on both sides of the account in a good many instances; so that though I have received 67,360 *l.*, yet I paid away out of that 27,320 *l.*, leaving, as I said before, a balance of 40,000 *l.* to be carried on for hospital purposes.

Lord Thring.

10904. I do not understand how you paid it away; you told us that you managed the estate yourself in some instances, and that in other instances it was managed by a local agent; you did not pay away the expenditure in those instances?—There is the heading "Payment on Account of Estates;" we had to pay rents and quit-rents, rates and taxes, St. Thomas's Church payments, insurance against fire, and other items which are mentioned under that heading. But those are hospital expenses proper.

Earl of Lauderdale.

10905. Those are the details of the 27,000 *l.*?—Yes.

10906. We want those details under three headings; that portion utilised for the purposes of collection and management of the estates in the country; that portion utilised for the management and collection in the case of the London property, and as a third heading, say in connection with the hospital itself?—

Lord Thring.

10907. May I ask what accounts have you presented to the auditors; in what form?—There is a copy of the account (*handing it in*) for the year ending 31 December 1889. It is rather difficult to exactly tell what the cost of the estates is; they are so mixed up with other things.

Chairman.

10908. Are not these things compared year by year?—Yes.

Lord Thring.

10909. Then, with respect to the building and repair expenses of the hospital, I wish to ask you about that?—That I have here.

Lord Monkswell.

10910. I should like to ask about the repayment of loans; is that a yearly charge?—Yes; we had to borrow 100,000 *l.*, which we did with the consent of the Charity Commissioners. That sum was to be paid back; 3,300 *l.* a year had to be paid back till the principal had been paid.

10911. And your balance-sheet for this particular year contains repayment of loan for two years instead of one year; 6,600 *l.* instead of 3,300 *l.*?—In this one case it does. We borrowed the money from the Commercial Union Insurance Office on mortgage of some of our principal estates. We were paying 4 per cent., and, having the opportunity of getting it from the Law Fire Office for 3 per cent., we changed the

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Mr. BRASS.

[Continued.]

Lord Monkswell—continued.

the insurance office, and in consequence of the delay in transferring the mortgage, the payment was deferred, which amount forms the double payment, viz., 6,600 *l.* made in 1889.

10912. I do not understand why you should make in one year the repayment for two years?—It was caused by the change of the office.

10913. It so happened, you mean, that two payments had to come into one year?—Yes.

10914. Now, your yearly payment is 3,300 *l.* a year?—Yes; that we shall keep on paying every year until this loan is paid off.

Earl Cathcart.

10915. You mentioned the diminution of your income between the present time and a certain number of years ago; would you say what the percentage amounts to of that loss of income; I ask you the question because we have had that from other witnesses, and it makes a sort of standard of comparison if we know the percentage of your loss; perhaps you will make a note of it, and give it to us afterwards?—I will.

Lord Saye and Sele.

10916. Do you pay a heavy ground-rent for your hospital?—No; we do not pay any ground-rent; it is freehold.

Chairman.

10917. Where was that freehold bought?—It was bought when the site was fixed for the new hospital. That would be about 30 years ago.

Lord Thring.

10918. I will tell you very clearly what I want; first of all, I will ask who superintends the repairs and the construction of new buildings in the hospital; is it yourself or an architect?—At the hospital our architect and surveyor, Mr. Currey.

10919. What I want to know distinctly is this: what has been the expenditure for the last 10 years with respect to repairs and buildings, giving me the average, the yearly amount for the additional buildings and structural repairs; and I should also like to know what is the salary of the architect?—I will make a note of that.

10920. Then with respect to the landed estates, I wish to know, on the one side, what is the gross income arising from the country estates, and, on the other side, what is the net income arising from them; similarly, with respect to the London estates; similarly with respect to any other sources of income?—I will do that.

10921. I want to know what the architect receives; and then I wish to know whether you yourself have any control over the expenditure; I mean, have you any power to say, or do you say,

Lord Thring—continued.

that such-and-such an item is too large, or that it ought to be altered; is that within your province or not?—No, it is not.

10922. You have no control at all?—No.

10923. And who would that control practically be vested in?—It rests with the almoners and the grand committee.

10924. Over everything?—Over everything; all these expenses have to be brought, in the first place, before the almoners, and they consider the matter and go through it thoroughly, and if it is a very large item it is reported to the grand committee, who have to sanction it.

10925. Then I understand that, practically, the almoners; that is to say, four gentlemen and the treasurer; is not that so?—Yes.

10926. Are entirely responsible, practically, for the whole expenditure of the hospital in every respect?—Yes.

10927. I will put an instance: suppose the architect wishes to spend 1,000 *l.* for a particular structure; that is revised or controlled by the almoners; is that so?—Certainly; and they recommend it to the grand committee, who approve or not.

10928. And how often do the grand committee meet?—Every month.

Earl Cathcart.

10929. But, as land agent, you recommend expenditure, do you not, on the landed property?—I do not profess to be a land agent.

10930. Who recommends the expenditure on the farms?—Mr. Trumper, our land agent; he advises on all matters concerning the country estates.

10931. He does not collect the rents?—No; I collect the rents.

Lord Saye and Sele.

10932. With the exception of Derbyshire and Yorkshire?—Yes, with the exception of Derbyshire and Yorkshire.

Chairman.

10933. How is that agent in Derbyshire and Yorkshire paid?—He is paid by a commission.

10934. What is that?—I think it is 2½ per cent.; for new buildings, and 5 per cent. for superintending the repairs and collecting rents over the two estates.

Earl of Lauderdale.

10935. I see you have got the payments in your accounts entered as "Payments on account of estates," and "payments for hospital purposes"; where does your salary come?—My salary is entered under the "Estates."

10936. The whole of your salary?—Yes.

The Witness is directed to withdraw.

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MR. FREDERICK WALKER, is called in; and, having been sworn, is Examined, as follows:

Chairman.

10937. You hold the office of steward in St. Thomas's Hospital, do you not?—Yes.

10938. How long have you been in that position?—Forty-three years as steward, four years as treasurer's clerk previously.

10939. That is to say, for 47 years you have been connected with St. Thomas's Hospital?—Yes.

10940. In fact, that is about as long as you have been in business of any kind, I suppose?—No, I had 10 years' experience before that.

10941. In the hospital?—No.

10942. What was your employment before you came to the hospital?—I was on the Stock Exchange for seven years as clerk to a firm, and afterwards I went to India as a purser of one of the old East India Company's ships.

10943. Are you a salaried officer?—Yes.

10944. May I ask what the amount of your salary is?—£. 555 and a residence.

10945. Which includes lighting and firing?—No, no allowances; the 55 *l.* is in lieu of allowances.

10946. Is that within the buildings of the hospital?—Yes.

10947. Now would you be so kind as to tell us what your responsibilities and duties are?—The general management of the institution and the control over all the servants, seeing that all the goods are supplied in proper order, according to contract, checking all accounts, not practically admitting patients, because the medical men do that, but keeping an account of them when they are admitted: for instance, their name, age, occupation, residence, nature of their disease, and the result, the time they were admitted, and when they were discharged, and a general superintendence over the junior officers and servants.

10948. By junior officers, do you mean the junior medical officers?—No, they are quite distinct; although they communicate with me, still they are practically and they are really under the authority of the medical staff.

10949. To whom are you directly responsible?—The treasurer.

10950. Is he a resident officer?—Yes, he is now.

10951. So that while you are the general referee in the hospital; is that so; are you the general referee as it were?—Yes.

10952. In any case where you could not decide off your own bat, you would go to the treasurer?—Yes, to the treasurer, and the committee I am responsible; to the committee every week; but the treasurer is the head of the committee to whom I go.

10953. But you have an advantage which does not occur in every hospital, that the chairman of that committee lives on the spot?—Yes.

10954. So that in any case where you thought the responsibility was too great, or were in doubt how to act, you could take the treasurer into your confidence?—Most assuredly.

10955. This is, we were told just now, practically, a free hospital?—Yes.

10956. With the exception of paying beds?—Yes.

Chairman—continued.

10957. Is the out-patient department a free department?—Yes.

10958. Quite free?—Quite free.

10959. No restriction upon the number of any kind?—Yes, we restrict the numbers, because we do not provide for all the applicants. A good many of them are very slight cases, and they are sent away.

10960. When you say that they are sent away, are they not treated?—No, a certain proportion of them, a small proportion of them, are not treated. The mode is this: the applicants are allotted medical and surgical; the assistant physician selects those that are fit for admission into the hospital; and then from the others, he selects the worst cases for regular out-patients, and they have tickets, and can attend for six weeks; after that, they must have their ticket renewed, so long as it is necessary; then with regard to the remainder, a small number of them on the medical side are prescribed for, and have a ticket to attend for two days; the rest, which are supposed to be slight cases, and not necessarily wanting treatment, are sent away; they have an opportunity of applying again the next day.

10961. They are practically told that there is nothing the matter with them, and that they had better go away?—Yes, very much so; that applies to the medical cases. But with regard to the surgical cases they are all attended to; many of them are only just prescribed for once, and that is enough.

10962. Do you use the term "casualty," which is known in other hospitals?—Yes; there is a great difference in the use of the word; we only apply it to those who are not regular in-patients or out-patients. Those two classes are all entered in the books, and all particulars connected with them kept. In the case of the others, merely the name and the residence, and, in the case of a great many of them, that is very imperfectly kept; I mean, that we have a difficulty in getting their residence, but we put down the locality from which they come.

10963. Then you practically know from that book in which all these entries are how many attendances of different kinds there are at the out-patient department?—Yes.

10964. Because the number of new patients does not by any means represent the amount of work that is done by the out-patient department?—No, it does not.

10965. I daresay we shall have an opportunity of finding out how many out-patients there are?—There are about 25,000 in the year. The exact numbers are: out-patients, 23,290; renewed letters, 4,742; maternity cases, 2,240; vaccination cases, 261.

10966. Are those new cases or attendances?—New cases, out-patients; the attendances would be about 130,000; the exact numbers are 147,546.

10967. Exclusive of the 25,000, do you mean?—No; including them. The year before last there were 147,546 attendances.

10968. I will return to the question of out-patients

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Chairman—continued.

patients directly; then, in addition to that, do you do a great deal of midwifery cases?—Yes; we attend over 2,000 out of doors. We have also an obstetric ward in the hospital, but not for confinements.

10969. Is there any limited radius to which you send your extern clerks?—Yes, within a radius of a mile.

10970. Can you tell us exactly how long ago it was when St. Thomas's Hospitals was built on its present site?—It was opened in September 1871.

10971. Previous to that, where had St. Thomas's Hospital been?—For nine years it was at the Surrey Gardens, in a temporary building, and before that at London Bridge. We were sent from London Bridge; the South Eastern Railway took possession in July 1862.

10972. You were practically moved on by the South Eastern Railway?—Yes; they acquired the grounds and the buildings for the purposes of their new railway; in making the bridge and the approach to the bridge for their new railway to Cannon-street and to Charing Cross; they came across the building.

10973. Do you know why the present site was chosen, or does not that come within your own cognisances?—There was great difficulty in getting a site; many places were viewed, but they were not found eligible, and this at last presented itself; and I fancy, amongst other things, regard was had to the very large open space from the river and the Archbishop's grounds on the other side, and that it was considered that for the requirements of this part of London it was necessary to have another hospital, Guy's and St. Thomas's being at that time close together on either side of the same street.

10974. Could you tell us about the cost of building the hospital?—I believe the cost altogether of the land and the foundations and everything was somewhere about 600,000 *l.*

10975. You do not, perhaps, know how much of that was laid out in the foundations?—Over 40,000 *l.*

10976. How was that expense met; was it met by the sale of land?—The sale of the old site and buildings produced 296,000 *l.*; then we had money in the Funds, and money saved during the nine years we were at the Surrey Gardens; and we were obliged to borrow 100,000 *l.* to make up the rest; and that we are now gradually paying off, a certain amount every year.

10977. Was this building built on the advice of the Charity Commissioners?—I do not know. A committee of the governors, with some medical officers visited a large number of the cities of Europe and inspected the various improvements in hospitals, particularly in Paris, and it was upon that, and the advice of that committee, that this mode was selected. If we had had a square space of course we should have put the buildings around it; but here they were only able to be placed side to side, which of course increased the expense of working it most tremendously.

10978. We were told just now that you had 60 beds vacant?—90 is the number.

10979. In addition to the number of paying beds?—Yes; that is two more wards.

(24.)

Chairman—continued.

10980. And if you were in a really flourishing condition there is no doubt they would be filled with free patients?—Yes. When we came here all the wards were gradually opened; but within a twelvemonth I had orders to close five, in consequence of the appeal which had been made to the House of Lords against the taxation of the hospital for parochial rates being given against us. There was a sum of three years' taxes to pay, and expenses—some 10,000 *l.*; and, in consequence, we closed those five wards, and they have been closed ever since, with the exception of two which were utilised about 10 years ago for the reception of paying patients.

10981. Do the paying patients really pay?—Yes.

10982. Do they yield a net profit?—Yes; because there is no rent to pay for the building, no taxes, and the two officers, myself, and the matron, work that department without remuneration.

10983. Have you ever been able to estimate the amount of income that you would require to be able to fill your beds?—We should want 6,000 *l.* or 7,000 *l.* a year in addition to keep them open.

10984. How many beds have you?—569; that includes the paying department and the empty wards.

10985. But occupied at this moment how many have you?—436; that is, not including the paying patients, 436 in the general hospital.

10986. And your net income is about 40,000 *l.*, is it not?—For hospital purposes I think it is only about 30,000 *l.*, or something over 30,000 *l.*; but that is not quite in my department.

10987. Perhaps the treasurer will tell us about that, will he?—Yes, or the receiver. It is 40,000 *l.*, the receiver states to me, I thought it was not so much.

10988. The 40,000 *l.* includes the 5,000 *l.* received from paying patients, does it not?—Yes, that includes everything that is received.

10988.* Therefore, in estimating the income, you would require to fill the beds; you would have to add what you receive for those occupied by the paying patients?—Yes, I include the wards occupied by the paying patients; supposing we opened the five wards, then we should want 6,000 *l.* or 7,000 *l.* a year more.

10989. Do you get money from the Hospital Sunday Fund?—No.

10990. That question would be better answered by the treasurer perhaps?—I know the fact that we do not receive money from that fund.

10991. I was going to ask this question: if you are short of funds to the amount of 6,000 *l.* or 7,000 *l.* a year, and have to keep some of your wards closed, would it not be wise to apply to the Sunday Fund?—It is considered that, as we have a large endowment, we should have no chance of getting a portion of that fund. At Guy's they made an application two or three years ago and got a grant, but last year it was so small that it was hardly worth asking for, only about 200 *l.*

10992. You do not appeal to the public in the way that other general hospitals do?—No, we never have done so.

10993. And your accounts, like those of the
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Chairman—continued.

other two hospitals, which are known as the endowed hospitals, go to the Charity Commissioners?—Yes.

10994. You are one of the three endowed hospitals?—Yes.

10995. Now will you tell us what the establishment and the constitution of your hospital is? What is the highest tribunal there is; is there a court of governors?—Yes, a president, treasurer, and governors.

10996. The whole body of governors?—Yes; they meet four times a year in general court; oftener if required.

10997. Then the next body below them; what is that?—The next body is what we call the grand committee, composed of 30 members, the treasurer being the chairman of it; and ten of those go off yearly, and are not re-eligible until they have been out one year.

10998. Are those also governors?—Yes.

10999. Could you tell us how often this grand committee meets?—Monthly; oftener when necessary; sometimes two or three times in a month.

11000. And then you have a weekly committee, have you not?—A committee of almoners; that is the treasurer and four governors; four from the grand committee.

11001. The treasurer is the chairman of that, I presume?—Yes.

11002. Then in reference to other officials, is there a secretary?—No; each department carries on its own correspondence.

11003. Would you kindly explain how the hospital is divided into departments?—The receiver attends to all matters connected with the property, town and country, and pays all bills after having them certified by me; that is those connected with my department. Then my duty is to receive all the patients and allot them in the wards, although that practically now is done by the medical men who have a list given to them each morning of the number of vacant beds in the various wards, to be filled; then seeing to the general working of the place, victualling and cleaning, lighting, and everything else, and the discipline of the place.

11004. With regard to the victualling, you do not make contracts?—The committee make the contracts; I draw out the contract and submit it to the committee on stated days.

11005. Do the committee open tenders?—Yes.

11006. And give the contract to a contractor?—Yes.

11007. And it is your duty to see that the article supplied is up to the sample?—Yes.

11008. That accounts for the duties of the receiver and the steward; is there any other department?—The matron has more particularly the care of the sisters and nurses; they are under her charge; although I have a general superintendence over them, they are more especially under her charge.

11009. Who are the house officers, like the house surgeons and physicians, under?—There is a resident physician and a resident surgeon, and the two branches are under those two gentlemen. They are both fully qualified; they

Chairman—continued.

are young; they are between 30 and 40. And then under them on the medical side, there are four house physicians, and a large number of clinical clerks; on the surgeon side there are four house surgeons, and a large number of dressers.

11010. Then are these two gentlemen, the resident physician and the resident surgeon, officers of the lay committee?—No; they are elected by the committee, and are under their orders.

11011. Do you mean the committee of governors?—Yes, the grand committee.

11012. Are they salaried officers?—Two of them are; these two seniors are, and they live in their quarters. There are 11, including the two seniors, who live inside the hospital.

11013. And they are responsible for the behaviour of the junior residents in the absence of senior physician or surgeon?—Yes; any complaint would come to me, and if necessary I should take it to the treasurer.

11014. But would the resident physician or surgeon report to you?—Yes; but I generally get notice of any complaint there is before he does that; the housekeeper always reports to me at once.

11015. But taking an extreme case; supposing that some young house surgeon refused to come down to see a patient, or conducted himself very ill in some way or other what would be done by the resident surgeon?—I should think he would report it direct to the committee; I should.

11016. But then the committee would probably not be sitting?—He would report to the treasurer at once.

11017. And what would he do?—Suspend him if necessary at once, the same as I should suspend any man under me.

11018. Then it would go before the committee of almoners?—Yes, and would be very likely to be investigated by the medical committee; that is the committee of the general body of medical men.

11019. And in dealing with this medical gentleman who had misconducted himself, would the almoners be guided by the direction as it were of the medical committee?—No, the medical committee, if they had anything to say, would report to the governors; they are equally servants of the governors, as well as these juniors; they are all paid officers.

11020. As you say they are paid officers I will ask you this: Are all the visiting staff paid officers at St. Thomas's?—Yes, they have a small fee, but they are all paid.

11021. Have you any committee at this hospital made up of the medical staff and of the governors?—Taking the house committee, which is composed of the committee of almoners and a few other governors, three or four of the staff are summoned to it when necessary.

11022. That is the first time I have heard of the house committee; what number may it be?—It has only been in existence for two or three years; it was thought desirable to appoint it. Some of them visit the wards which the almoners as a body have not time to do, and conduct all the other business weekly; and therefore for that reason it was formed, and they visit the wards occasionally,

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occasionally, and the medical staff are called in to assist them by their advice.

11023. But then, as I understood, I think from the receiver, all matters regarding accounts and the ordinary administration of the hospital and various reports from the matron or the steward or other high officials of the hospital, go before the almoners, do they not?—The treasurer and almoners; and of course there is a report from the almoners to the grand committee, because the almoners have not the power of carrying into effect everything; the grand committee are the body.

11024. But the treasurer and the almoners answer to the executive committee that there is in most institutions of such a kind?—Yes, they do.

11025. Now in the case of admissions to the hospital, I think you formally admit patients, do you not?—The resident physician and the resident surgeon really do it; they come to me after.

11026. Are you in a position to know where there are vacant beds for patients?—Yes.

11027. Because of your returns?—Because of the daily returns. Every patient who comes in is reported to my office, and every patient who goes out, and a daily list formed to show the exact number of beds vacant or filled in each ward.

11028. So that on a patient applying you can say whether there is a vacant bed for him, provided he is a suitable case?—These two medical men get a small list from each ward every morning telling them the number of empty beds and whom they belong to, which surgeon or physician.

11029. Do you ever make any inquiry where the in or out-patients come from?—The great majority come from the parish of Lambeth.

11030. Do you take cases of diphtheria at St. Thomas's Hospital?—Yes.

11031. All cases?—Yes; we had 88 last year; they are provided for in separate wards in the infectious block. Two nurses contracted it, but only very slightly.

11032. Do you take any other infectious cases besides those?—Scarlet fever occasionally, but very rarely, because directly a case applies and we find it is scarlet fever, we send it to one of the special hospitals; but it very often occurs after a patient has been in some time; they bring in the seeds of the disease with them, and do not show it perhaps for a week or two or three weeks sometimes; then we put them into our infectious block.

11033. As regards these two nurses, was there any inquiry made as to how they caught it; whether they caught it from attending patients?—It was from attending patients.

11034. That was beyond all doubt, was it, as far as could be ascertained?—Yes. They were very slight cases; they soon recovered.

11035. Is the health of the officials and the nurses who live upon the spot good upon the whole?—Yes.

11036. Now you understand all about the admission of patients; do you have to turn away many from the doors because you are so full?—Yes; we could fill the hospital if it was double

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Chairman—continued.

the size. Many very good cases are sent away because we have not room.

11037. We have been told by, I think, the treasurer of Guy's, that they had to turn many cases away from Guy's because they were too full, and that many of them very likely found their way to St. Thomas's?—Yes, that is very likely.

11038. At the same time you say that if you had double the room you could fill double the room?—Yes.

11039. And, therefore, with your large experience of 40 years are you of opinion that the medical relief of the sick poor is lamentably deficient on that side of London?—Very much so. The population round about us for three or four miles has increased enormously since we have been there. In the olden times at St. Thomas's, when the two hospitals, Guy's and St. Thomas's, were together and could make up a thousand beds between them, we had to compete for accidents, or to bribe the police to bring them to us, and ordinary cases which would not be looked at now as in-patients were admitted. For instance, bad legs; that may be very material to a poor man, but now the idea of taking in a bad leg would be perfectly ridiculous, the man would be only treated as an out-patient.

11040. With all your experience, do you think that in addition to the great growth of population that part of London has naturally become more unhealthy?—No, I do not think it has.

11041. Merely that the increase of population has naturally produced a great many more accidents?—Yes; and of course there are large manufactories that have sprung up of various sorts, and they produce a great many accidents.

11042. Have you ever known a case of a would-be patient coming to your hospital being sent away because there was no room and coming back because he could not get in anywhere else?—I cannot remember at the moment a case of that kind.

11043. Are they advised where to go when there is no room for them at St. Thomas's?—Well, we do not say, "Go to Guy's," or "Go to Westminster," but "You had better try some other hospital," or we advise them to go to the infirmary of their own parish.

11044. Now, as regards the in-patients and their food; is there one great hospital kitchen?—Yes.

11045. One for the whole of the blocks?—For all the blocks; but there are separate kitchens for other departments. For instance, the medical officers, they have a separate kitchen; and the nurses, they have a separate kitchen; and the St. Thomas's Home of paying patients, they have a separate kitchen.

11046. And are you responsible for the quality of the food being good, as steward?—Yes.

11047. Now supposing that somehow or other the quality of the food missed your supervision and bad food was served, would you get a complaint about it do you think from the wards?—Yes; and complaints come very readily if there is any chance of making one.

11048. Who does the complaint come through?—The sister of the ward.

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11049. And

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Chairman—continued.

11049. And then do you proceed to investigate it?—Yes.

11050. And then it is remedied or it is found that there is nothing in it?—Yes; we generally find it out before the food goes out of the kitchen; in fact when it comes in; and every now and then we reject something, and say, "This will not do; this is not up to the mark."

11051. But at the same time complaints do come from the wards from time to time?—Yes, they do, however careful we may be.

11052. And then they are investigated, and the matter either set right, or else you find that there is nothing in it?—Yes, it is brought to me, and then if there is any justification for it I at once send to the contractor.

11053. Now in regard to the nurses you have, I think you said, a sort of general supervision over them?—Yes.

11054. They are under the matron primarily?—Yes, under the matron primarily.

11055. Can you tell us what the salary of the matron is?—It is 200 *l*.

11056. Do you train your own nurses?—Yes, under the Nightingale Fund.

11057. Does that entail their living in the hospital during their period of probation?—Yes.

11058. Then the matron is responsible to you, is she?—No.

11059. To the court of almoners, the body of the committee?—Yes.

11060. Now in the case of a nurse misconducting herself what would occur; would the matron dismiss her?—No, she would suspend her and report to the treasurer and almoners.

11061. You take what are known as probationers?—Yes.

11062. Is there any arrangement by which the agreement may be terminable by either party; that is, the hospital or the probationer, up to a certain time?—The mode that is adopted under the Nightingale Fund is that they come in for training for one year, and then if they pass the examination they are considered qualified to become nurses, and they are drafted into the various wards or into other institutions; they do not go into private nursing; but it is for public institutions that they are trained.

11063. I do not quite understand about what you call the Nightingale Fund; will you explain that?—It was a fund subscribed for Miss Nightingale after the Crimean War, and she applied it to founding a fund for training nurses. It is administered by a small committee, of which Mr. Bonham-Carter is secretary; and they wanted a place where to commence it and where to work the system; and they commenced with us just before we left London Bridge, and they went with us to the Surrey Gardens, and when we came here we built a large block for them, and the nurses are trained there; and from this fund certain expenses are paid to the hospital.

11064. And I understand you to say that from that fund nurses are trained for other institutions besides St. Thomas's?—Yes.

11065. Are you in a position to speak about the hours of the nurses?—I think I am roughly; but I think I could send papers explaining it better.

Chairman—continued.

11066. Perhaps the treasurer could give us the paper when he comes?—Yes, I will mention it.

11067. In the same way as complaints of the patients' food are brought to you, would complaints of the nurses' food be brought to you?—Yes.

11068. Whom would they complain to?—To me. They would most likely go to the matron first, and then she would forward the complaint to me.

11069. How many matrons are there?—One.

11070. No assistant matron?—She has an assistant; we do not call her an assistant matron; she has two assistants, in fact.

11071. Then there are night superintendents?—Two night superintendents.

11072. The health of the nurses you said is good?—Yes.

11073. Could you put in a Paper giving us the wages of all these nurses and the superintendents and so forth?—I can furnish it.

11074. Have you a chaplain to the hospital?—Two; one resident, one non-resident.

11075. May I ask what salaries you give them; first to the resident one?—He receives 275 *l*.

11076. And a house?—Yes.

11077. And firing and lighting?—No allowances.

11078. But the house is in the grounds of the hospital?—Yes.

11079. And the other gentlemen, what is he called; sub-chaplain?—Assistant chaplain.

11080. He lives outside?—Yes, he lives a short way off.

11081. And what does he get?—£. 150; and then he is the Vicar of St. Thomas's parish, borough of Southwark, as well.

11082. As regards the Roman Catholic priest, have you a resident Roman Catholic priest?—No; they attend from the Convent just below us; they attend whenever they are required; in fact they come in every day at a certain time, and if they are required at any other time notice is sent to them.

11083. Have you got any Convalescent Home connected with your hospital?—No, but we have a Samaritan Fund, from which we send a large number to various convalescent institutions.

11084. Do you happen to know how much your subscriptions to convalescent homes come to in the year?—The amount of money expended from that fund is about 900 *l*. a year.

11085. That is not quite what I want to know; I meant to ask what your actual subscription to the various convalescent homes was?—I cannot tell you exactly, but it would be perhaps about 160 *l*. a year. Then, in addition to that, we have to pay for the maintenance of patients whilst at some of these homes; but that information I could also send. I have a yearly book which describes it all.

11086. Who administers the Samaritan Fund?—It is administered by the treasurer and committee of almoners, but I am the working officer.

11087. You, subject to the treasurer and the committee, administer it?—Yes.

11088. I have

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11088. I have seen a nun very busy in the hospital; I suppose the nuns come in and out freely?—Sometimes they come in as ordinary visitors.

11089. There is no objection to a person of any religious denomination coming to the hospital?—No.

11090. There are two Home sisters I understand you to say. They look very sharp after the provisions, I suppose, one in the paying patients' kitchen and one in the nurses' kitchen?—There is one sister for St. Thomas's Home, and there is one sister, the matron's assistant, who looks after the nurses' kitchen. Then there is another sister at the Nightingale department.

11091. And they apparently take a very intelligent interest in the food, and would soon cry out if it was not up to contract?—Very soon.

11092. They seem to take a pride in having things nice and in good order?—Yes.

11093. Do you take any lock cases in the hospital, any venereal cases?—Very few, and those are females; we have one ward with only eight beds; we do not take males.

11094. Is there a rule excluding males?—No; I do not think there is any specific rule, but that has been the custom for some years.

11095. And how long has that practice existed of not taking male cases?—It was always the practice to take them when I came to St. Thomas's, and it was kept up till we left the old buildings.

11096. Do you know why the practice of taking male cases was given up?—I could not say exactly, but I believe it was considered that other diseases were of more importance, and that our space would not permit of our taking those cases.

11097. I rather judged from your reply to one question that you consider the buildings far too much spread over the ground, that it causes a great deal of extra labour and difficulty—They add very much to the expense, because, to mention one single circumstance, our furnaces between No. 1 and No. 9 are a quarter of a mile. That, of course, involves an immense amount of work.

11098. Is your kitchen centrally placed?—In the centre.

11099. That would mean an eight of a mile travelling with the dinner sometimes?—Yes, to some of the blocks. The quarter of a mile refers to the furnaces, which are in the basement, and not to the kitchen and food-lifts on the ground floor; the length of this corridor is 864 feet.

11100. If you were to construct another hospital you would not extend it as St. Thomas's Hospital is extended?—I should not myself.

11101. It would be more comfortable and convenient, I understand you to mean, in every respect, if the hospital accommodation were more concentrated?—Yes.

11102. I think that would be obvious almost to anyone. Now, in the case of every complaint, even if you think it frivolous, do you take that complaint before the committee?—No.

11103. You investigate and judge for yourself?—Yes.

11104. And if you think it a well-founded complaint you take it to the committee?—If it is a serious case; but sometimes a few words from myself will settle it.

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Earl Cathcart—continued.

11105. Do you see the meat yourself when it comes in, and the supplies?—Not always.

11106. Not frequently?—Yes, frequently.

11107. Then when you are not there who acts for you?—One of my assistants.

11108. If you find the meat bad you reject it?—Yes.

11109. Do you go into the market to buy other meat then?—No; we have had some better meat sent from the contractor; we have had time to do that.

11110. But you have the power to go into the market I suppose, and buy other meat?—Yes.

11111. You would punish the contractor more if you went into the market because you would put him to expense?—Yes, We often do that with milk; if it turns bad and sour we send out and buy the best we can get.

11112. Have you often complaints about the meat?—No, not very often.

11113. How often?—Our new contractor commenced a month or so ago; the very first day I refused some of his meat, and once again after a few days more. He has been careful since, and I have not had to send any back.

11114. He has since given you satisfaction, has he?—Yes.

11115. Did you reject that meat yourself, or did you reject on the report of your clerk and assistant?—No, I rejected it myself.

11116. Do you mix up the accounts of drugs and materials of that sort for the out-patient department with those for the hospital?—Yes.

11117. But would there be any practical difficulty in keeping those accounts separate; that is to say, the out-patients' department account and the hospital proper account?—That I have nothing to do with, it is the apothecaries' department; but there would be some difficulty; you could make an average.

11118. As a man of business of 40 years' experience I am asking you your individual opinion; would there be any practical difficulty in keeping the out-patient department account separate from that of the hospital proper?—I think there would not be.

11119. I ask the question because we were told at our last meeting that the real difficulty of having beds as to the unit and standard of comparison between hospitals, was that, in many cases, the out-patient department was mixed up with the hospital proper; but the accounts might be kept separate in your opinion?—It is generally mixed up with them in the yearly statements, I mean. I have tried to separate it, and have to a certain extent done so; but it is all guess-work.

11120. Do you think it would be better if those two accounts were kept separate?—I do not believe it would make any difference at all.

11121. But it would make a difference as far as making the bed a standard of comparison between the different hospitals in London?—Yes; but at present we arrive at that conclusion from all or almost all of the hospitals, reckoning it one department, reckoning the out-patient with the in-patient department.

11122. Then, as a man of business, you can see no practical difficulty at all in keeping those accounts

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[Continued.]

Earl Cathcart—continued.

accounts separate, provided it was arranged that they should be kept separate?—There would be some difficulty and some considerable trouble, no doubt, because it is all from one dispensary that the medicine is served.

11123. But still that is a matter of book-keeping detail which might be got over?—Yes, I think it might.

Chairman.

11124. I suppose you would render it more easy by having two dispensaries?—Yes.

Earl of Arran.

11125. Have you a large staff of assistants in your office?—Three, besides messengers.

11126. Is there any other staff of clerks besides those in your office?—No; the receiver and the treasurer's clerk are up in the counting-house in No. 1 block; he is called the treasurer's clerk.

11127. Does the matron appoint the probationers?—They are selected. They are all examined, and the matron, with the assistance of the committee of the Nightingale Fund, selects them.

Lord Zouche of Haryngworth.

11128. I think you have a treasurer at the hospital as well as a receiver and a steward?—Yes.

11129. I suppose he has a salary?—No, a residence.

11130. Are there any other principal officers of the staff besides the receiver and yourself and the treasurer? I suppose there is a secretary?—We have no secretary; each department conducts its own correspondence.

11131. You told us just now that you thought an extra expenditure of 6,000 *l.* or 7,000 *l.* a year would be required to keep all the wards open; I suppose you have gone into that matter, and that is your estimate as the result of having done so?—Yes.

11132. Do you think that that account could be saved in expenditure?—No.

11133. Have you ever entered into that question?—I do not see how it could be saved; we are as close as ever we can be in the expenditure in each department, and I do not know where it could be saved from. The increased expense of keeping patients in a large establishment like that is something enormous. Our staff now of working people is three times what it used to be.

11134. You do not think for instance any economy could be effected in the administration of the estates?—No, I think not.

Chairman.

11135. Let me supplement that question by this; do not you think that St. Thomas's Hospital by appealing to the public could get 6,000 *l.* or 7,000 *l.* a year?—Guy's appealed, and they were in the same position as we are, and they got 100,000 *l.*

11136. That was 100,000 *l.* in one appeal, but my question is, do not you think that St. Thomas's by appealing systematically could get 6,000 *l.* or 7,000 *l.* a year?—They might; we have never tried it.

Lord Thring.

11137. Is your opinion conclusive as to the food; assuming that you passed the food or disregarded a complaint with respect to the food, is that conclusive?—Yes.

11138. There is no appeal?—I do not know who can appeal.

11139. No one can appeal against your opinion on the food to the court of almoners, for instance; is that so?—Yes they might.

11140. Do they ever?—I only know of one instance in which it has been done, and that is just recently.

11141. But they can appeal?—Yes.

11142. And what was the result of the appeal; were you confirmed in your decision?—No, I was wrong; it was a matter of taste.

11143. Was that an appeal on the part of the contractor?—No, on the part of one of the sisters; she thought the article supplied was not quite good; I thought it was.

11144. And the court decided it was not?—The treasurer; he came at once and saw the article.

Lord Monkswell.

11145. Is the Lambeth Infirmary full?—It was a very short time ago; I have not heard recently.

11146. So that there would be no room there for a patient rejected on account of want of room at St. Thomas's; there is no means of getting him into the infirmary; there might not be room there?—I think generally they can take cases; they have taken a good many from us when we have dismissed them.

11147. You do not know whether there have been any cases of a poor person being unable to get in either at St. Thomas's or the infirmary?—Yes; I believe some have gone from us and have not been admitted at the infirmary.

Lord Clifford of Chudleigh.

11148. I understood you to say that the number of out-patients was limited; what is the method by which it is limited?—A certain number of letters are given every day.

Chairman.

11149. Are no out-patients admitted except those who come with letters?—Yes, they are what we call the casuals; they would be included under the head of "Casuals."

11150. I understood you to say that St. Thomas's, with the exception of the paying beds, is practically a free hospital?—Yes, so it is.

11151. But the answer you gave to Lord Clifford of Chudleigh rather led me to infer that out-patients are not admitted unless they have a letter?—The letter is the letter given to them by us when they are selected, that is what we call the letter, the out-patient letter. When they are selected this letter is given to them.

Lord Clifford of Chudleigh.

11152. I suppose that limit you speak of is not quite a hard-and-fast rule; if they were exceptionally serious cases you would admit a few more?—Yes.

Chairman.

11153. Is there anything you wish to add to your evidence?—No.

The Witness is directed to withdraw.

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MR. WILLIAM ORD, M.D., is called in; and, having been sworn,
is Examined, as follows:

Chairman.

11154. Will you kindly describe to me what your position at St. Thomas's is?—I am one of the physicians to the hospital; I am joint lecturer on medicine, and I was (I suppose that is the reason why I have been asked to come here to-day) for 12 years dean of the medical school.

11155. Do you hold the qualification of the College of Physicians of London?—Certainly.

11156. How long have you been connected with St. Thomas's?—I entered St. Thomas's Hospital in 1852.

11157. That was as a student, I suppose?—Yes. I have been a lecturer there from the year 1859 on various subjects.

11158. And you have been dean of the medical school, you say?—Yes; for 12 years.

11159. Are you, on the whole, contented with the system of medical education in this country as it goes on at present; or, I will put my question in another way: it has been suggested to us that there should be one great central university for medical education, the clinical instruction being given at the hospitals; my question is whether you prefer that, or would you prefer the hospitals to have their own schools?—I think it very much better that the large general hospitals should have their own schools, that answer applying particularly to the study of the practical subjects of medicine and surgery. On the whole, I think it better that the very large schools should carry out instruction in all other subjects; but it would clearly be my opinion that, as things advance, the smaller schools should be grouped for the earlier subjects. In fact, taking it altogether, as a tolerably old hospital physician, I should not be sorry to see the whole of the teaching (I am now only speaking as an individual) of the earlier subjects taken from the hospital schools, and relegated to some central body.

11160. What advantages would accrue therefrom; would you thereby get more experienced lecturers, better lecturers?—You would get, in the first place, a greater uniformity of study. Perhaps it might be desirable; it is a matter of question. You would be able, I think, to organise study better; and, undoubtedly, in any arrangement of that kind you would be able to secure the services of the best men, because you would be able to give higher salaries, certainly, than could be given in the smaller schools.

11161. But is not that open to this objection, that you might have lecturers who were exclusively lecturers, and hardly practical men at all?—I hardly think that men who were not practical in any subject would be accepted now-a-days. The subjects are all practical; in all of them a large course of definite practical instruction would be necessary; and there would come in the advantage of such a central institution. It would give the greatest opportunities and facilities for practical study. Of course, you understand what laboratories mean; if a place is starved and weak its laboratories will be im-

Chairman—continued.

perfect; but if you had a large central place it would be perhaps a better thing in some respects than even our large hospitals, because with all their funds they are not too rich.

11162. Would the united funds arising from the fees of the students of all these hospitals produce a sufficient amount to pay these lecturers in an adequate way?—I am afraid I cannot answer that question.

11163. On what basis do you arrange the medical school at St. Thomas's now?—I do not quite understand in what way you mean.

11164. First of all how many students have you got?—Nearly 400.

11165. Is it increasing, or is it decreasing in numbers?—It has increased very much during the last few years; last year it was not quite so numerous, but we have had a very large increase during the last 15 years.

11166. And what is the fee that has to be paid?—One hundred and twenty-five guineas.

11167. That is for the whole curriculum?—Yes.

11168. Then do students join for the purpose of studying certain subjects at a less charge than that?—Yes; certainly.

11169. And what fees do they pay?—They pay in a diminishing ratio, according to what they want to do; but any man who pays 125 guineas will be able to pursue any kind of study that he wishes at St. Thomas's, so long as he lives.

11170. Do you remember what the income of your school was last year?—Between 8,000*l.* and 9,000*l.* It has been larger; it was larger in the year before. It varies, of course, like all other things.

11171. Can you find any reason for your number diminishing?—It was not so much a diminution of numbers as a variation in the way of payment.

11172. I thought you said that the number diminished last year or the year before?—Only the number of first year's men. It is very difficult to say why in any particular year there should be a variation. I did not feel any panic about that.

11173. Then in what way do you arrange the payment of lecturers and teachers of St. Thomas's?—In the first place the whole amount received from fees is carefully stated; then from that is deducted the amount due to expenses; and there is then a division of the profits, so to speak, in the proportion of two parts for lecturers and one part for teaching in the wards for the staff. The third which is put apart for the staff is divided in a certain ratio among them. That portion of the profits which is for teaching simply is divided into shares and the shares are calculated upon the basis of the actual hours of work; the actual amount of work done by each person.

11174. Will you tell us what sums these lecturers receive; what is the minimum amount

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[Continued.]

Chairman—continued.

and what the payments range to?—They range from one share up to six or eight.

11175. I mean how much might the most distinguished lecturer receive possibly, and how little might a junior receive?—I suppose a very junior one, with only a certain amount of work, say twelve lectures, would get from 40 *l.* onwards; and with regard to what a senior lecturer at present would get, I may say that my own share I think was 240 *l.* for the whole thing together last year; that is to say, for the lectures and “the practice” as it is called; it has sometimes been more and sometimes less.

11176. To what does “the practice” refer?—The teaching in the wards.

11177. But does not every medical officer in the wards get some honorarium?—That is from the governors.

11178. That is in addition to what he may receive in other ways?—That is 50 *l.* a year; it never exceeds that.

11179. That differs in different hospitals, does it not?—Yes; and the amounts have differed in our own hospital very much during the last few years. The amount was larger for the seniors formerly, and the juniors had none.

11180. You have mentioned that two-thirds of the whole amount received from fees go to the lectures and one-third to practice?—Yes.

11181. You have certain expenses to deduct before you make this payment?—Yes

11182. What sort of a sum is that?—The expenses this last year were about 3,000 *l.* out of 8,500 *l.*; but then those expenses were in part teaching expenses again, minor salaries to persons who had no shares. There are certain persons who not having shares have a fixed allowance. And then, of course, the expenses of a medical school are considerable now-a-days; we have constantly to be making improvements and buying new apparatus.

11183. And keeping up the apparatus?—Yes.

11184. Have you ever formed any opinion as to whether these schools attached to individual hospitals cause the working of the hospitals to be more expensive?—I should think it is the other way, because the young men attached to these schools are doing work which, if it were not done by them, would have to be done by paid people.

11185. I think it has been told us here that there is a great tendency for expensive instruments for purposes of experiments which might not come forward so much, were it not for the school, to be ordered by the governors; have you come across that?—I can only say that with regard to any work in the hospital in which I have ever been concerned the only thing that has been thought of has been the patient; there has been no intention, still less any carrying out of an intention, of experimenting on patients, or using apparatus for anything but the benefit of patients.

11186. I think you misunderstood my question; what I meant to convey was this: We will assume that an invention comes out; before that invention is perfected the hospital authorities are induced to make a purchase of the apparatus for

Chairman—continued.

the sake of experimenting with it; that is not the case, you say?—No, very far from it.

Earl of Arran.

11187. You are in favour, as I understand, of a central teaching university?—Well, of either one central institution or of several *quasi*-central institutions, to take off from the medical schools of hospitals the earlier teaching, as was advocated by Professor Huxley some years ago. I do not know that I could put my ideas nearly as well as he put them. He wrote a paper on the subject many years ago, which I always thought an exceedingly valuable paper, and one would be glad to see work done on those lines.

11188. In the event of such an institution being established, would one of the results possibly be this: that a student would study the same disease, so to speak, under different masters. As a layman, I do not like to speak about medical things, but I suppose there is a certain variety, a certain difference of treatment of the same disease, as it is treated by different teachers. Would such a central institution, therefore, give an opportunity for a student to study the same disease under different masters, and so get hold of a larger number of ways of treating the same case?—If there were such a central school established, it would not deal with disease; it would only deal with the preliminary studies, anatomy, physiology, chemistry, and so forth; so that any such possibility could not occur; there would be no patients.

11189. But would it afford any opportunity of sending a young man, who was beginning the study of medicine, to study the same disease under different masters; might it send him to go through the wards in one hospital, and then send him on to another to study the treatment of the same disease?—No, I do not think that would be a function of a central school of that kind; it would be a preparatory school, so to speak.

11190. Do you think it would be an advantage that a young man should study in that way if it could be carried out?—I think a variety of study must be an advantage; but I think it would be better left to the men. As it is at present the men who wish to learn study in London, they study in Vienna, and they study in Berlin.

Lord Zouche of Haryngworth.

11191. I suppose your idea would be to have this central school or university in combination with the existing medical schools that are attached to the large hospitals; you would not do away with the present medical schools attached to the large hospitals?—No; I think it should be worked entirely in harmony with them, and leave their hands free to deal with the students in regard to the practical study of medicine and surgery, as we have it over the water, afterwards.

11192. And you could not combine this idea of a central medical school with clinical work?—No, I think not. I see what your Lordship is driving at. Of course, one can see that a great scheme might be possible; but I do not think you would ever have that; if a scheme of that kind were tried to be worked it would be on the basis of the union of the hospitals in that direction.

11193. But

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[Continued.]

Lord Zouche of Haryngworth—continued.

11193. But that you do not think very practicable?—No; but I have always been of opinion that the work of a place like St. Thomas's is to teach men medicine and surgery (I am only speaking my individual opinion), and that the more we are left free to do it the better. At the same time, let me make you fully understand that I think our work there is exceedingly complete in all departments, of course at great sacrifice of money.

Lord Thring.

11194. I suppose you would say that practically the clinical teaching at the different hospitals is on a par?—It will vary from year to year according to the men who are teaching; practically on a par, yes; if you take the average of ten years I should think so.

11195. But I fancy some of us have been thinking that there would be a sort of great school in which there would be a central body for the purposes of the early teaching, and that then the pupils should be distributed amongst the several hospitals for clinical teaching, and shifted from one to the other; I do not mean that it is practicable, but that is the sort of Utopian scheme?—I doubt whether that would be a good thing, because competition cannot be lost sight of as an incentive to activity.

11196. I quite understand that; and you think that the competition between the several hospitals is more beneficial on the whole to the public than any institution that could be conducted by any central body would be?—Competition and individuality, if I may say so; the sense of reputation. I do not mean to say that any one hospital is always thinking of any other with which it is competing, but it has at all events its own high qualities, which it seeks to keep up.

11197. As a fact, do many students go from one hospital in London to another, or do they always adhere to one hospital for their teaching?—A good many from other hospitals go round ours; I cannot say that our own men go round others, but I have constantly had men from other hospitals coming round with me; and when I used to visit this hospital (as I did for many years) on a Sunday morning, I had 20 or 30 people going round with me who came from all sorts of hospitals.

11198. Did they pay?—No; these came freely merely as guests. Of course if a man comes round regularly on the day appointed for visiting and teaching he has to pay.

11199. The 125 £., do you mean?—No; he may do that for something like 12 £. 10 s., and a great many do. We have Americans, Canadians, Australians, and Japanese coming to us.

Lord Clifford of Chudleigh.

11200. Are the preliminary teaching and the clinical teaching at St. Thomas's carried on with any particular connection between one another which would make it all inconvenient to separate them?—No.

11201. It would be quite indifferent then to the clinical lecturer at which school the student had gone through his preliminary training?—I should certainly say quite indifferent. We have a rule that no man is allowed to do any practical

(24.)

Lord Clifford of Chudleigh—continued.

work in the wards until he has passed the preliminary examinations; therefore you can see that there is a hard line drawn.

11202. But sometimes professors like to have students grounded in their own schools and their own methods, but there is nothing of that kind, I understand you to say, at St. Thomas's?—No, nothing; there would be no opening for anything of that kind. I may, perhaps, be allowed to observe that I think the present arrangements for the larger schools are extremely good.

Earl Cathcart.

11203. We were told that in the case of Sir Andrew Clark he was almost mobbed by students; some professors and teachers are much more run after by students than others?—Yes.

11204. Have you anything in the nature of a students' club at St. Thomas's, or what do you do in that way?—We have a students' club; it is in the basement of the building that you see opposite with a large chimney; it is conducted by a committee partly composed of students and partly of the staff.

11205. And the conduct of the students is good, as a rule?—Very good indeed.

11206. You have occasionally cases, I suppose, where rustication or even expulsion is necessary?—It is a very long time since we have had a case of expulsion.

11207. The conduct is, on the whole, very satisfactory?—Very satisfactory indeed.

11208. Is there a residential college for them?—No.

11209. They live in lodgings round?—Yes.

11210. Do they spend their evenings in this club?—No.

Chairman.

11211. It is merely a club where they can get their luncheons; and with one or two large rooms, I suppose?—Luncheons and dinner.

11212. Is there any other point in regard to the school that you would like to speak of?—No; only this: I should not like to be taken here as advocating the establishment of a central school. I can see its advantages, but I am not advocating it.

Earl Cathcart.

11213. We were told that the dislocation would be so great that the students attending the wards could not possibly attend the central school; that the central school, and the instruction there would be really before their medical ward education began?—Precisely; if the instruction there comprehended anything in surgery or medicine proper, I should object to it very strongly on that basis.

11214. We were told that the education in a central place of that kind would be preliminary to the ward education?—It would be very much like the education at a public school as a preparation for a university. I may say that there is a good deal of resemblance between our hospital schools in London and colleges in a university, Oxford or Cambridge.

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11215. Do

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[Continued.]

Chairman.

11215. Do a number of your students come from the Universities of Oxford and Cambridge?—Yes; a large number.

11216. And have they studied medicine there before coming to you?—They have studied the preliminaries of medicine; the earlier subjects, anatomy, physiology, chemistry, and so forth. The arrangement at Cambridge, for instance, is that a large number of men take anatomy and physiology and chemistry in about two years after passing their Little Go. When they have completed all these subjects, and have passed in them, they come to the London hospitals, for the most part, and are distributed. There they have been spending two years; they will now have to spend three in consequence of changes in the arrangements of the medical council. Then they go back to Cambridge to be examined.

11217. Is that medical council a body composed from the Colleges of Physicians and Surgeons, or from the hospitals?—No; the medical council has its origin neither from any particular hospital, nor from any number; it is entirely a government affair; it is the general medical council.

11218. Is there any other point in connection with the schools that you desire to bring before us?—No, I think not.

Lord Clifford of Chudleigh.

11219. Do the students who come to you from the universities come with medical degrees?—No, they come to us generally after being two years at Cambridge, or a longer term at Oxford, because they have to take their degree in arts.

11220. The purport of my question was whether you attach any value to their teaching at the university in the way of shortening their time, or are they like students who come without any previous preparation?—No; if they have studied the two years there they will be accepted as second or third years' men, according to the time. And I may say in passing (I do not know that this is a matter of evidence, but it is a matter of remark) that, of course, it is an enormous advantage to the London schools that we get this accession of men from the universities, because they are older men, and they leaven the schools. That is the reason why I am able to speak so confidently of the good behaviour of the students. Since we have had so many university men the general behaviour and quality of our students has immensely improved.

11221. Does the London University send you students?—The London University does not teach; it only examines; therefore it cannot send anybody.

Chairman.

11222. The instruction at Oxford and Cambridge is very useful to medical students?—Very good indeed.

11223. Is there any restriction at St. Thomas's Hospital as regards the necessity of those holding the higher medical appointments in the hospital having the degrees of the London Colleges of Physicians and Surgeons?—With regard to the staff proper, if anyone wishes to be either a physician or surgeon, or assistant

Chairman—continued.

physician, or assistant surgeon, then, being a surgeon, he must be a fellow of the College of Surgeons; being a physician, he must be a member of the College of Physicians.

11224. Otherwise he would not be eligible if he were to apply for the appointment?—A few exceptional cases have occurred in which, there being an emergency, a man, for instance, on the medical side, at all events, not having the membership of the College of Physicians, was elected, on condition of his going up for it, and obtaining it within a definite time; and if he did not obtain it he would have to go back.

11225. Have you known any first-rate men who have been kept out of St. Thomas's Hospital because they had not these qualifications?—No, certainly not. I cannot see that there is any justification for a first-rate man not having the qualifications.

11226. Now, you have had great experience, have you not, in the out-patient department at St. Thomas's?—Yes, I have.

11227. Would you sketch out, roughly, the organisation of that department?—The out-patients are seen by the assistant physicians and surgeons; each of these sits in a room with his assistants, and generally has a room adjoining to which he can take patients for special examination. The people coming to him bring, what are called, letters; that is to say, sheets of paper, with the physician's or surgeon's name at the top; and these letters are intended to serve for six weeks, for six appearances; the patients attending once a week.

11228. Where are those letters procured?—The letters are procured at a different part of the hospital, at a certain hour in the day. All people applying for out-patient letters, as they are called, are gathered together and grouped. Of course they are grouped according to sex; they are grouped according to the nature of the ailment, being medical or surgical; and they are grouped again, in a minor degree, according to specialities. At the given time, the resident assistant physician and the resident assistant surgeon go round to these, and select those whom they judge to be most fit out of the number applying. They are restricted at present in the number of letters which they may give out; for each assistant surgeon or assistant physician they may give out only 15 or 18 letters; and these are given to the people who appear to be most in need. Having received these letters they proceed to the several departments, go on for the six weeks, and then they have their letters renewed for another six weeks if the medical officers think it desirable.

11229. Those are the assistant physicians and surgeons?—Yes.

11230. Do they have classes attending them when engaged in their work?—Yes, often a very large class.

11231. Some of those act as clerks and dressers, we understand; are those students taken from the average, or have they a certain amount of qualification?—They have no qualification of the nature of a degree; they are taken from the students as soon as they have got out of their earlier pupilage, of their scientific pupilage; their pre-practical pupilage, I may call it; but they are

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Chairman—continued.

are definitely appointed by the whole medical body. No one acts as a clerk or a dresser without having a distinct appointment by the general body.

11232. Does this organisation of yours at St. Thomas's cause the patients to wait a very long time?—I do not think this organisation does; but the fact that people have to apply at a particular hour, and to be present at a particular hour, may, as in some other places, involve waiting. Of course if people have to come at one o'clock, and there are 60 who appear at one o'clock, they cannot all be seen at once; but there is no other difficulty.

11233. There is no method of inquiry into the circumstances of the out-patients at St. Thomas's?—No; the whole basis is the urgency of the disease.

11234. Have you formed any idea as to how the out-patient department might be still further restricted; I will not take the case of St. Thomas's, but speaking generally, I mean?—Well, the restrictions at St. Thomas's have been considerable. Some few years ago, when I was assistant physician, we used to give out 30 letters; you will notice that that is now reduced to 15 or 18. It does not seem a very logical proceeding, I admit, but it was a very practical proceeding, which reduced the letters to such a number as might enable the physicians in charge to do their work properly.

11235. Within a certain time?—Within a certain time; and, as your Lordship points out, with a certain limitation of the discomfort of the patients coming. I do not see anything else that can help us there; I wish I did. I am certain that the status of people is not to be regarded, so long as you take the people who are really bad and ill.

11236. When you say that the "status of the people" is not to be regarded, by that you mean, I suppose, that the charity is not abused?—I do not think it is in the least. We really get the worst cases of illness; and if they happen one or other to be a little better off than the rest it is very seldom because they want to save money. You will see occasionally a clerk, who could pay a doctor originally; he has been ill for a very long time and has exceeded his resources, and then the hospital becomes what I think it ought to become, and what I hope it will become more and more, a sort of consultants' room.

11237. I was coming to that soon; are you in favour yourself of out-patient departments in the abstract, as at present accepted, in the London hospitals?—Your Lordship uses the words "in the abstract"; I do not quite know what the question means.

11238. What I want to get from you is an opinion whether you think that more harm is done by the out-patient department to the people themselves, or whether that is met by the increased instruction in the practice of medicine to the students; because there is another side to the out-patient department, and some political economists think it is a demoralising thing?—I am quite aware of that.

11239. I should like to get your opinion upon it?—It appears to me that it might be possible
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Chairman—continued.

to increase the value, for the general public, of hospital out-patient departments if some sort of relation were established between hospitals and the other institutions around them. It is always very difficult to say whether harm is being done. I do not think harm is being done, but I think better good might be effected.

11240. To what particular institutions do you refer; provident dispensaries?—Yes. You will understand that in the view I have expressed I am probably taking a view that would not by any means be accepted by all my colleagues.

11241. I am not speaking about St. Thomas's Hospital, but of the general hospital world. You would like to see, then, the provident dispensaries made use of for the medical side, and the out-patient department a consultative department in any complicated case?—I think that would be an exceedingly valuable relation between the two.

11242. Have you ever found any difficulty in bringing about co-operation between the provident dispensaries and the hospital, or have you tried to do so?—I have never tried.

11243. Or has any attempt of that kind been made so far as you are aware?—The general principle has been set forth by a particular association, but I do not know of its ever having been practically tried.

11244. In regard to out-patients, you begin by given medical relief?—Yes.

11245. Do you think that that leads people to expect further charity in the shape of food and wine?—No, I do not think so; not with us.

11246. I mean as a rule?—No, I do not think so.

11247. Then I do not quite see what the objection to the present system is?—I made no objection to the present system; I said it was very good, but might be improved. I think we could do a wider good, but I did not say that I had an objection to it at present; if I gave you that impression I must withdraw it; I thought I had guarded myself in that respect by saying that I thought it very good, but that it might be improved.

11248. As regards the effects produced upon the population, do you mean?—And the usefulness of the hospital.

11249. Do you think then that at present a great number of the cases are so trifling that there is hardly time to look after the more difficult ones?—No, not at all. I mean that it would be a wider usefulness. If a man whose illness was not well understood, was examined by a consultation at the hospital, it would be better for everybody; for the physicians, for the patient, and for the students; it would merely give a greater opportunity of usefulness.

11250. You mean a much larger field of usefulness altogether?—Yes.

11251. Because it would collect from these various institutions the graver cases in addition to the cases that it already has?—Precisely so. That is in fact to a certain extent what has been going on of late years. Our cases in the hospital are more and more severe, and more serious than they used to be, through the filtration from the out-patients' room.

11252. Do you know if you collect any patients
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[Continued.]

Chairman—continued.

from the country; whether they are sent to you from the country for operations, for instance?—Yes, a good many come up from the country.

11253. Seeking rather the advice of a great London hospital with a great reputation, than that which they can obtain in their own country town?—Not only that, but a good many country doctors send up their difficult cases, using the hospital for consultation as it were.

11254. And then we come back to the individuality of the hospital, because these gentlemen have very likely been students there?—Yes, it only happened to me this morning to have one apply in that way.

11255. Is any charge made by the hospital for these cases coming from the country for consultation?—No.

11256. Or in the case of a case coming from the country for an operation and taking up a bed in the hospital, is there any charge made on the locality?—No.

11257. Is the class of patient very poor at St. Thomas's?—I am afraid I cannot tell you very much about that as regards the out-patients now; it is a good many years since I treated out-patients, and, of course, when they are in bed, it is difficult to say; I should think they vary very much.

11258. Have you ever heard of a suggestion of treating out-patients in the evening?—I have heard that.

11259. Do you think that would answer from a professional point of view?—I have never considered it; I do not think I should like to answer that question.

11260. Your hospital at St. Thomas's has lately been transplanted from London Bridge; there are in other parts of London other hospitals still very close to one another, and some of them with insanitary buildings; do you think that with advantage they might be transplanted to the country and placed here and there?—I think they are wanted in London.

11261. I do not mean to take them away altogether from people in London, but whether, owing to the insanitary condition of the walls, and so forth, they might with advantage be transplanted into a purer air, leaving some sort of head-quarter establishment, on a smaller scale, which would take the place of the London hospital?—I should have thought the better thing would have been to have pulled them down and rebuilt them where they were, and built the others as well. Of course, at the present moment, I think after all our accommodation for general cases is inadequate.

11262. Would you think so if the unoccupied beds, which we have been told by one witness are 2,000 in the various London hospitals, were able to be filled?—As far as I can judge, yes; of the general hospitals I am speaking.

11263. Then, taking the medical charitable relief and the medical poor relief, you consider that it is not sufficient?—I do not think that the number of general beds in London is sufficient.

11264. Supposing it was suggested to build more hospitals, might not something be done in the way of location. Take, for instance, one district I am acquainted with; that is Berners-

Chairman—continued.

street?—You have got the Middlesex there at the end of it.

11265. We have the Middlesex, we have University College, quite close; we have got an asylum of some kind round the corner; St. Mary's a very short distance off; that makes three general hospitals, to begin with; and then, I believe, there is a poor-law infirmary with 700 beds belonging to Marylebone. Then there is the Charing Cross Hospital within a mile; and then on the other side of the Thames we have got St. Thomas's and Guy's. Would you like a little more accommodation on that side?—It appears to me that it might be very valuable on that side.

11266. But the hospitals are crowded in some parts of London, are they not?—You mean that as buildings they are crowded together; not crowded as regards their wards?

11267. Not the beds, but their buildings, I mean?—Certainly; and the south side is not well provided.

11268. Therefore, supposing that you pulled down any hospitals in the northern part of London, because of their bad state, and that you thought about re-building them in the metropolis, would you think they should be re-built on their old site?—That is a thing I should rather leave to this Committee than express a strong opinion about it; but I do not think that the accommodation there is in excess of what the needs are.

11269. You mean that the accommodation in the north is not in excess of what the needs are?—No, I do not think it is; so that it does seem to me, though I cannot positively say so, that it would be a better thing to build new ones in the south than to transfer any one from its present position, or from a position approximate to its present position.

11270. In fact, while you consider that the accommodation north is not more than is required, you consider that the accommodation south is very much less than is required?—Yes; I do not know so much about the north, but I know that in the south they have been organising cottage hospitals and things in order to make up for these difficulties. I was down at Brixton a little while ago, urging the claims of a little hospital of that kind; and I think they are springing up a great deal round with great usefulness.

11271. Are those free charitable institutions, or part paying?—I am afraid I could not say; I have merely urged them on the ground of general usefulness; I do not know their subsequent rules.

11272. Now I should like to have your opinion on the point of general hospitals, as opposed to special hospitals; do you favour general hospitals as opposed to special hospitals, as a medical man, I mean?—Well, special hospitals are of various kinds. Of course there are certain special hospitals which seem to me very valuable and necessary, such as ophthalmic hospitals. I will take an ophthalmic hospital as one of a very valuable special kind, even though the general hospitals have their departments for that purpose. To a large extent also, special hospitals for diseases of the chest have their claims.

11273. Are

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[Continued.]

Chairman—continued.

11273. Are you as strongly in favour of hospitals of that description as you are of ophthalmic hospitals?—No, not taking them in the bulk; but they have this value, that they will take in, and can take in, people who need hospital help, and yet in a large general hospital would fill beds too long. For example, a man with consumption may fill a bed for months; we are having people here at St. Thomas's applying every hour, at the time every one of them more urgently ill than this man with consumption; and these are people that we ought to admit; so that we have a sort of regulation at St. Thomas's that we do not admit a case of consumption unless there be some sudden accident in connection with it; if a man has broken a blood vessel or anything of that kind for instance.

11274. A case of consumption may be chronic?—It may be chronic or acute.

11275. It might take months, or it might take only a fortnight?—Yes.

11276. And in the case of an acute case of that kind, you would admit it?—Yes.

11277. As a rule do you admit chronic cases at your hospital?—There are a great many chronic cases that we admit in order to allow us to make sure what they are. When we have made sure what they are, we deal with them according to the prospects of the case. We send out a large majority; or we treat them and get them better.

11278. Then, to continue my question about these special hospitals; there are some surgical ones; take cancer hospitals; what do you say to them?—I do not approve of them.

11279. You prefer seeing those cases in the wards of a general hospital?—Yes; there are many reasons for which I should think they would be better treated in the general hospitals.

11280. I should like to hear your reasons?—I do not know that I should like to give them.

11281. We can hardly form an opinion on the value of your reasons unless you give them. What is your principal objection to the special hospitals?—First, I have not a general objection, as you see, but a large number of special hospitals appear to me to be superfluous, because they are carrying on, with a limited scope, work that could be done just as well at the general hospitals, and certainly work that could be done very much better, very much better represented, if what was devoted to any particular special hospital were devoted to the establishment of a local general hospital with proper appliances.

11282. You mean that in these special hospitals the administration must be more costly than where you have a larger number?—Yes.

11283. And also that there is a loss of the teaching?—It is not only that; but I have already said that I think we might have more general treatment than we have; and by these special hospitals we say the sources of that; I think unjustifiably. I think they are more or less parasitic.

11284. I think it has been represented to us in evidence by one or two witnesses who have opposed special hospitals that they may be said to have done their work; that they were, perhaps, advantageous when medical science was not

(24.)

Chairman—continued.

so advanced as it is now; for instance, there was Moorfields, which was established some time ago?—Yes, before I was a student.

11285. But that now special wards exist in the general hospitals?—Yes; we have, of course, a special ophthalmic department here at St. Thomas's, both a ward and a special out-patient department, and a very fine one.

11286. And is the same amount of skill brought to bear upon special cases in general hospitals as would be brought to bear upon them in special hospitals in regard to an ophthalmic case or cancer?—Cancer is a particular disease which happens to be the puzzle of everybody; as to any specialty in cancer, it is pure nonsense.

11287. At the same time, there is a cancer hospital?—Yes; but with regard to any right to speciality, I mean. A man requires a special training to be a good ophthalmologist or laryngologist, but all well-educated doctors are much on the same level with regard to cancer, and therefore a cancer hospital may only be established in the interests of particular people.

11288. Take the question of the Orthopædic Hospital; have you anything to say on that?—It certainly would have some advantages, in my opinion; I am not a surgeon, and am therefore not so competent to answer.

11289. Now these special hospitals I believe have within the last few years been increasing rapidly?—Yes, certainly.

11290. Would you like to see any board, beyond the Government, whose function it would be to provide a license before hospitals could be founded?—To answer that involves thought; I have not heard of the suggestion before, or else I should have been prepared with an answer.

11291. I will put my question again in this way: there are a good many matters in which hospitals no doubt might consult one another; it might be convenient to have a board where delegates from various hospitals could meet together; would you like to give such a board the power of licensing hospitals; that is to say, consenting to the erection of a new hospital, or deducting where a new hospital should be placed?—I am not prepared to answer that; it is a question of very very large touch; I mean it is not merely a medical question; it is a very large question, and I should not like to give an opinion upon it at present.

11292. Have you ever considered the advisability of the admission of students to poor-law infirmaries for instruction?—Yes.

11293. And do you favour such an idea?—Very much.

11294. You consider that at present a large amount of teaching material is wasted?—Yes; most valuable material. I am afraid that in fact I have infringed the regulations unknowingly. I conducted examinations in them some years ago, I mean for a university, not knowing that it was forbidden. There is a certain kind of case that a student will not see in the general hospitals, but will see abundantly in the infirmaries, and see abundantly in private practice.

11295. Have students in a general hospital

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Chairman—continued.

any chance of seeing cases of measles or scarlet fever, for instance?—Not in most of them.

11296. If the student was allowed to go into the fever infirmary and the poor-law infirmary, he would have an opportunity of seeing them?—Yes; certainly.

Earl Cathcart.

11297. My idea is that the door of these infirmary hospitals has been lately opened, and therefore that some new regulations have been made with a view to instructions being given in them?—I believe they are making arrangements with regard to the fever hospitals, but I have not seen anything about the poor-law hospitals.

11298. You are of a very open and candid mind, and I should like very much to ask you what you think upon one certain class of cases; and we have just understood that those cases are excluded from St. Thomas's, and have been recently excluded, namely, male lock cases; now do you think it is advisable from a medical point of view, having regard to the interests of the population, that such cases should be excluded from the general hospital?—I do not think they are excluded.

11299. We were told so just now by the steward?—Then that could only apply, I think, to the primary cases, because naturally we get a very large number of diseases in the hospital which are essentially syphilitic in their origin.

11300. But are you in favour, as an experienced medical man, of driving these primary cases even back to the population by refusing treatment of them in the general hospitals?—I fancy they are treated in the out-patient department. You were asking the steward about the hospital itself. You see, a man with the first stage of the pox on him does not want to be in the hospital, it is only if he gets some bad form of sore or glandular swelling.

11301. In the out-patient department, could you treat a man who was laid up with two buboes?—I think if he had a couple of buboes they would take him in.

11302. There is in the abstract, is there not, a danger of driving these cases back into the population, so leading to infection and widespread infection?—I do not see that danger would arise there. They would be treated in the out-patient department if they were well enough to go about; they would not be driven back; they would be relieved and allowed to go, but they would not be suitable for admission to the wards.

11303. Unless you had special wards, as they have at St. Bartholomew's, I think?—That is another question; that is a matter of relative expenditure.

11304. You know that they are much more particular abroad about the treatment of these cases than in England. For instance, at Copenhagen, when I was in the hospital, out of 800 beds, 150 were occupied with syphilitic cases?—Probably they are not so advanced as we are. When I was a student at St. Thomas's, we had two whole wards, called respectively "Lazarus" and "Job," devoted to the care of those cases, besides a female one called "Magdalen."

Earl Cathcart—continued.

11305. How do you carry on your instruction of the students in that branch, if you have not lock wards?—We have the out-patients.

11306. Do you know anything about the Lock Hospital?—I do not know anything about it; but really I think the out-patients' room and a moderate amount of beds meets the necessity.

11307. But we were told that there were no male patients suffering from that complaint, though there were some female patients in your hospital?—There are no special beds set apart for them, but I am satisfied that they would be admitted if they were bad cases.

11308. To turn to another subject, have you yourself personal experience of the inconvenience of having the buildings so much spread about as they are at St. Thomas's?—No.

11309. I mean medically; there are no medical reasons, you think, against spreading out-buildings to such an extreme extent?—Your question rather assumes that they are unnecessarily spread; to that I should object.

11310. That was your steward's idea?—That was from an official point of view.

11311. But from a medical point of view you do not feel it to be an inconvenience?—No; on the contrary, the construction of that hospital was founded on the most elaborate investigation into the structure of hospitals in all parts of the world; it was preceded by the bringing out of a Blue Book distinctly intended to help all future hospital builders, and the principles developed in this Blue Book, which was got up by very good observers of various kinds, led to the construction of this hospital which has been generally regarded amongst medical men as one of the best at the time, of course not the best that ever could be had, but one of the best at the time.

11312. We were told by the steward that the distances were excessive, in one case a quarter of a mile, in another an eighth of a mile?—I dare say the distances are very great.

11313. But those objections are not medical objections?—No. You see the object was that in each storey there should be only one ward and that that ward should be in contact with the air on all sides and have perfect ventilation and as much light as could be obtained, and that there should be a due separation in the matter of distance between each block or pavilion and the next to allow of free currents of air between.

11314. We may take it from you that in your opinion that building is a typical hospital building?—I should say so certainly; and I should say more than that; I should say that it is regarded as such throughout the medical world,—that people come to visit it as a great thing of a constructive nature.

11315. Passing to another subject I saw a little boy in the country suffering from a gunshot wound, and the boy's jaws would not register, so that he could not eat; he had been treated in the country without much effect; he came up to St. Thomas's and Sir William MacCormac operated upon the boy and the result is that he will probably turn out to be a fine man. Now that is a typical case of the benefit to a country patient coming to a London hospital?—Yes. Of course there might be improvements, and there might

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Earl Cathcart—continued.

might be variations. There are Mr. Marshall's circular hospitals; but they could only attain a certain size; and if multiplied in the same way as St. Thomas's they would still have great distances between them; and probably the best hospital at present built in the world, the Johns Hopkins Hospital in Baltimore, covers a larger space in proportion to its height and accommodation.

Lord Monkswell.

11316. You talked about the hospital as having been built as the result of a Blue Book; I do not know anything about that Blue Book; how was it compiled; was it the result of a Commission?—Of an inspection. I think the Blue Book was compiled under the auspices either of the Privy Council or of the Board of Health.

11317. Of course you could find out and give us a reference to the Blue Book if it were thought desirable?—Certainly.

11318. It is an official Blue Book; it would be a Parliamentary Paper?—Yes; it is filled with diagrams of various hospitals. I think Dr. Bristowe and Mr. Holmes were the persons chiefly concerned in carrying it out.

11319. Perhaps you could put in a reference to the book so that if any Member of the Committee wants to see it he could find it himself; it must be amongst our Parliamentary Papers?—Yes, it must be.

Lord Clifford of Chudleigh.

11320. The evidence of the steward rather led me to suppose that the actual longitudinal structure of the hospital was due to the site; was that so?—I suppose it would be so; if we could have had a purely equilateral site, quadrilateral and equilateral, the buildings would not have been so far apart in a linear direction; but they would have had to be linked still, and the distances even then would have been great, I think.

11321. But they might have been built square?—In a square group. At Baltimore, for instance, they took *this* side and *this* side and a middle piece (*describing*); but then they have got 14 to 20 acres instead of our eight, I think it is, here.

Chairman.

11322. You are still on the staff of St. Thomas's, I understand you to say?—Yes.

11323. What occurs in the case of a nurse becoming ill; is there a nurses' sick ward, or is she treated in the general ward?—I do not know exactly what always occurs. I know that occa-

Chairman—continued.

sionally a nurse comes as a patient into my wards; but I do not know, as a rule, about it.

11324. I can get that from the treasurer, I suppose?—Yes.

11325. Who would they be treated by; by any practitioner into whose ward they happened to go, or by house surgeons or by senior men or junior men?—If they came into the wards they would be treated by the surgeon or physician of the ward; in his absence by the resident assistant surgeon or physician, and house surgeon or house physician.

11326. At any rate you would say that they got the very best advice they could get?—Yes.

11327. Could you tell us, or shall I ask the treasurer, how do they manage to keep the food warm that is carried from the kitchen to the extremities of the hospital?—It is very rapidly carried; of course it is not in the open air. You will understand that the whole place is warmed by hot water, and that the corridors are quite warm, and the things are packed off from the kitchen in a sort of trolley, and they are carried up to the wards in lifts.

11328. Do you know if they use the ward fires to warm the food?—I have never known that; I have seen the food arriving in the wards. It is a very short distance after all; it is a thing that involves not more than two or three minutes; I do not think much more than serving in an ordinary house really.

11329. But in an ordinary house they would probably have dishes warmed with hot water and so forth; at any rate you have not heard any complaints of that?—No, I have not. I should say the things certainly are warm when they come up. Your Lordship should know, I think, that there has been a great reform in the matter of feeding the patients and feeding the nurses during the last few years at St. Thomas's.

11330. When did it commence; about five years ago?—Yes. About five years ago we called in a famous authority on cooking, Mr. Buckmaster, and had all the food of our patients revised, and the methods of cooking revised very carefully.

11331. Is there anything else you would like to say to the Committee?—No, I do not think so. I am afraid I have occupied too much of your time already.

Chairman.

No; we are much obliged to you for your evidence.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 5^o Februarii, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
LORD SAYE AND SELE.

Lord SANDHURST.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. JAMES GADESSEN WAINWRIGHT, is called in; and, having been sworn, is Examined, as follows:

Chairman.

11332. YOU are the Treasurer of St. Thomas's Hospital?—I am.

11333. How long have you held that position?—I was appointed on the 25th of March last year.

11334. And before you undertook the active management of St. Thomas' Hospital, how were you engaged?—Part of my time was occupied in attending schools; district schools have been a hobby of mine; I have been connected with the North Surrey District School at Anerley since 1876.

11335. At the same time, though you have only been treasurer for less than a year, that is not your first connection with St. Thomas's, is it?—No, I joined the hospital, I think it was, in 1865. I became an almoner in 1874, and held that position continuously until my appointment as treasurer.

11336. Are there any particular duties attaching to the post of almoner?—You are supposed to assist the treasurer in dealing with the property of the hospital, and in any other matters which he may ask your advice upon.

11337. How many almoners are there?—There are four. I can, perhaps, give you a better idea of the duties by reading you the charge which the almoners receive upon appointment: "You shall attend at the hospital counting-house" on certain days (here it is printed Tuesday, but it is altered to Wednesdays now), "or at such other weekly meeting as may be arranged, to advise and assist the treasurer in the business of the hospital, when all tradesmen's bills, previously to their being paid, shall be audited by two of your body. You shall visit the wards occasionally to see and inquire whether any improper conduct prevails therein, and report the same to the treasurer. You shall audit the receiver's cash accounts on the first day of your meeting in every month. And you shall

Chairman—continued.

attend the treasurer when summoned for any purposes of the hospital."

11338. Then this committee of almoners and the treasurer form the executive of the hospital; is that so?—Yes, in the first instance.

11339. Are you an honorary official?—Entirely so.

11340. With a residence in the hospital?—With a residence in the hospital.

11341. Would you tell the Committee what your powers as treasurer are?—My charge is as follows: "As the superior officer, you shall have the control over all the other officers and servants in every department; and in case of complaint or the discovery of any abuses or misconduct, you shall forthwith endeavour to correct the same, and, if you should find occasion, submit the circumstances thereof to the almoners, the grand committee, or a general court; and in the event of any serious delinquency or offence you may in the meantime suspend the offender from his or her employment. You shall report to the grand committee all legacies and benefactions bequeathed or given to this hospital; and you shall receive the same, as well as all annuities, dividends, and interest on monies in the public funds, and other securities belonging to the hospital, paying the same to the receiver. You shall provide for all requisite payments by cheques signed by yourself and two almoners or other governors authorised by the grand committee, and shall order the receiver to give notice to persons whose bills shall have been certified for payment to come to the hospital counting-house to receive their money on such early day afterwards as shall be convenient to yourself. You shall confer from time to time with the grand committee as to the investment of moneys not required for the immediate purposes of the hospital. You shall, together with two other

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governors

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Mr. WAINWRIGHT.

[Continued.]

Chairman—continued.

governors to be appointed from time to time by the general court, stand possessed of all property of the hospital vested in the public funds. You shall direct summonses to be issued for all committees and general courts, at which and on other public occasions you shall, in the absence of the president, take the chair. You shall with one or more of the almoners, or of the grand committee and such of the officers of the house as you shall think necessary, view the houses, buildings, lands, and other property of the hospital previously to their being let, and report thereon to the grand committee for the better enabling them to let the same; and you shall take care that all the several properties are kept sufficiently insured, and that when practicable the several insurances be effected by the governors in your own name as treasurer, and a clause be inserted in the leases for payment of the premiums of such insurances from time to time by the respective tenants, in addition to their rents; and you shall generally exert yourself for the benefit and good of the hospital. These several duties, together with so much of the receiver's charge as may apply to your office, and is not hereinbefore specified, shall be considered as constituting your charge, which you are expected conscientiously to observe."

11342. Then that gives you some amount of authority in the hospital in the absence of the committee of almoners?—Yes, I claim absolute authority. Certain officers are appointed by me; others are appointed by the grand committee, and others by the general court.

11343. What are the officers who are appointed by yourself?—(*Reading from hospital rules*) "The sisters and nurses, and the other servants, shall be appointed by the treasurer." "The curator to the museum, the surgeryman, the dispensers, cooks, porters, and bathman, shall be appointed by the grand committee." Other officers by the court.

11344. And then do you also have the dismissal of those that you appoint?—Quite so.

11345. Are the agents of the estate under you as treasurer?—They are.

11346. To the extent of dismissing them from their posts?—No, I should say not; not without bringing it before the grand committee; I should certainly exercise the power of suspension.

11347. Then do the rents come through your office?—All come through the office.

11348. Through the treasurer's office?—Yes.

11349. Of which the receiver is an official?—Yes, the receiver is an official of it.

11350. We had something told us about the various committees by Mr. Walker, I think?—Yes. I was sorry that I was not able to attend on Monday; I had a very important meeting at the North Surrey District Schools on that day.

11351. Perhaps you would not mind telling us a little more on the same subject. First I will ask you what the highest authority in the hospital is?—The full court of governors.

11352. How often does that meet?—That is held quarterly, and whenever specially summoned.

11353. What is the quorum of that court?—Thirteen. Everything must be reported to them and confirmed by them.

Chairman—continued.

11354. For instance, the whole of the minutes are read to them, I suppose?—The grand committee's minutes are all read before that court.

11355. Then would that be a court of appeal in case of any official being dissatisfied with the treatment he had received?—Yes.

11356. The final court?—Yes, the final court.

11357. Then the grand committee is the next step, is it not?—All lettings and dealings with the property must receive the grand committee's sanction before they go to the court. In the first instance all those matters come before the treasurer and almoners, and are inquired into by them; then they are laid before the grand committee, when they are either accepted and passed on to the court of governors for confirmation, or referred back for further consideration.

11358. Then the grand committee is the body that is responsible for the estates?—Quite so.

11359. How many form a quorum of that?—Five.

11360. Then you have a house committee, have you not?—Yes; we have a house committee.

11361. Will you explain what that is?—The house committee consists of the treasurer and almoners, and six other governors, two of whom shall be retired medical officers on the consulting staff. The dean of the school, the senior physician, and senior surgeon attached to the hospital attend as consultants, but are not members of the committee.

11362. Is that the only consultative body in the hospital that has medical men on it?—That is the only one. The grand committee, I may say, has two members of the retired medical and surgical staff who are specially appointed.

11363. But I mean, is there any medical committee?—There is a committee of medical officers who meet when they think right; every week, generally speaking; all matters connected with the school come before them, and all appointments of students to offices in the hospital are considered by them, and sent to the treasurer and almoners for confirmation by the grand committee.

11364. To be actually appointed?—To be actually appointed; and then those officers, when sanctioned by the grand committee, come to me as treasurer and receive charges detailing their several duties. Some of those charges I have brought in my pocket with me, and if they are of any service to you I can read them; of course I do not want to protract the inquiry; but we have certain charges issued to these young men stating what their duties will be; they receive the charge from me and a copy is given to each.

11365. Those are the rules of their office, in fact?—Yes, they are the rules of their office.

11366. As regards the medical committee, would any matter of misconduct on the part of a medical officer be referred to them for their consideration, and be considered by them?—Yes; it would be considered.

11367. And upon their recommendation the almoners would act?—Any opinion expressed would assist the governors in deciding upon their action.

11368. You have, I think, 435 occupied beds?—Yes; the numbers have varied to a certain extent

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Chairman—continued.

extent. At the present moment we have only 359; they have varied from 379 to 344 each day in the last week. A week's return is made to me every week.

11369. What I meant to say was, your income allows you to have 435 beds occupied?—Yes.

11370. That is the maximum that your expenditure allows you to have occupied?—Yes; we do not get as many as that quite. This last week the daily numbers have been 360, 349, 366, 372, 344, 359.

11371. But you have a maximum of 435 occupied beds, and the total number of beds is 569?—Something of that sort.

11372. Of which a certain number are occupied by paying patients?—Yes; we have 42 beds reserved for paying patients; that is St. Thomas's Home paying patients.

Earl Cathcart.

11373. Are the guinea patients included in that number?—No; the guinea patients are in the ordinary wards.

Chairman.

11374. How many paying patients are there altogether?—We get very few of them; I do not think there is any limit put upon us by the Charity Commissioners.

11375. You have first of all St Thomas's Home for paying patients?—Yes.

11376. How much do they pay?—A minimum of 9 s. a day.

11377. Then in addition to the St. Thomas's Home paying patients, you have paying patients in the wards?—Yes; under the Charity Commissioners' scheme, what are called poor paying patients. I cannot tax my memory whether there is any limit upon us in regard to the number, but we practically do not get many. Last year we had about 120 l. received from that source.

11378. The object of having these paying patients is to provide funds for the hospital, is it not?—Yes.

11379. And another witness has told us that you received from St. Thomas's Home about 5,600 l. a year?—Yes, something of that sort; that is the gross receipts.

11380. And what amount of profit do you get from that?—I think we reckon we get an amount varying from 500 l. to 600 l. a year.

12381. If you had plenty of money all these beds would be open free?—Perfectly; that was the original intention.

11382. And do you agree with the estimate given by Mr. Walker, that it would cost 6,000 l. or 7,000 l. a year to open the rest of the hospital?—I think we roughly calculate that the cost per bed is about 92 l.; we have now three wards unoccupied; that would be 90 beds; and, of course, we have the 42 patients in St. Thomas's Home occupying wards, so that really practically we have got five wards empty.

11383. Five wards empty from want of funds?—Yes, from want of funds.

11384. You have had long experience of the hospital; do you think you would be able to fill the beds if you had them?—Yes, certainly.

(24.)

Chairman—continued.

11385. So that there is a lamentable want of accommodation for the sick poor in that district?—Well, I suppose there is, looking at it in that light. There is no doubt that we should fill them all. We cannot take in everybody; now and then cases do occur which one would like to take in if we had the room, but we are obliged to send them on to the infirmary.

11386. What is the size of your wards; what number of beds do they contain?—There are 28 beds and two in the small ward; there is a small ward to every large ward. Of course the small wards are very useful in this way: if a patient is too noisy to be kept in the main ward, or too seriously ill to be treated in the open ward, he is passed into the little ward for quiet, and so on.

11387. Then in times when you are put to great stress do you put more beds into the wards than you have usually in them?—Yes, occasionally we do; we put them down the centre of the ward; we sometimes get three or four beds in there.

11388. Do your medical officers remonstrate at all about that?—No, they do not at all. The fact is that, with 28 patients in a ward, we have a cubical space per bed of 1,800 feet, and sometimes the medical officers have said, "There is no harm to the patients; we have a very large amount of cubical space"; and the governors always say: "This was very carefully considered when the hospital was built, and we must call upon you to limit yourselves to the number authorised." It is sometimes a little difficult. The only time when it does arise is in cases of accidents. Each surgeon takes an accident week, and his particular ward is supposed to receive all accidents coming in during that week. If during the previous three weeks the cases coming to his ward have been of such a serious nature that they could not be discharged to make room for others, a few extra patients have been obliged to be retained in the ward.

11389. But may there not be vacancies in other wards which might be filled by the extra patients?—We never admit in accident week to any other ward than that particular surgical ward.

11390. But might there not be vacant space in other wards where such patients could be accommodated?—Sometimes it does occur that beds that are vacant in another ward are used, but the patients are credited to the particular ward which is the accident ward for that week, although they sleep in the other ward. We have a system of borrowing beds.

11391. Practically then, as I understand, you do send the patients into other wards in which there may be vacancies?—Yes. Sometimes it will appear on our weekly sheet that there are 35 or 36 patients in the accident ward; there are not five extra beds in that ward; they are sleeping out, but they are credited to that particular ward because they belong to that surgeon.

11392. That is for purposes of organisation, I suppose?—That is for organisation. Each surgeon takes a week in turn, and holds himself liable to be called on at any moment, day or night, for that week.

11393. So

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[Continued.]

Chairman—continued.

11393. So that supposing you had a ward returned as having 35 patients in it, it would not be the case that they would all naturally sleep in that ward?—No.

11394. The ward would not be overcrowded by those extra five or six beds?—No, they would not be sleeping there.

11395. There was a question asked of Mr. Walker, at No. 11,085, in regard to convalescent homes; I asked him what your actual subscription to the various convalescent homes was, and his answer was: "I cannot tell you exactly, but it would be perhaps about 160 *l.* a year. Then in addition to that we have to pay for the maintenance of patients whilst at some of these homes." Does not the subscription cover that?—No, the subscription only gives the right to send; a weekly charge is paid.

11396. But you do not give any assistance to patients who leave your hospital, except to enable them to go to those homes, do you?—Yes, we do; we help them in other ways; we send them home in cabs, and we pay for their washing and we assist them to get clothes, and we assist them with instruments of various kinds, trusses, wooden legs and wooden arms, and often to enable tools to be taken out of pawn.

11397. Is there any particular fund that that comes out of?—Yes, the Samaritan Fund.

11398. Is that under you as the treasurer?—Yes.

11399. The clergyman does not manage it?—No; the only thing the clergyman is expected to do is to inform the steward of any cases that he may come across in the wards which, in his judgment, should be helped.

11400. You have a very large out-patient department?—We have.

11401. Do you make any inquiry into the cases at all?—No, we have no inquiry officer.

11402. Have you ever considered whether it would be advisable to have one?—It would be expensive and very difficult; we have often discussed it but we have never come to any definite conclusion upon it. I have myself since I have been treasurer spent a great deal of time in that department, and if I have noticed any particular individual whom I thought hardly the person to come there, I have, generally speaking, taken him aside and had a little talk with him. I have found people on one or two occasions from pure ignorance coming and trying to obtain assistance; but in most of the cases that has arisen in this way I have said to a man, "You are rather well-dressed to come here for assistance in this way," and he has answered, "Well, sir, I have got my best clothes on"; and I have found, generally speaking, that he has been under some local doctor and found himself not improving, and either at the advice of his doctor or upon his own desire has sought further advice.

11403. But have you got any particular reason to give why you think that an inquiry officer would be useless?—No, I do not say he would be useless, but I do not think there is any great amount of unfair advantage taken of our out-patient department. I often talk with our physician and surgeon as to what the position of

Chairman—continued.

these people is, and our physician and surgeon generally assure me that there is very little they can complain of at all.

11404. As regards the burial of patients, when friends come to the hospital and want to bury a patient, what arrangements are made about the coffin?—We put the body into a shell and the friends take it away; we do not bury it ourselves.

11405. But then does the hospital put the body into a shell?—We provide a shell, but the friends provide the future shell.

11406. Then, would it be left to the porter, or any official at the hospital, to secure the services of an undertaker, and thereby get a fee from the undertaker?—No.

11407. You think that does not occur?—I do not think so. Of course, when the patient comes in the friends have to sign a paper, as a rule, that they will remove the body.

11408. Have you any sanitary officer whose business it is to look after the building?—We have a clerk of the works.

11409. Is he a skillful man as regards buildings?—He has had a great deal of experience in it; he was foreman of a large firm of builders before he came to us; and, of course, our own surveyor, Mr. Cunrey, is constantly appealed to if anything occurs.

11410. Can you give us any idea what the cost of maintenance and repairs of that great block of buildings is?—No, I have not got those particulars; Mr. Brass has them.

Lord Monkswell.

11411. About the infirmary accommodation, do you know whether the infirmary accommodation is sufficient to provide for all the poor people who are sent away from the hospital, or not?—I could not say as to that.

Earl Cathcart.

11412. In your foundation your fundamental principle was to receive entirely free poor patients, was it not?—Quite so.

11413. Then, when you introduced the system of paying patients, which ousts the poor patients to a great extent, whose permission did you get to do that?—That of the Charity Commissioners.

11414. Upon your application?—Upon our application.

11415. We were told a very sad and solemn thing at our last meeting, namely, that more worthy and excellent poor people were sent away from your doors than those that were received; and it was suggested that that arose from the fact of a great part of your income being dissipated. Now was that income dissipated by means of extensive buildings?—It is difficult for me to answer that question. We built the hospital, no doubt, and we had to borrow 100,000 *l.* in order to build it.

11416. But more than 100,000 *l.* is represented, as far as one could judge from the accounts the other day; we only had a cursory view of them; there appears to be a large amount of interest paid?—I can give you the cost. We paid 100,000 *l.* for land; the cost of the hospital was 383,948 *l.*; the cost of foundation was 48,545 *l.*; the cost of furniture was 10,084 *l.*; the clerk of the

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[Continued.]

Earl Cathcart—continued.

the works was 2,252 *l.*; architect's commission and charges in relation thereto, 10,500 *l.*; making a total of 555,326 *l.*

11417. But could you tell me shortly, because the public are really interested in that, how your very considerable income was dissipated; was it by building?—No, I do not think so.

11418. Then why is there that great dissipation of income which has been represented to us?—There is the diminution of income by the agricultural depression, the large amount we pay in parish rates, and the 5,000 *l.* which has to be paid to capital account each year.

11419. But that would not account for it all?—There are large sums of interest mentioned in the account on money borrowed; what was that money borrowed for?—For building the hospital.

11420. Then it was the very extended buildings which have caused this loss of income?—To that extent; we had to borrow 100,000 *l.*; otherwise the money was provided from our own funds.

11421. And the loss of income deprives the many poor people who are sent away of the sort of accommodation that they might have expected if it had not been for this dissipation of income?—We should probably have been able to occupy some beds doubtless, but we should not have had the style of hospital we have now got.

11422. But still does the style of hospital compensate you for having five large empty wards, each ward containing 30 beds?—I was not on the board at the time of the building of the hospital, but at one time it was suggested that one block should be left out; but ultimately I believe the governors in Court assembled decided that the better way was to complete the hospital.

11423. The question I am asking you now is simply the question that the public are asking out of doors; they want to know why these poor patients are shut out for want of means. With regard to the 1,800 cubic feet per bed that you mentioned, has it ever attracted your attention that in many cases they have been obliged to erect what I may call bronchial tents, that is to say barricades round the bed, to keep the cold air out in cases when they anticipate danger of bronchitis?—That is going on every day; but that has nothing to do with the cubical space of the ward; that would be so in any kind of ward. You will find in wards in small places a bronchitis tent used with a steam kettle in it; you would not like to put the damp atmosphere which that steam causes into a whole ward because one patient required it.

11424. Then with your large experience, is the hospital not on too extended a scale?—No, if only we had income enough, if we had not these large amounts to pay back. We are paying 5,000 *l.* a year back to capital account which is a large amount out of income.

11425. Then do not you think it is your duty to make some effort to be better off and to enable yourselves to accommodate the poor people who are waiting outside at your gates?—We did make an effort by obtaining the sanction of the Charity Commissioners to our occupying some of our empty wards with paying patients, in hope of increasing our funds.

11426. Would it not be right to say to the
(24.)

Earl Cathcart—continued.

public, "We made a mistake in our arrangements and we want funds to enable us to take in more poor patients; would not that be the right course to take?—Possibly it might; but on one occasion we did appeal to the public, some years ago now, shortly after the hospital was opened, when we placed the matter clearly before the public; we had a great struggle, but we did get 20,000 *l.*; but it was mostly subscribed by our own governors.

11427. Is it because the public have not confidence in your management that they do not come forward?—I cannot state as to that.

11428. It was stated that your buildings from one end to the other extend to a quarter of a mile, and that some times the dinners have to be carried an eighth of a mile; in your opinion, as a matter of fact is not that an inconvenient arrangement, to have so very extended buildings?—No, I do not think so. It is true that the land occupied by the hospital extends for a quarter-of-a mile, but the length of the hospital is only about 285 yards. It has been constantly put before us that we should do better to have everything cooked in one central kitchen and send it out in warm hot-water tins, as we do as regards the distribution of dinners; we do not find any difficulty.

11429. The kitchen is a central kitchen, and the radius is an eighth of a mile?—Yes, the kitchen is a central one; but the radius is only, on the average, 140 yards.

11430. Then you think there is not much to be done in the way of getting money from the public or from any other source to enable you to fill up these beds, when you have people clamouring at your gates for admission?—You see Guy's Hospital did their best to get 100,000 *l.*, and it took several years of very hard work, and they got some very large donations from very wealthy men, but they only got 100,000 *l.*

Lord Thring.

11431. Have you any personal control over the expenditure?—Well, I see every bill that is paid, and I am always inquiring whether this or that cannot be done cheaper, as far as that goes.

11432. You think that no further economy can be practised, as far as you can judge?—I do not think so; I think every care is taken, and everything done as cheaply.

11433. Do you superintend the contracts?—Every contract comes before me and is approved by the Court of Almoners before it is made.

11434. Have you got a mortuary?—We have.

11435. With respect to the bodies that you open, what rule do you observe with respect to them?—There is a special *post-mortem* room.

11436. Do you get the leave of the relatives to open the body?—Yes.

11437. And when the body has been opened what is done with it?—It is sewn up as quickly and perfectly as possible.

11438. Who sees to that?—The steward is responsible for that, and we have a man especially appointed for that work who does it.

11439. To your knowledge is it done decently, so as not to hurt the feelings of the relatives?—As far as I have been able to watch it, it is so. Now and then, of course, accidents do happen in
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[Continued.]

Lord Thring—continued.

this sort of way: that there may have been a *post mortem* and after the body is closed, just before the relatives see it, something may exude from the mouth and there may be a disfigurement of the clothing; that is all; we never have any complaint of the condition of the body.

11440. But who is the really responsible person, the steward?—The steward.

11441. And he sees to it?—He sees to it.

11442. Then with respect to your nurses, how many nurses have you?—We have 115 nurses.

11443. And how many hours a day do they work?—The matron is coming, and I think she can answer those questions better.

11444. With respect to building expenses have you a regular architect?—Yes.

11445. What is his salary?—He gets 250 *l.* a year and two and a-half per cent. upon repairs.

11446. Can you tell us at all what the average expenses on repairs are?—They are about 2,923 *l.* a year, I mean taking an average of ten years.

11447. Is not that 3,000 *l.* a very large sum?—It is a very large place and there is always something going on; so much outside painting, and painting inside.

11448. Now with respect to that expenditure, have you ever gone into that to consider whether it is not too large?—We are always examining into that; it is always before our minds.

11449. And the result of your examination is that you do not consider that too large?—No, I do not think so; I do not think we could cut anything down; we never do a thing unless it is thoroughly threshed out by the treasurer and almoners.

11450. Who checks the architect's contracts; how is the actual working by the architect checked?—The architect prepares specifications, and we have a schedule of prices from the builder, which is periodically revised; and when the bill comes in it is checked by the clerk of the works, measuring all the work up.

11451. And do you employ the same builder always?—We have done so for some years.

11452. Never put it up to competition?—We did some years ago, but then we got schedules of prices, and this firm was much lower than anyone else.

11453. And you have retained them ever since?—Ever since; our architect believes we are doing wisely in so doing.

11454. How many hours a day are your house surgeons on duty?—They live on the premises; they are liable to be called for at any moment.

11450. But is not the work excessive; take the case of one of your house surgeons; is he not really something like 16 or 17 hours on duty?—No, I should not say so; I do not know exactly what hours they do keep. They go round the wards in the morning, and afterwards in attendance on the different surgeons and physicians; they are, of course, liable to be called for in the case of accidents.

11456. Take the case of your surgeon in the accident wards; he is there for a week, I understand?—That is the main surgeon, the full surgeon; he is not resident.

11457. What does he do?—He comes when ever he is called.

Lord Thring—continued.

11458. I thought you had a surgeon always on duty in the accident ward?—Not in the ward, but always accessible.

11459. How many hours would one man be really on duty?—I am afraid I can hardly answer that question.

11460. Would he be on 14 hours, or 15 hours, without intermission?—He would be liable to be called for; not employed all that time. We have a college house where they live, and have their own bedroom and sitting-room.

11461. Who is responsible for the fact whether the surgeons, to use an ordinary term, are not over-worked?—I think if it were the case we should not have the same intense desire to get these appointments; I think they are very keen in the competition for them.

11462. A man will overwork himself to any extent in order to get up in the world; I want to know whether you can or cannot tell me whether you think the surgeons are overworked, and if you think they are not, why?—I do not think they are at all.

11463. Then you think that a surgeon can keep his mind on the alert for 14 or 15 hours a day?—He is not on the stretch the whole time.

11464. You think it is all right, as I understand you?—Yes. We have two resident officers; there is one resident assistant physician and another resident assistant surgeon. We have two house physicians, we have four house surgeons, we have one resident accoucheur, and so on. But that is a kind of question that Dr. Sharkey, who will be here, can answer better than I can.

Chairman.

11465. In regard to this deficit that you have, a thing occurring not only at your hospital, surely it would be much better to appeal to the public for funds?—We might do so.

11466. But what is there against it?—I do not know that there is anything against it except the little chance of getting it.

11467. You never have done it?—We did it once and got 20,000 *l.*

11468. But do not you think that these hospitals are like any other business and must be advertised to a certain extent; that if you advertise tremendously you are more likely to get money left in wills and so forth?—We are fairly well known; always before the public I think.

11469. Then you do not think there is much use in advertising to let the public know that you want more funds to open the empty wards?—I should very much like to open the hospital; nothing would please me better.

11470. Are you under a disadvantage in this way; that many people who would feel inclined to give have the impression that being an endowed hospital you must be rich?—I think there is quite that public delusion.

11471. Then by advertising a great deal you could create a feeling, could you not, which might dissipate that impression?—Well, we might.

11472. But have not your governors considered that very carefully?—Every now and then it has been talked of, but no definite action has been taken

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[Continued.]

Chairman—continued.

taken. I was asked when I was appointed treasurer whether it was my intention to do so; I said that I could not answer straight off, but I should much like to get the money if I saw my way to do it.

11473. As regards the staff appointments, the assistant physicians and surgeons, and so forth, are they limited in any way, or if a man is once on the staff, is he always on the staff?—He is appointed during the pleasure of the governors.

11474. Which means that he will be there as long as he conducts himself satisfactorily?—Yes, but there is a limit, in this way, that he must not be more than 60 years of age or have had more than 20 years' full service. Our senior surgeon is retiring at this moment after having served 20 years as full surgeon; he has not arrived at the age of 60.

11475. Have you suggested any reform since you have been in the hospital?—One is always looking round and suggesting improvements in little ways. I have had a great deal of experience in dealing with large institutions. For instance, in that large school to which I have referred, where there are 800 or 900 children, and I have done my best to bring to bear, for the benefit of the hospital, the experience that I have gained.

11476. You consider it necessary that in all hospitals there should be one person on the spot with a fair amount of authority?—Yes; I cannot conceive an institution without a head.

11477. In regard to the questions asked you by Lord Thring as to the bodies of patients after post mortem examinations, the steward himself does not go down to that?—No, he is responsible for it; we have a man who is called the post mortem man, who practically does the work, but it is under the steward's supervision, and if anything goes wrong it is referred to him.

11478. What class of man is the one you speak of as doing the work?—I cannot say; he has been with us some years.

Lord Thring.

11479. Is he a man at 1*l.* a week, or 2*l.* a week?—I think he would get 30*s.* a week.

Mr. ROBERT BRASS is again called in; and further Examined, as follows:

Chairman.

11493. WILL you tell us what the gross income of the St. Thomas's Hospital is. I will refer you to the figures that you gave us last time. In answer to question 10881 you say, "The rental that we received for 1889, for the parish of Southwark, was 11,908*l.* 12*s.* 1*d.*; from the City we received 11,133*l.* 9*s.* 6*d.*; from Hackney and Clapton we received 7,146*l.* 18*s.* 6*d.*; and from Wapping we received 1,468*l.* 0*s.* 6*d.*?"—Yes.

11494. Then at question 10883, Lord Thring asks: "These receipts are net, are they?" and the answer is: "Yes, the London estates amount to 31,665?"—It ought to be 31,657*l.* gross.

(24.)

Chairman.

11480. There is no nurse appointed to look after them, to see that they are well wiped?—No.

Earl of Lauderdale.

11481. With regard to the 20,000*l.* that you got by your appeal to the public, when was it that you appealed?—I think it was just after the hospital was opened in 1871.

11482. Did you appeal for any specific sum?—We appealed for 20,000*l.*

11483. And you got it?—We got it from our own governors.

11484. You have never appealed for more?—No, never since then.

Earl Cathcart.

11485. If you were full up in your hospital that would bring down the proportionate establishment charges, repairs, and everything else?—It would.

11486. I suppose you consider your building a sufficient advertisement?—It is a very large building, and, facing the House of Commons as it does, it makes a great feature in the neighbourhood.

Lord Monkswell.

11487. One question about discipline; I understand you are responsible for the discipline of the students?—Well, the dean of the school is responsible for the discipline of the students.

11488. I suppose he would come to you if he wanted to dismiss a student?—Yes.

11489. He could not dismiss a student without your authority?—No.

11490. Has he ever been to you to ask for any power to dismiss a student?—Not since I have been appointed.

Earl of Arran.

11491. Have you ever had any of your farms unlet?—Yes, we have two now.

11492. Have you ever considered whether they could be utilised for the supply of the hospital in any way?—We have talked that over, but the farms are so awkwardly situated that the expense of getting produce up and down to London would probably be too great.

The Witness is directed to withdraw.

Chairman—continued.

11495. Now is that the gross or the net income?—That is the gross income.

11496. Then what would be the net income from those estates?—The sums that we really received in 1889 for the city property, or what is called London property, amounted to 31,099*l.* 9*s.* 9*d.*; that was really the amount that we received.

11497. Those were the actual receipts?—The actual receipts.

11498. There being about 500*l.* or 600*l.* difference between that and the other figure?—Yes; that is accounted for from some of the income being in arrear; we should get it, perhaps,

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[Continued.]

Chairman—continued.

haps, this year; part of it was brought on from the last year. You may take that as the average that we receive yearly; we cannot always get in all the rents that are due by the time given to me to close the books for the year.

11499. Now, as regards the expenses of commission for collection and so on; is that deducted?—I was going to give you now the deductions. That is the net amount received in hard cash. From that amount I have to deduct 996 *l.* 3 *s.* 4 *d.* for rent-charges, viz., 483 *l.* 6 *s.* 8 *d.* to Bridewell Hospital, 483 *l.* 6 *s.* 8 *d.* to St. Bartholomew's, and 29 *l.* 10 *s.* for minor charges; we receive the money and pay it over to them.

11500. Then with regard to the expenses of collection, and so forth?—That goes in with the general expenses of collection; I have apportioned my salary at 250 *l.* for collecting the rents on the London property; and also the architect's and surveyor's expenses at 200 *l.*; these two amounts would represent the whole expense for managing and collecting the 31,099 *l.* 9 *s.* 9 *d.*

Lord Thring.

11501. The rent-charge is a deduction from the value of the property, really?—Yes, but I wanted to explain it in that way, because I show in this statement of receipts and expenditure the amount of 31,099 *l.* 9 *s.* 9 *d.*

11502. But the rent-charge really does not belong to you?—It really does not. The cost of collection and management of the town estates is something like 1½ per cent.

Chairman.

11503. Now with regard to these architect's charges; you have estimated them, I suppose?—His total charges are 315 *l.* 10 *s.* 3 *d.*; from that I have taken 200 *l.* for valuing property that comes out of lease in London, reporting thereon, and his attendance at the meetings; and 115 *l.* I have put as the sum charged to the hospital expenses.

11504. Now what does that 31,000 *l.* consist of; are they ground leases?—A great deal of it is from ground rents. We have property which falls in at times into rack rental, and it is through that our property has increased so in value during the last few years; property in the Borough, on which we were only receiving ground rents, are now letting at rack rentals.

Earl of Kimberley.

11505. You let them on leases?—Yes.

11506. Short leases?—Repairing leases for seven, 14, or 21 years.

11507. You have no property in hand?—No, I think not at present; we have sometimes had a house for a month, or it may be a twelvemonth, unlet, but as a rule we let them.

11508. And you do not expend any money yourselves in repairs, but make a bargain with the lessee?—Yes; Mr. Currey values for dilapidations at the expiration of the leases.

11509. So that there is no amount to be deducted for repairs?—We have a certain amount for workmen's bills for estates.

Earl of Kimberley—continued.

11510. In London?—Yes; it amounts to 732 *l.* 5 *s.* 9 *d.*, but these are for alterations of a special character.

11511. Then you have to make that deduction?—Yes, we have to make that deduction.

Earl Cathcart.

11512. Are the repairs contract repairs?—Yes, as a rule these alterations are contracted for.

Chairman.

11513. Are there any other deductions?—No other deductions.

11514. That makes about 2,600 *l.*?—£.2,178 9 *s.* 1 *d.*, which includes the 996 *l.* 3 *s.* 4 *d.* rent charges; deducting this amount the total charges in connection with the London estates may be taken as 3¼ per cent.

11515. Then do you pay income tax?—We deduct the income tax from the tenants, and the Government return it to us.

Earl of Kimberley.

11516. So that there is really no deduction. Did I understand you right that after you have paid income tax, or deducted income tax from the tenants, you get it back from the Government?—Yes.

Chairman.

11517. In answer to Question 10838, taking the landed estates in the country, you said, "Last year they" (that is the rents) "amounted to 14,481 *l.*" Is that right, or have you any correction to make?—The sum is 14,481 *l.* 8 *s.* 8 *d.*

11518. That is the actual sum received, is it?—No; that is the actual sum that I ought to receive.

11519. What did you actually receive?—I received actually 12,998 *l.* 16 *s.* 11 *d.*

11520. Now, what is to come off that?—Off that there are certain rent-charges, 233 *l.* 2 *s.* 8 *d.*; my proportion of salary, 250 *l.*; land surveyor's charges, 596 *l.* 7 *s.* 1 *d.*; and workmen's bills for the estate, 2,045 *l.* 13 *s.* 1 *d.* These are the whole of the deductions.

11521. Does that include Mr. Trumper's travelling expenses?—Yes; and it also includes his management of the farms we have had in hand. We have but two farms now in hand, of about 500 acres.

11522. Can you tell us what the acreage is of the country property?—The country property consists of about 8,750 acres; it may be a little more or less. Great pains is taken by Mr. Trumper in surveying and reporting upon the estates from time to time, and also in obtaining, as far as he possibly can, the best tenants for them; they are spread all over England, from Yorkshire southwards.

Earl Cathcart.

11523. You were good enough to say that you would give me what the percentage of loss on your agricultural estates was during the year?—I calculate it at between 9 and 10 per cent.

11524. I should have thought it was more than that; you have been exceptionally fortunate

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[Continued.]

Earl Cathcart—continued.

nate if it is only 9 or 10 per cent?—That I take as between the two years 1888 and 1889; the difference in the rental is about 3,000 *l.*; there are 620 tenants altogether.

Earl of Arran.

11525. Six hundred and twenty agricultural tenants, do you mean?—No; the total number of tenants in country and London. In London we have 460, and the remainder are country tenants, many of them being cottage tenants.

Earl Cathcart.

11526. Your whole income derived from land and City property is how much?—£. 46,574 11 *s.* 3 *d.* gross.

Chairman.

11527. Can you tell me what the cost of maintaining this building opposite is?—Taking an average of 10 years it is about 2,900 *l.*

11528. That is what comes under the cost of repairs?—Yes, the cost of repairs for the whole of the building.

11529. Can you tell me what the gross rateable value is?—I have sent for it; I am not able to state it at this moment.

Lord Thring.

11530. What does "repairs" of the hospital include; does it include additions to the building?—Yes, if we have made any. I do not think we have made many additions; we have made alterations, but no great structural additions.

11531. It includes painting?—Painting, cleaning, and all sorts of repairs, such as are continually arising in a large place of that description.

11532. Not furnishing?—No.

11533. If you put up new lavatories, or anything of that kind, that would be included?—Yes.

11534. Or if anything happens to the roof?—We should make it good. It includes keeping the building in thorough repair, whitewashing, painting, and new floors at times. There is an immense traffic going on in the out-patient department and the corridors too; we have had to take them up.

11535. As you are talking about floors, have you found when you take up the old floors that there is a great accumulation of exceedingly nasty matter under the floors?—No, we have not found so. The floors are all tongued so that no dust can fall down between.

11536. Have you taken up any of the floors of the wards?—Yes, in some of them.

11537. And do you find in taking them up that the washing has not carried down very foul matter between the boards?—No, the floor boards are exceedingly well joined; there is a tongue between each board and the next, so that it is almost impossible for anything to get down.

11538. Of what wood are the floors?—Oak.

Chairman.

11539. How much interest do you have to pay (24.)

Chairman—continued.

upon the remainder of the loan?—The interest we paid last year was 1,175 *l.* 5 *s.* 11 *d.*

Earl of Kimberley.

11540. At what rate do you borrow?—At 3 per cent. now; we used to pay 4 per cent., but the last two or three years we have had it done for 3 per cent.

Lord Thring.

11541. About the floors, do you wash them, or do you dry rub them?—Dry rub them principally in the wards; they are polished.

11542. Therefore there is not liquid, except where there is blood?—Just so; and that blood is simply wiped up; it has not time to go through.

11543. Then you have oak floors tongued and dry rubbed in the wards?—Yes.

Chairman.

11544. I see in this balance sheet "Repayment of loan to the Law Fire Insurance Society, 6,600 *l.*"; that leaves you 33,000 *l.* odd to pay off?—Yes.

11545. You are paying at the rate of 3,300 *l.* a year; when you come to the end you will be all the better off by the saving of that interest?—Yes; each year we get better off by the payment of 3,300 *l.*

11546. That will enable you to open some more wards?—It will; at least we hope it will. By the time we have cleared this off we hope to be in a better position; no doubt the debt cripples us very much.

11547. Do you check all the accounts before they go before the committee of almoners and treasurer?—The accounts are sent up from the various departments, such as the steward's, the pharmaceutical and other departments; they are checked there as far as the quantities are concerned; when they come up to me the additions are examined and seen to be correct. I do that before presenting them to the treasurer and almoners, who, after careful examination, order them to be paid.

11548. Do you pay all the small bills in a certain week; is there any rule on that point?—No. Sometimes we are very short of cash; at the beginning of the quarter we pay off more than we do at the end of the quarter.

11549. You wait, in fact, till your balance is sufficient?—Till it is sufficient to pay the bills.

11550. Have you any amount of capital which you can sell out at all?—We have capital in the Court of Chancery, and also in the hands of the Charity Commissioners; but they will not allow us to draw it out unless we can show that we have got a better investment than 2½ per cent., or a good investment which they approve.

11551. Then your answer to my question is that you have no stock that you can sell?—None at all.

Earl of Kimberley.

11552. I suppose you have got money in the funds invested at 2½ per cent. in that way, and

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Mr. BRASS.

[Continued.]

Earl of Kimberley—continued.

you are paying 3 per cent. for borrowed money?—Yes.

11553. Does not that seem to you one of the most foolish arrangements that you could have?—I think so; we were paying 4 per cent. formerly for this loan, at which time we have had money in the hands of the Charity Commissioners, in the Funds, at $3\frac{1}{2}$ per cent.

11554. So that for a mere matter of red tape your hospital has been mulcted in 1 per cent. a year?—Yes.

Chairman.

11555. You still owe the Insurance Society 33,800 *l.*; have you enough money in the hands of the Charity Commissioners and the Court of Chancery to pay that debt now?—The money invested in the hands of the Charity Commissioners is 27,629 *l.*

Earl of Kimberley.

11556. How does that money arise?—From various causes. Sometimes a railway, for instance, will take a portion of our land away; the amount we receive for that is invested by the Charity Commissioners, and the dividend arising from that forms part of our income. We have also a further sum of 39,581 *l.* invested in the Court of Chancery.

11557. How did that arise?—From land very likely sold in the same way. I hardly know what the distinction is.

Chairman.

11558. Does that arise from legacies?—No, they are never invested.

11559. Could you tell us how much the legacies have averaged for the last few years?—You might take this last year; I think something about 3,000 *l.* a year, sometimes far less, sometimes more, but I think on an average 3,000 *l.* is the amount of donations and benefactions that we receive.

11560. But I mean legacies, actual money left, actual legacies?—Of actual legacies we have very few now. I think the general public make their legacies payable to the hospitals supported by voluntary contributions generally.

Earl Cathcart.

11561. Did it not leave you rather in a hole when you lost your law suit about the rates?—It did so.

11562. That was a loss of so much income to you; if you had foreseen that loss, probably you would not have embarrassed yourselves with so much building?—No, I do not suppose that we should. In the old hospital the rating was a mere nominal sum.

11563. And that loss your governing body could not have foreseen?—No.

Earl of Arran.

11564. Do you find when railways take your land that it results in a loss of income to the property, I mean to say, that the amount of interest which you can get on the money paid in compensation is less than the rent you got before for the property taken?—No, I should hardly think so because very often if we sell land it is sold so as to bring us in a rental

Earl of Arran—continued.

similar to what we have been accustomed to receive; we always endeavour if we can to obtain that.

Chairman.

11565. You told us the other day that your gross receipts were 67,000 *l.*, and your net income was about 40,000 *l.*; you have accounted for certain deductions; can you tell us what the rest of them are?—I have told you that the amounts that actually passed through my hands were about 67,000 *l.*; that is with the balance brought forward from the year before; 4,337 *l.* is brought forward from 1888. We always have a balance in our favour at the end of the year, for the simple reason that we pay our salaries at the old quarter day, and so we are obliged to keep a balance to meet those expenses.

11566. Then there are the charges you have mentioned on the two estates, country and town, and that amounts to about 6,000 *l.*?—Yes.

11567. What else is there?—The difference arising from the excess of payments over receipts in what we call the “extra expenditure” in the statement of receipts and payments that you have before you. For instance, you will find repayment of the Law Fire Insurance Loan, 6,600 *l.*; interest on loan of the Law Fire, 1,175 *l.* Ditto to Union Bank, 681 *l.*

11568. What is that; is that overdrawn account or what?—That was for interest for sums borrowed, like the 4,000 *l.*, which you will find on both sides of the account. Temporary Loan.

11569. Then I see the words. “Leaving 14,000 *l.*,” in respect of the loan from the Union Bank?—Yes; we have paid it off now. Then there is the interest on the purchase-money of the Evering-road property, Upper Clapton; we purchased some property, and that this was the interest from the time of purchase to the completion of the transfer; we received the rent, and had to pay the interest till it was properly conveyed to us; and you will see a payment of 153 *l.* for the Medical School; that is for scholarships and payments of that sort. Then on the other side you will find that in the case of the Law Fire Office there was a Commission of 49 *l.* 11 *s.*; receipts from poor-paying patients, 112 *l.* 9 *s.*

11570. Have you any idea how far that 112 *l.* met the expenses?—I should not think it would anything like meet them. I cannot tell you what proportion it would be; certainly that would nothing like cover the expense.

Lord Thring.

11571. What are those scholarships that you have referred to?—Certain sums of money have been left to us invested in the funds, the interest of which is spent in scholarships and medals for the best students. For instance, Sir William Tite left us a certain sum of money for a scholarship, which amounts now to about 27 *l.* a year.

11572. It is not hospital money?—No, it is trustee money that we received.

11573. You

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Earl Cathcart.

11573. You know that the deduction for the assessment between the gross estimated rental and the net rental is uniform all over the parish?—With regard to the parish rates, there is a quarterly notice that was sent in (*handing in the same*).

Chairman.

11574. "Rateable value 8,000 *l*," I see here?—Yes.

Earl Cathcart.

11575. It was rated lower than 8,000 *l*.?—Originally it was higher; but since the appeal to the House of Lords the parish has reduced it.

Earl of Kimberley.

11576. Could you give in one answer the whole of the various sums that you have mentioned that make up the 67,000 *l*.?—The rental, town and country, was 44,098 *l*. 6 *s*. 8 *d*., and then there were gifts and other sums received, which are uncertain, making 6,369 *l*. 14 *s*. 9 *d*. Then there was cash repaid in respect of farming expenses, 1,173 *l*. 17 *s*. 9 *d*., and proceeds of sale of land, 125 *l*.; enfranchisements, 32 *l*. 9 *s*. 2 *d*.; Law Fire Office for losses by fire, 372 *l*. 10 *s*., and a half-year's commission from the Law Fire Office, 49 *l*. 11 *s*.; and then there is the amount received from St. Thomas's Home, and poor-paying patients, 5,714 *l*. 4 *s*. 8 *d*. There is the temporary loan of 4,000 *l*. of the Union Bank, the premiums of insurance repaid by tenants, 1,087 *l*. 19 *s*. 5 *d*.; then the balance brought forward from last year, 4,337 *l*. 1 *s*. 9 *d*.: making a total of 67,360 *l*. 15 *s*. 2 *d*.

Earl Cathcart.

11577. And what do you insure the building at?—£. 80,000. It is fireproof.

MISS ISABEL ENTWISLE, is called in, and, having been sworn; is Examined, as follows:

Chairman.

11585. You were formerly a nurse at St. Thomas's Hospital?—Yes, I entered there in January 1883.

11586. And how long was your service there?—I trained there, and I found myself hardly robust enough to remain constantly, so I was given the post of sister on the extra staff, to be called upon when required, to take charge of the wards in the absence of the permanent sisters during holidays or sickness. I left in September 1888.

11587. As a part of their duties, would that extra staff be called upon to act as what are called special nurses?—Not always, but occasionally; and in case of more nurses being required in the wards, especially at night, the extra staff is called on.

11588. How long did your training last?—About 14 months.

11589. During that time you were a probationer?—Yes.

11590. And after 14 months you were a trained nurse, were you?—No.

(24.)

Earl Cathcart—continued.

11578. And what the furniture?—I have not the figures by me for the furniture, but it is not any very large amount. You see the danger from fire is very little; nurses and others are always about.

Lord Monkswell.

11579. I understood you to say that you received a certain sum in respect of premiums of insurance?—We pay all premiums of insurance on all our buildings, and we charge our tenants for it, and get it back again; by this plan we are quite certain that all the premises are insured. We insure and get a separate receipt for each property.

Chairman.

11580. Where does your Samaritan Fund come from?—Quite separate from the hospital. They are donations given by the outside public, principally from our own governors, who take an interest in the place, and send 5 *l*. or 10 *l*. They have also a small sum derived from Randue's Trust, but the principal sum is got from donations.

11581. Is it generally on the right side of the account?—We keep within our funds; we use as much as we possibly can of it; we can always spend it.

11582. Supposing it is overdrawn?—We have to carry the deficit to the following year; it is kept entirely separate from your hospital books.

11583. What is the amount of the Samaritan Fund?—Our receipts last year were 769 *l*. 15 *s*. 8 *d*., and the disbursements 778 *l*. 13 *s*., so that we run as close as we possibly can.

11584. But you do not overdraw?—Occasionally we do to a very small extent.

The Witness is directed to withdraw.

Chairman—continued.

11590*. What was the next step?—I think at St. Thomas's they do not consider you trained till you have been three years on duty.

11591. But when you ceased to be a probationer, were you a staff nurse?—I went through all the duties, staff nurse, special nurse, night nurse, sister, assistant matron, and matron in the country.

11592. After the 14 months of your training, were you presumed by the matron of the hospital to be qualified to act as staff nurse?—Yes, and I acted as a sister. I had had some previous experience before I went to St. Thomas's.

11593. Did you find the hours excessive that you had to work at St. Thomas's?—I think, according to the time-table, they were very long, excessive; and, according to what we worked, they were longer still, and altogether the service was too exacting. The sisters work alternately in a long week 78 hours, in a short week 73½ hours; that is according to the time-table, but that is not what we actually worked. They

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Chairman—continued.

have three weeks' holiday in the year; all work more than even these very long hours. Accident sisters in the male wards do not go out all the week. The doctors' rounds come once or twice a week out of their time off duty. They are called up in the night for operations if any take place in their wards. They are kept up after 10.30 p.m., if there is a prospect of an operation taking place. They go on duty an hour earlier in the morning if they are short of nurses through illness, or the staff nurse having a day off. Those are all extra to the hours I have mentioned. They are paid 30*l.* to 50*l.* per year according to length of service and experience. I do not think that there are many who receive 50*l.* at this present moment. Some clothes (uniforms) are given to them and some allowance for washing, but neither is sufficient. The whole responsibility of what happens in a ward during the day or the night is on the shoulder of the sister. Coming to the staff nurses, the day staff nurses at St. Thomas's work 78 and 73½ hours a week, and they have a fortnight's holiday in the year. They constantly work more than that. I do not think a fortnight would elapse without extra hours being added. Special nurses have 11½ hours each day of the week, that is 80½ hours in the week; but the work is not hard, and they are often given this duty as a rest to their feet after the rush of general duty.

11594. Do these arrangements exist at present, or have they been altered in any way, do you know, since you were at the hospital?—I do not know that they have been altered; in fact, I heard lately that they are exactly the same.

11595. To get these hours of duty in the week, what time would a sister begin duty?—A sister goes on duty at St. Thomas's at 8 o'clock; before that she has had her breakfast and made her bed and done part of her room; and then she goes on duty at 8 o'clock. At 12 o'clock she goes down to dinner, and has half-an-hour for dinner.

11596. Does she live in a room adjacent to the ward?—Yes, she does; a very good room.

11597. Is that some distance from the dining-room in some cases?—Yes.

11598. How long do you say she has for breakfast?—She has had her breakfast before she comes on duty; all the nurses at St. Thomas's have breakfast before they come on duty; they are not allowed in the wards till then.

11599. Then the sister has half-an-hour for dinner, you say?—Yes.

11600. That entails going to and from the dining-room?—Yes.

11601. That makes a deduction; it takes three or four minutes, I suppose?—Yes.

11602. So that that reduces the half-hour?—Yes.

11603. That takes us up to after dinner; then what time is tea?—The sister gets her tea about half-past four.

11604. Where does she take that?—In her own room, and the nurses in the kitchen of the ward.

11605. Then the sister is better off in that respect, I suppose; where is the kitchen of the

Chairman—continued.

ward?—The kitchen of the ward is just opposite the sister's room.

11606. Then that takes us up to after tea-time; that is a meal that she has at her own convenience in her own room?—No; she has to take it according to the time table, because the probationer left in charge of the ward has to go to her tea at five, so that if the sister does not get her tea before that she cannot have it at all.

11607. That takes till 5 o'clock; then what duties has the sister for the rest of the day?—The sister takes charge of the ward from 5 to 6, while the probationers are away, and she reads evening prayers then in the ward, and gets up the patients who want to sit up for the evening, and looks after them generally.

11608. What time are prayers?—Prayers are generally at half-past 5. At 6 o'clock the evening's work begins; the probationers come back then. At 8 o'clock is supper; that is half-an-hour.

11609. The instruction of the night nurses between 10 and half-past is generally the last duty of the sister before she goes to bed, is it not?—Yes.

11610. She gets to bed at what time?—On a regular night she leaves at half-past 10; if her surgeons or physicians are in the ward she cannot leave.

11611. In the ordinary way her day lasts from 8 in the morning till half-past 10 at night?—Yes; but she has two hours off duty during that time.

11612. Does that include the dinner-time?—No.

11613. She has her half-hour for dinner and half-hour for tea and half-hour for supper and two hours besides?—Yes; but of course if the doctors come into her ward during her two hours she has to come and go round with them.

11614. Then the nurses' hours, what are they?—The nurses come on duty at 7 in the morning, that is the trained nurses; the staff nurses, as they are called, are the trained nurses. And the probationers come on duty also at 7 in the morning. And the staff nurses and sisters take alternate evenings and afternoons to have their two hours off.

11615. And when do the staff nurses dine?—At the same time with the sisters, at 12 o'clock, and the wards are left for half-an-hour in charge of the probationers.

11616. In case there are any dangerous cases, would a trained nurse look after the ward as well as the probationers?—If the sister thinks that there is anything urgent she will send for her dinner and have it in her room, and not leave the ward.

11617. After dinner there is tea again for the nurses?—The staff nurse has her tea in the kitchen of the ward at half-past 4, and for her supper she comes down stairs at 8 o'clock.

11618. And is the time half-an-hour?—Yes.

11619. She has to travel from the ward to the dining-room?—Yes. It is almost better that it should be done in that way. If you have your meals close at hand you are liable to interruption; if you go away you are not so liable to it.

11620. But it is only half-an-hour; and therefore

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[Continued.]

Chairman—continued.

fore the same deduction must be made as in the case of the sisters for the time occupied in going to and fro?—Yes; some wards are near, and some are very far off in St. Thomas's.

11621. Do the nurses go up to their rooms before dinner?—Yes.

11622. Do they make their own beds?—They make their own beds.

11623. Do they perform any other menial services, or did they in your time?—In the wards they wash the tops of the lockers and scrub mackintoshes after operations.

11624. Do they scrub the floor?—No.

11625. Or do they clean inkstands, for instance?—The ward maids do that at St. Thomas's.

11696. You consider these hours excessive, you have stated?—Yes, because they are for seven days of the week.

11627. Did you ever make any remonstrance or complaint about the nurses' work?—No; because St. Thomas's is better off than any other hospital in London.

11628. That might be so; still that does not lessen the hours of work?—No; but when you are in the best hospital, you cannot complain.

11629. You think that they are overworked?—I think it shows that they are overworked, because many have to give up because they cannot stand the work in the wards for long, and they have to give up just when they are most valuable; you lose them because they are tired.

11630. Was this excessive work ever taken into consideration, or objected to by the physicians or surgeons?—I have never heard it done so publicly, but I have heard it said privately that they thought hospital nurses worked too hard; the doctors at St. Thomas's, I mean.

11631. Then if no complaint is made to the authorities of the hospital, have they reason to know that the nurses are overworked?—I think for a long time the nurses at St. Thomas's considered themselves very well off as compared with other hospitals; their lodging was so much better, their food was so much better, they were so much better cared for generally. At the same time they are all selected, strong young women; they have to be interviewed by the doctor beforehand; and yet I should think that if you got the numbers you would find that a great deal more than the proper percentage break down.

11632. A great number break down you think?—A great number break down.

11633. In fact, you think that that hospital is the best hospital as regards the nurses, and bad is the best?—Yes.

11634. Is that the particular thing you complain of, the over-work of the nurses?—Yes; I do not think it is sufficiently taken into account the trying nature of the work, the harrowing scenes, the death beds, the sorrowing relatives, the atmosphere of sickness and bad smells in which you live your life. Very often you are too tired to go away from the hospital when you are off duty. For a fortnight very often you do not go away from the hospital atmosphere.

11635. Is there any garden attached to the hospital?—Yes, a place to walk about in; a

(24.)

Chairman—continued.

terrace in front; but when you have been on your feet all day you cannot walk in the streets; you feel too tired.

11636. As regards the scenes in the wards which you speak of, that is more a matter of hospital administration; the nurses have nothing to do with the relatives, have they?—The sister of the ward has everything to do with the relatives.

11637. I was speaking of the nurses; what has the sister of the ward to do with the relatives?—They come to her to ask about their friends; or if a death occurs, or if it is a terrible operation, they are waiting at the ward during the operation; and if the patient dies it is your duty to see that the relatives are there; they never die alone if we can possibly avoid it.

11638. What steps would the sister have to take in an urgent case?—She would have to send to the gate to the porter to fetch the relatives in the night, or have to telegraph for them; let them know somehow. She would be blamed by the doctor if she did not have the relatives.

11639. But are not those duties that you have been speaking of duties that are almost inseparable from the occupation of nurses?—Undoubtedly they are inseparable from it, but it should be taken into consideration that in addition to all this hard work they have to go all through these terrible scenes as well.

11640. And what remedy do you propose; a greater number of sisters, shorter hours, or what?—It is extremely difficult, because the sister cannot be too long absent from her ward; it is impossible; she must know all that is going on. If she has too much untrained labour under her, she has very often to do a great deal of work which there is no necessity for a sister to do, because her probationers do not know how to do it. And the same with the staff nurse; the staff nurse has often to do quantities of things because the probationers are so inexperienced that they are not able to do them.

11641. Then, according to that you think that the probationers ought not to be employed in that way?—They must learn in the ward, because there is no other way for them to learn; but they must not be counted as nurses.

11642. You would like to see the number of staff nurses increased?—Yes. I think the wards require two staff nurses during the day.

11643. What staff nurses are in the wards now?—Always one trained staff during the day and one trained staff nurse at night, and the sister. There are three trained nurses in those wards of 30 beds, and the rest untrained.

11644. How many probationers?—Sometimes you get two probationers and sometimes three; sometimes they never have been in the ward before, and sometimes they have been in a hospital just a month, and know very little, and the sister and staff nurses are expected to teach them their duties, and it is very laborious work, teaching constantly, because they change them once a month in the wards.

11645. So that in the ward there is one off and another on, a sister, and two nurses, and two probationers?—Yes, or sometimes three probationers.

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11646. Then

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Chairman—continued.

11646. Then in addition to that you have ward maids?—Yes, for the kitchens; to clean all the kitchens and to help clean the grates.

11647. To do what has been described as the menial work?—Yes, and scrubbers to come and scrub things, and window-cleaners and floor-polishers. The cleanliness is beautiful.

11648. There are then five, or possibly six, people whose business it is to be in the ward in the daytime; now what about the night?—They have one staff nurse on during the night; that is all in those wards.

11649. And no probationer?—No, unless there is any special case; then a special nurse is sent up; that is ordered by the doctor.

11650. And do you consider that that staff of one sister, one nurse, and two or three probationers is insufficient in the day-time?—Yes.

11651. What amount would you like to see it increased by?—I would like to see all the wards at St. Thomas's that contain 30 beds have two day staff nurses and three probationers. They have now one day staff nurse and one night staff nurse.

11652. Then, as a matter of fact, in the day-time there is now only one staff nurse and two or three probationers?—Yes.

11653. And you think that they ought to be increased by one staff nurse?—By one staff nurse and one probationer; so as always to have two staff nurses and three probationers in a ward in the day-time.

11654. Had the probationers in your time to run with messages?—We would send them down occasionally to fetch the doctor in urgent cases.

11655. Does the ward maid do anything of the running about?—No; she has nothing to do with the nursing of the sick; only on the Sunday evening, in accident week, or something of that sort, you would get your ward maid to do that. The ward maid has plenty to do to attend to all the washing up of the crockery and all the dinner service for these 30 people, and to clean her kitchen. There is a certain amount of cooking done in the ward kitchen; tea, supper, and breakfast are prepared there.

11656. Does she assist in making beds at all?—No.

11657. Is that done by the nurses?—Yes. The sisters make their own beds generally; I always did; I do not know whether it is the rule.

11658. Do you think that these sisters, having the scenes of which you have spoken, which are inseparable from hospital life, become nervous and want more recreation?—They want more holiday, more rest.

11659. Three weeks holiday is not enough, you think?—No.

11660. Have they any plan of going out from Saturday to Monday?—Not often. It is very difficult to get your day off; you are supposed to have your day off once a month, but I never got it all the time; you have got to see that your staff has it.

11661. As regards the food, have you anything to say as to the food provided for the nurses?—No; it is quite as much as you can expect from a charity; you cannot expect luxuries;

Chairman—continued.

it was very good wholesome food and well served, quite right about that.

11662. Your great point is that, if possible, there ought to be more nurses?—Yes, and more trained nurses. St. Thomas's trains many more nurses than they require for themselves; they train them for lots of hospitals, and this is very hard work on the trained staff who are there.

11663. But the nurses at St. Thomas's are trained by the Nightingale Fund, are they not?—Yes, as to cost and lectures only. I have got the hours of the probationers here.

11664. I should like to have them; you are speaking now of what occurred in your time?—Yes, I am. There is the list (*handing it in*).

11665. The probationers are harder worked than the nurses, is that so?—No; they do not have such long hours; their ward work averages 65 hours a week. You see they are obliged to do classes, examinations, and lectures in their time off duty; and also they have got to make their beds and partly clean their rooms.

11666. You said that the food was satisfactory?—Yes. Sometimes if the probationers are on night duty (they are not very often, but there is a night time table for them on the list) they are called up in the day to lectures.

11667. Then as regards the special nurses, what are their hours?—The special nurses are on duty 11½ hours each day for a week, that is 80½ hours; that does not include their meals; that is real work in the wards.

11668. That is the actual time they are in the wards?—Yes.

11669. And does not include their dinner-time or their tea-time?—No, or their supper-time. But it is not hard work; it is very wearisome, because you have just perhaps one case to attend to; perhaps you are in a small ward and the patient sleeps a great deal; it is not hard work, but long hours.

11670. These are cases that require a nurse constantly with them?—They require a nurse always with them watching. The wards at St. Thomas's are arranged to hold 30; very often they run over this number in accident week to 35 or 40, but no extra nurses are assigned to those extra patients.

11671. Does that actually occur, because we were told by the treasurer that though they are on the list of the accident ward, those extra cases are treated in different wards?—They may go to sleep in other wards if you cannot accommodate them; sometimes you can have about five more beds in the ward (at the end, and in the bath-room, and down the middle), and even then you have to send out people, who are nearly convalescent, to sleep in other wards, to return to you and live in your ward during the day. You have to attend to their dressings and send your nurses to the other wards to make up their beds; you are responsible for 40 patients, for all their dinners, for all their medicines whatever they are, for their dressings, whatever it is that is prescribed by the doctor; the other sister is not responsible for it.

11672. You would like to have more assistance in the ward when those extra patients are taken?—As the nursing stands now of course I should,

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[Continued.]

Chairman—continued.

should; but if it were raised to the standard I suggest you could take the extra patients.

11673. That might be fair for the accident ward, but would not that be more than would be required for the wards which had not got 35 beds?—No, because you have so much to look up; all your dressings and bandages and splints and many things.

11674. Who is responsible for those?—The sister; she has to teach her probationers how to do it; and the staff nurse takes her turn at it; but you are expected to have all those things ready for the doctor, and you cannot attend to it in accident week.

Earl Cathcart.

11675. Your argument founded upon the sad sights and harrowing scenes that you see in a hospital would rather go to show that people who have not strong nerves had better not undertake those duties?—Those people never get through their probation.

11676. After a certain time they get acclimatised. If you went into a battle you would expect to hear the groans of the dying, and see legs and arms flying about in all directions; you would consider that part of the military business?—Yes.

11677. And so in regard to hospitals people get accustomed to these sad sights?—I do not think you ever get accustomed to them in one sense.

11678. We were told here that trimming lamps was a menial duty, but one nurse told us that it was really a scientific operation, because the surgeon was dependent very much at night upon the lamp, and if it were not properly trimmed it was a hindrance to the surgeon, and therefore she preferred to trim it herself?—Yes; that is a short and easy thing.

11679. And the same with regard to the cleaning of the inkstands?—Inkstands are not very nice work, they stain the hands; and if you have antiseptic dressings to do, you want very clean hands.

11680. But there are only two inkstands in a ward, are there not?—Sometimes there are three; but I think they are done by the ward maids at St. Thomas's.

11681. I understood that that work was done by the probationers, and that they rather liked the operation?—It varies in different hospitals.

Earl of Arran.

11682. I think you said that you did not get the one day a month off duty, as a rule, which you ought to have had?—No.

11683. Would it not fall to the duty of someone to see that you did get it?—Nobody ever did; and I do not know whose duty it is; I suppose it is somebody's duty to see to it.

11684. Because it must interfere with the health of the sisters?—The sister is responsible to the matron for her nurses, for their health, and has to report to her. Perhaps if it is left to you you might not be able to arrange it; you might have a very anxious ward which you could not leave, because it would be too much to leave only one trained nurse to take charge of. It is very important that she gets her day off.

(24.)

Earl of Arran—continued.

11685. Does the sister's room open into the ward?—No, there is a window that does, but it is kept closed, and the curtain drawn.

11686. With the same air as that of the ward?—It is a very nice lofty room with two windows, and as good air as you can get.

Lord Zouche of Haryngworth.

11687. You referred just now to the accident week; do we understand that accidents are taken in at a certain ward one day in the week?—No; each male surgical ward and each female surgical ward at St. Thomas's have their week for accidents; there are four male surgical wards, so that you see the week would come once a month for each ward. There are only two female surgical wards, so that their turn comes oftener; but they are not so heavy on the female side; their turn comes every other fortnight. When it is accident week in your ward you must take all the accidents that come that week to the hospital.

Earl of Lauderdale.

11688. Do the nurses suffer in health from being overworked, do you think?—Yes, I think they do; I think they ought to last in the hospital a great deal longer.

11689. Which of the three classes suffer most, the sisters, the staff nurses, or the probationers?—I think the trained nurses suffer the most. They are strong people, and yet get broken down in time; and then changes have to occur, and you do not get so experienced people in their place. It seems a pity to train persons and get them to perfection, and that then they cannot last, because they are worked too hard; worked out too soon. It is false economy to make one lot of people ill to make others well.

Lord Saye and Sele.

11690. Is there a chaplain?—Yes.

11691. Do you find him always accessible for religious consolation for the patients?—Yes; you always can go and leave a note for one of the chaplains. One of them lives in the hospital; you can go and leave a note for them and they visit the wards. At each ward they come once a week in turn, and read prayers once a week. There are some 16 wards at St. Thomas's, and there is very little time for them to read prayers; the doctors are in the wards a good deal.

Lord Monkswell.

11692. I think you said that the probationer's hours are 65 a week; did you give us the staff nurses hours?—The staff nurses work about the same hours as the sisters, or a little longer.

11693. And how long do they work?—The staff nurses work for 78 hours one week and 73½ another week; they have a long week and a short week alternately.

11694. They work therefore about 76 hours a week on the average, and the sisters too. If you had your two day staff nurses and three probationers and one sister to each ward of 30 beds, how long would everybody have to work?—It would be very difficult to make a table at a moment's notice. Mrs. Wardroper, the former

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[Continued.]

Lord Monkswell—continued.

matron, was very clever at it, and took a long time to work out the time table.

11695. You have not thought that out?—No; I have not given it sufficient study to answer the question, but I suggested that the sisters could not take their proper time off duty because they have not any trained person to leave in charge.

11696. You mean in point of fact that the sisters often work more than their time?—Yes.

11697. On an average?—Undoubtedly they do.

11698. Their time is 76 hours a week, but they in point of fact generally work a great deal longer, that is what you say?—Yes, they work longer.

11699. Do the staff nurses work longer?—Yes.

11700. What do you think would be the average number of hours of sisters and nurses; have you formed any impression; would you say that three or four hours a week was the ordinary overtime?—Certainly not less than that.

11701. And the sisters would be more over-worked than the staff nurses?—Yes, because they are liable to be woke in the night. The night staff nurse may come into the sister to consult her and ask her opinion about something. She is left alone in the ward; of course there is a night sister, but you never know where she may be in that huge building; the staff nurse might not see the night sister.

11702. Did you find in your experience that the sisters became more diseased than the nurses, and the nurses than the probationers; did you find any difference in that respect in the three categories?—Of course the probationers are untried; they may be too nervous for hospital work, and there may be many things about their health. The staff nurses and the sisters, I should think, were about equal in that point.

11703. The sisters having somewhat the harder work?—The more strain, the more responsibility.

Earl Cathcart.

11704. When I was at St. Thomas's I observed one of the reverend gentlemen most kindly engaged for a long time with a sick patient; is it not your experience that those reverend gentlemen are kind to the patients?—Very kind to the patients. I think there is a great deal of kindness to the patients at St. Thomas's, not only by the Church of England clergy but by the Roman Catholic priests and others.

11705. In this case he was in earnest conversation with the unfortunate patient, and that generally is the case, is it not, that they are attentive to the patients?—Yes, undoubtedly they are very kind. I have never seen any case of any kind of ill-treatment at St. Thomas's; they are very well treated.

Chairman.

11706. Were you generally comfortable in your room?—Yes, very comfortable.

11707. You speak very well of the hospital I understand as to accommodation for the nurses and meals and so forth?—Yes.

Chairman—continued.

11708. But you consider that the work is more arduous than women can stand?—Yes; especially as men now-a-days are calling for 56 hours a week.

11709. At the same time you did not call the attention of any of the hospital authorities to the fact that the hours were too long?—I think it is an established fact that the nurses are known to be very hard worked.

11710. Have you anything to add?—I have a little to say about the cooking for the patients. It is not very good, not equal to the Hotel-Dieu in Paris; no good soups or beef teas, or cooling drinks, or nice puddings. Until lately the nurses made the beef tea in the wards, but this was stopped recently on account of the expense; it was very good then.

Earl of Kimberley.

11711. Is the inferiority in the cooking more than can be accounted for by the inferiority of our soups altogether?—I think the whole of the food was more suited to people who were healthy than to sick persons.

11712. Good soup, we know, is not easily obtained in England; does not that account for the inferiority of the soup in St. Thomas's Hospital to that in the Hotel-Dieu at Paris?—I do not see why they cannot be taught to make it as good here.

Chairman.

11713. Did the patients complain at all about the food?—I found they would not drink beef tea sent up from the kitchen unless you added some that was made by the nurse. The puddings sent up to the children's ward were so bad that they were allowed to be made by the nurses with eggs brought by the patients' friends.

11714. Has that beef tea been spoken about?—It has been spoken about.

11715. Has no improvement been made?—Not any. Most of the sisters in the hospital told me since that it was bad still, and that there was no improvement.

Earl of Arran.

11716. Who would be the proper person to make the complaint to in the first instance?—The steward.

11717. Would the sister complain to the steward?—She would complain to the steward about the beef tea, because you draw all your supplies of food through the steward's office.

11718. Did it ever happen to you personally to have to complain?—I have complained.

Chairman.

11719. Nothing has come of it?—No, nothing has been made different; the whole cooking is inferior; it is not good enough. It is not that the food is not fair; the meat is good meat, but it is not prepared as nicely as a sick person should have it.

11720. Is there anything else you wish to speak of?—No.

[The Witness is directed to withdraw.]

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MISS LOUISA GORDON, is called in; and, having been sworn, is Examined, as follows :

Chairman.

11721. You are the matron of St. Thomas's Hospital, are you not?—Yes.

11722. How long have you been matron there?—Since last April.

11723. And had you previous experience as a matron?—Yes, I had ten years previous experience.

11724. Where was that?—In Leeds; and as assistant in Liverpool for 4½ years.

11725. Were you trained in St. Thomas's?—I was trained at St. Thomas's.

11726. To whom are you responsible; do you consider to the treasurer?—To the treasurer.

11727. In the case of a difficulty occurring or having a complaint to make, you would go to the treasurer?—To the treasurer.

11728. May I ask how many nurses you have under you, of all kinds?—There is a staff of 115 in the hospital; 15 sisters, 13 day nurses, 13 night nurses, 2 night superintendents, 14 nurses in the infectious block; there is an out-patient nurse, a casualty nurse; 16 extra nurses; 34 or 35 probationers, and five assistant nurses for the children's ward.

11729. Did you hear what was said by the last witness about the hours of the nurses, and was that correct?—They are about 10 hours a day.

11730. Do those same regulations that existed then exist now?—They are on duty for 10 hours; they get a little relief.

11731. Do you consider that the relief is sufficient or insufficient?—Quite sufficient.

11732. I understand that no nurse goes into the ward before she has had breakfast?—No; all the nurses breakfast first.

11733. Then they have their dinner at 12?—The first dinner is at 12.

11734. They dine in two batches, do they?—The sisters and nurses dine at 12 and the probationers at a quarter to one.

11735. And the dinner for the first lot occupies half-an-hour?—Yes.

11736. Is that quite half-an-hour for the nurse to be in the dining-room, or is that the time when she is expected to be back in the ward?—She sits down at 12, and she does not leave the dining-room before the clock strikes the half-hour.

11737. Then she leaves the ward before 12?—Yes.

11738. She can do that, can she?—Yes.

11739. Do you think it a good rule to have the sister and the trained nurse away at the same time?—We have had a different arrangement of the dinner hours under consideration for some time.

11740. If that is the case I will not pursue the subject. Then about the probationers; we understand that the sisters have too much untrained assistance; have you anything to remark upon that?—The sister has a trained nurse and three probationers; there are always three probationers in the ward, not two; and one of the probationers has generally been under training about
(24.)

Chairman—continued.

eight months; there may be one who has only just entered; but we never have three untrained people in a ward. And then they always get extra help if necessary.

11741. Where does the extra help come from?—These 16 extra nurses.

11742. But are you ever so much pushed for nurses that you have to go outside for them?—Yes; we send out for nurses if we have not a sufficient number; we have had as many as 20 extra nurses, counting our own and the others.

11743. Have you had any difficulty in getting them?—Sometimes we get them quite easily; when there is a great deal of sickness there is more difficulty.

11744. Do you know why you have not more nurses; if you are always having to send out for them?—For exceptional cases we send out for extra help; but we have a sufficient staff for our ordinary work.

11745. You consider that the staff you have is sufficient for your ordinary work?—Yes.

11746. Then do you keep a number of extra nurses, out-of-doors nurses, on a list to apply to them, or do you telegraph to some institution?—We send to an institution.

11747. Do you find the nurses that you get from institutions good?—Yes, very good; we know the institutions we send to.

11748. Then of course that sending for these special nurses from outside leads to more expense to the hospital?—Yes.

11749. What do you pay them, do you know?—A guinea a week and travelling expenses.

11750. And what do you average, about three or four of these extra nurses in a week?—No, sometimes we have none; some weeks we have three or four.

11751. You consider that the hours as arranged for the nurses are not more than they ought to be?—They get a good deal of extra time off; they get two hours every day, and once a week they get from half-past one till six o'clock off duty, and they get a day once a month.

11752. When are the two hours allowed off duty?—Either in the afternoon or evening.

11753. Then are they at liberty to go out?—Yes. They have settled times; the sister and the staff nurse go out turn about.

11754. As to these staff nurses, you say that you have 13 day staff nurses and thirteen night; have you any changing about month by month with them?—No, not the staff nurses.

11755. Once a night nurse always a night nurse?—Yes, for a certain time, a year or two years.

11756. Has it ever occurred to you to try a month about, or three months?—I should not approve of that.

11757. Why?—Because if they change about
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Miss GORDON.

[Continued.]

Chairman—continued.

in that way they do not have such good rest at night; I do not think it is so good for their health.

11758. You have only been at the hospital as the matron for a short time?—Since April last.

11759. Had any changes been made before you came, do you know, as to the number of hours of work, meal-times, and so forth?—I do not think so.

11760. Can you tell us anything about the wages. First, a sister?—A sister begins at 35 *l.* a year, and goes up to 50 *l.*

11761. And what does the night sister receive?—She receives 60 *l.*, she is called the night superintendent.

11762. Is there any assistant matron?—There is a matron's assistant.

11763. Is she senior to the night superintendent?—No.

11764. Has she the same pay?—Yes.

11765. May I ask what you receive?—£. 200 a year.

11766. And they give you a month's holiday?—Yes.

11767. Are there any pensions for the nurses; have you any connection with the Pension Fund?—No, we have not.

11768. You have no system like two-thirds of the salary being given as pension after a certain number of years' service?—None.

11769. Then when a nurse has been there a long time it is put before the committee, and it depends upon their opinion, on the merits of the case, what pension she will receive?—Yes.

11770. Can you form any opinion how long the nurses generally stay with you?—One has lately left who had been 40 years in the hospital, but about 10 years is the general time.

11771. They stay there a good deal longer than three or five years?—Yes.

11772. Would you not favour rather shorter service for nurses?—I do not think it is a good thing for them to stay too long.

11773. Have you any Nursing Institute from which you send out nurses?—No.

Earl Cathcart.

11774. Do you find that there are certain cases that are more fit to be nursed by men?—Yes, some of the cases.

11775. Delirium tremens?—Yes.

11776. What other cases?—In some cases the patients are delirious.

11777. What do you do then?—Get a porter.

11778. Belonging to your own establishment do you mean?—Yes.

11779. You do not get people from outside for that duty?—No.

11780. When the nurses go out they go out in plain clothes?—Yes, in their own clothes.

11781. They get very foot weary we have been told?—They do sometimes.

11782. But does that apply especially to St. Thomas's with those great distances that there are in that hospital?—I think every nurse, more or less, gets that.

11783. It is not peculiarly so in St. Thomas's, you think?—No.

11784. But the distances are very consider-

Earl Cathcart—continued.

able, a quarter of a mile from end to end?—Yes; but the nurses do not go a quarter of a mile.

11785. Do you yourself find it trying to go round so large a hospital?—I do not feel any more tired than I used to in other hospitals.

11786. What is your duty with regard to visiting the wards?—My charge is four times a week.

11787. That means the whole hospital?—Yes.

11788. So that you are going round the wards every day?—Yes.

11789. You do not complain of the extent of the building so far as your administration is concerned?—No.

11790. Where are the nurses quartered as a rule?—The probationers live in the Nightingale Home.

11791. Is that in the centre?—At the end of the building.

11792. And the ordinary nurses?—Their bedrooms are above the wards. The nurses belonging to each block live in their own block.

11793. And the sister has a nice room?—Yes.

11794. I had the pleasure of paying you a visit when I went round and poked into everything I could, and everything appeared to me remarkably clean and tidy and nice about the cooking arrangements, as far as the sisters and the home are concerned?—I think it is very comfortable.

11795. And about this beef-tea, have you heard any complaint?—The beef-tea is excellent; a specimen of it is sent to the treasurer every morning.

11796. You do not use Bovril here?—No.

11797. Or any of those preparations?—We have beef-tea made out of fresh beef.

11798. The complaint in regard to the cooking was in regard to the general cooking for the patients?—The patients' cooking is very good at present.

11799. What is the chef, a man?—A woman.

11800. And they are careful and particular about it?—Yes, the meat is very good.

Lord Zouche of Haryngworth.

11801. Have you had any complaints about their food?—No, never.

Lord Thring.

11802. Do many of your nurses break down?—Some of the probationers do, but none of the nurses, who have been trained; the probationers do sometimes.

11803. They sometimes go away?—If they are not strong enough for the work.

11804. With respect to your nurses, what sort of health have they?—We have had very little illness among the nurses this winter.

11805. Do you consider that their health is as good on the average as that of women who are not nurses?—They have had colds and sore throats this winter.

11806. I mean do they break down from over work after five or six years?—No, I do not think so. I have found very few nurses break down.

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Miss GORDON.

[Continued.]

Lord Thring—continued.

As a general rule I have been very fortunate, I think, with the nurses I have come in contact with; they have been very healthy people.

11807. You think that the nursing occupation is not a specially dangerous one for women?—No.

11808. Do they break down from overwork often?—Not the nurses I have had to do with.

11809. You think, as far as your experience goes, that the nurses are not overworked?—No, the nurses at St. Thomas's are not.

11810. How many hours a day have they?—Of course the nurses are not working ten hours; they are sitting down a good part of the time; they must be on duty, but at certain times of the day there is not much to be done.

11811. They have not to clean the wards?—No.

11812. You think that the nurses at St. Thomas's are not overworked, and that their occupation as nurses at St. Thomas's is not likely to be injurious to their health beyond ordinary occupations?—No; I think all the staff nurses are very well indeed.

11813. Does that mean that the other nurses do suffer in health?—No; I mean that the staff nurses, those that have been trained, are very well.

11814. You think that as soon as the probationers get experience they are well able to fulfil their duty?—Yes; they are not overworked.

Earl of Kimberley.

11815. The survival of the fittest, in short?—Yes.

Lord Thring.

11816. You think that a probationer who has passed through her course of training and study, and got strength enough for that, can become a good nurse?—Yes.

11817. What average number of probationers break down; do a considerable number?—No.

11818. In other words, as the noble Lord said, is not the case of the probationer a case of the survival of the fittest?—Sometimes more probationers pass through our home than at others.

Earl of Kimberley.

11819. Does that mean that many of the probationers there break down?—No, not many.

Chairman.

11820. Are they medically examined before they become probationers?—Yes.

11821. Therefore if the surgeon finds they are not sufficiently strong they are sent away?—Yes, not passed.

Lord Thring.

11822. Of the probationers you have been acquainted with, in your experience how many per cent. break down; is it 1 per cent.?—I cannot say.

Earl of Lauderdale.

11823. Do you know what number of probationers left from ill-health last year?—No; I could see from the book how many passed through the home.

(24.)

Chairman.

11824. Have you any lady pupils?—They call them special probationers.

11825. Do they pay a premium?—Yes.

11826. Will you mention what your probationers are paid?—The probationers are paid 4 l. in clothing, and 12 l. in cash; 16 l. altogether.

11827. Is all the washing that is done for the hospital done on the premises?—None is done on the premises.

11828. The heaviest time for nurses in the ward is in the morning, is it not?—Yes, it is.

11829. And are your hours so arranged that the night nurses and day nurses overlap them?—Yes.

11830. At what time do the night nurses go out of the ward?—Nine in the morning.

11831. And what time do they go in?—Ten.

11832. And they have their breakfast before they go to the wards?—Yes.

11833. And they dine when they come out in the morning?—Yes.

11834. And what refreshment have they during the night?—They have two meals, tea or cocoa.

11835. Where do they take their meals?—We have a nice room called the kitchen, off the ward.

11836. Thendo they take their food with them, or is it sent up to them?—The night meals they take up with them.

11837. What do they have?—Tea or cocoa, with bread and butter and eggs.

11838. And they have the meals of breakfast and dinner out of the ward?—Their substantial meals out of the ward, one before they go on, and the other after they come off, and they have luncheon and tea in the night.

11839. They have that at their own convenience?—Yes.

11840. Have you the power of dismissing nurses?—I should report any case to the treasurer, and ask him about it.

11841. Would you suspend them from duty meantime?—I would suspend them, if necessary.

11842. Then in regard to the appointment of probationers what arrangements do you make; do you appoint them for a year or two?—They come on a month's trial, and if found suitable are bound for a certain period.

11843. And at the end of that month's trial, is that engagement terminable by them or by you?—The probationers are not allowed to give notice.

11844. But I mean at the end of the first month?—There is a month of trial on both sides.

11845. At the same time after that, up to the end of the year, they cannot give a month's warning?—No; but they may be allowed to withdraw upon grounds to be approved by the Committee.

Earl of Kimberley.

11846. They are very much in the position of apprentices?—They are very much in that position.

11847. Do they sign indentures?—They do.

Chairman.

11848. Does that apply to the staff nurses?—They are engaged for four years; they are practically under training for all that time.

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11849. And

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[Continued.]

Chairman—continued.

11849. And how soon after do you give them a certificate?—We do not give them a certificate; we register them.

11850. That is not the register of an association?—No, it is our own register.

Lord Monkswell.

11851. Do you mean that the nurses never work more than ten hours in any one day?—In an exceptional case they do.

11852. Did I understand that the hours are 70 hours a week; I thought I understood that they had half a day off?—They do once a week, and on Sunday they have a long time off.

11853. Then the hours would not be anything like 70 hours a week; something like 60 or 65?—In some of the wards they have two afternoons a week off, but always one afternoon.

11854. That would mean an average deduction of 10 or 12 hours off the 70?—Yes.

11855. Then your contention is that the nurses do not work more than 63 hours on the average?—One Sunday they get nine hours off, and one Sunday four.

11856. Then according to your statement they do not work on an average quite 63 hours a week?—No.

11857. Then do the probationers and the sisters work for the same time as the staff nurses?—The sisters go on duty at 8, and the probationers and staff nurses at 7.

11858. The sisters have rather less hours than the staff nurses?—Just the same.

11859. Do the nurses, the probationers, and the sister always get the leave promised them?—Yes.

11860. They always get this half holiday in the course of the week?—Yes.

11861. Even if the hospital happens to be particularly full of bad cases?—Unless there happens to be an exceptionally bad case, an operation on; it is an exceptional thing.

11862. Would it be made up to them if they did not get it at the proper time?—Yes, they would get extra time off.

11863. How long is it necessary to remain a probationer before you register a person?—A year.

11864. Do you register all probationers who do fairly well at the end of the year, or will some of them work longer?—We always register them at the end of the year.

11865. Do probationers, as a rule, go on the staff?—At the end of the year they go on the staff.

11866. They would generally go on the staff rather than leave?—Yes.

11867. You say that the cooking is good at present; how long has the present cook been there?—Ever since I have been there.

11868. What is her salary?—I do not know.

11869. You say that sometimes you take in

Lord Monkswell—continued.

extra nurses; I thought you always had about the same number of beds; why should you require extra nurses?—Sometimes the cases are more serious than at others.

11870. I should have thought there was an average of those serious cases?—Sometimes we have more of them.

Chairman.

11871. Is there a separate kitchen for the nurses?—One kitchen for the probationers and also one for the nurses.

Earl Cathcart.

11872. Taking the average nurses, which have the hardest work, the Leeds nurses or the St. Thomas's nurses?—The Leeds nurses.

Chairman.

11873. Then do you think that taking the hours and the food, and the accommodation in the home at St. Thomas's, that they are very favourable compared with what your experience has been in other places?—My experience is, of course, confined to St. Thomas's, Liverpool Royal Infirmary, and Leeds Infirmary. I consider on these points they are about equal.

11874. The Leeds Infirmary has been built lately?—Yes, 20 years ago; it is a very fine hospital.

11875. You think the staff at St. Thomas's are as well off as they can expect to be?—Yes; they have more time off duty than is usual.

11876. You said that the staff nurses have a fortnight's holiday in the year?—The holiday question is under consideration, and the hours for meals and the times of duty.

11877. Who is it being considered by?—The treasurer and I have talked of it so far; we hope to have it all arranged before the summer holiday.

11878. What time of the year do the holidays come?—They begin in May and go on till September.

11879. You were talking about the probationers breaking down; it is the fact, is it not, that nurses require to get acclimatised?—Yes.

11880. Do you have much sickness among the probationers?—We have had very little sickness indeed this winter; seven probationers only out of 34 during the last six months; five with sore throat.

11881. That is a very common ailment, is it not?—Yes.

11882. When a nurse is ill what becomes of her; are there rooms set aside for nurses?—No; as we have such nice private wards, I consider they can be better nursed, and are more comfortable in them than they would be in a sick room. We have a sick room in the Nightingale Home for probationers.

The Witness is directed to withdraw.

5 February 1891.

MR. SEYMOUR J. SHARKEY, M.D., is called in ; and, having been sworn, is Examined, as follows :

Chairman.

11883. Do they isolate diphtheria cases at St. Thomas's?—Yes.

11884. Are you one of the physicians attending the out-patient department now?—No; I am a physician now attending the in-patients, but I had been till last October attending the out-patient department.

11885. Has any change in the organisation taken place since you left that department?—I believe not.

11886. Then what system do you go upon in the out-patient department?—Would you like to know the arrangement from the time that a patient applies for admission as an out-patient?

11887. Yes; will you kindly tell us that from the time when he first comes?—Every day at a certain hour, 12 o'clock, the applicants for out-patient letters come to the hospital, and a certain number of them are selected as suitable cases; certain others that are trivial cases are supplied with medicine for a couple of days and discharged; and a certain number of others receive nothing. Those who have been retained as suitable cases for out-patient treatment then go down to the other end of the hospital, where they come regularly and see the assistant physician or the assistant surgeon, as the case may be; they come either once a week or once a fortnight, or as often as they are told by the doctor, until they are considered well. That is roughly the way that our system is worked.

11888. Does this apply to both medical and surgical cases?—No, it does not.

11889. To medical cases?—Yes, to medical cases.

11890. And with regard to surgical cases?—I believe every surgical case is attended to in some way or another.

11891. You specially know about the medical side?—Yes.

11892. Then do you say that a man may come every day when his case has been found suitable?—Not every day; once a week, or once a fortnight, as the case may be; he may get medicine for a week or a fortnight, even longer if it is thought desirable.

11893. Do you not give him a letter?—Yes, he has a letter.

11894. And that does for the three or four attendances?—Yes. On the letter which he takes in to the assistant physician the whole history of his case is put; and, in addition to that, at the top the diagnosis of the disease from which he is suffering, and at the side his prescription. Then he gives that up to the apothecary and gets his medicine, and the paper is given to him next time he comes; then he takes it, and if necessary, gets the prescription altered, and, so on; so that the paper is retained in the hospital, and we have a full account of the patient and his treatment, and he only gets the letter each time he comes.

11895. Does that same letter serve for an in-

Chairman—continued.

definite number of attendances?—Practically, it does; theoretically, it is limited; it is supposed to be for six weeks, but every medical man at the hospital has the power of renewing a letter if he thinks fit; and this is constantly done.

11896. What I mean is this: supposing a letter is given to a patient for only a certain number of attendances, and then that letter is set aside, and a new one is given to the same man, that would give the erroneous idea in the return, that there were two cases?—No; he does not get a new letter by applying at the same place as he did before, but the assistant physician directly gives him a new letter; that is a mere form; the case is not added as a new one; it is called a renewed letter in the returns.

11897. And by that means you can tell the number of new cases treated?—Yes, and the length of time that each person is treated at the hospital.

11898. Are those persons carefully counted?—Very carefully.

11899. Can you tell the number of new cases?—Yes; I can tell you the average number of cases in each of the three divisions that I have mentioned. The number of applicants per day averaged in the last year about 51, that is at the place where people apply for out-patient relief.

11900. These are new applicants, I understand you?—Yes, new. Then, of these about 23 are taken as permanent out-patients; that is to say, to be treated until it is thought desirable to discharge them. I should mention, perhaps, with reference to that 23, that the number is limited to 19 or 20; that is to say, in the instructions; but for fear that any cases should come above that number that really require relief, the person who gives the letters out has a right to give as many more as necessary; this generally amounts to one, two, or three, and makes a daily total of about 23. That shows that about three extra letters are given per day. Then the average of those who get medicine for two days has been 14 per diem; and the average of those not receiving relief has been 14.

11901. The latter have not any ailment?—Hardly any ailment; at any rate there is no serious necessity to attend them; and one has to take into account another consideration; that is to say, the possibility of the medical men seeing them. This is one of the changes that has been made in our hospital, I believe to very great advantage, that whereas formerly it was considered that the medical officer could see any number of patients, and it seemed to be impossible to give him too many, it has comparatively lately been recognised that a man can only work up to his best over a certain number of cases in a given time; consequently in our hospital the number has been reduced from an indefinite number to about 23 new cases a day, in addition to all the old ones.

11902. How

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Mr. SHARKEY, M.D.

[Continued.]

Chairman—continued.

11902. How long does the physician go on seeing the patients?—The patients are seen from about 1 o'clock (it varies with different men according to their rapidity) till about 4 or 5 o'clock.

11903. You were a good many years in this out-patient department?—Eleven.

11904. Then you had a good opportunity of taking stock of these patients?—Yes.

11905. Were most of those that came to you in a destitute condition, or very poor?—Well, I could hardly say that, because it is rather difficult to judge, but what I should say is that I do not believe, though I have been on the alert to see it, that the out-patient department is seriously abused in any way as regards the means of the people who attend it. They all seemed to me to be people who could probably very ill afford to pay for medical attendance, at any rate over any length of time; of course I do not mean, whatever system may be, that there are not some people who creep in who should be kept out; but my impression is as regards the out-patient department at St. Thomas's on the medical side, that it is very rare to have persons who can well pay for treatment outside.

11906. You are a physician in the wards now?—Yes.

11907. Do you find the same remark apply to the in-patients?—I should not like to give an opinion on that point; I have only been holding that position since October; but I have seen nothing to the contrary.

11908. When was this alteration made to which you alluded just now?—It was before I came on as assistant physician; it must have been 12 or 13 years ago.

11909. Since you have been there you have not had over-crowding in the out-patient department?—No, because we have rectified it in the manner described.

11910. Then have a great number of people in consequence of that regulation been refused assistance?—About 14 per day. The figures I have given you are really those during the years 1889 and 1890; the average of 1889 and 1890.

11911. Some of those 14 I thought were people who had really nothing the matter with them?—Hardly that. A person is supposed to something the matter if he takes the trouble to come and complain; but as far as anything tangible is concerned they were considered not to have much the matter with them.

Earl of Kimberley.

11912. When you have a surplus over the number that you think fit to admit, how do you determine which to admit, by priority of application or by the urgency of the case?—By the urgency of the case.

Chairman.

11913. Supposing that a very large number came, your out-patient department would be immensely overcrowded?—Yes, that is to say, not our out-patient department, but the department where application is made for out-patient letters.

Earl of Kimberley.

11914. Are you of opinion that the number which you now admit affords sufficient opportunity for instruction for the students?—Yes, certainly. I think that a larger number would make the instruction worse, because it would be impossible to spend the time that is requisite over it.

21915. In short, the thorough examination of a smaller number is far better than the cursory examination of a larger number?—I think so, in every way.

Earl Cathcart.

11916. Your out-patient department is near the door as you go in on the right-hand side, is it not?—If you enter at the central hall it is on the left, not immediately on the left; you have to go round and pass the dispensary.

11917. There is no sort of payment; they do not pay for medicine?—No, nothing.

11918. They bring bottles for the medicine?—They have to supply their own bottles.

11919. In case of an epidemic of cholera or anything of that sort, you would have to do whatever you could?—Yes, our arrangements are sufficiently elastic for that.

11920. You know nothing about the midwifery cases?—No.

11921. But there is a radius of a mile where poor women are attended?—I have nothing to do with that department.

11922. In point of fact we were told that it is so. With regard to the size of the wards, that does not apply to your out-patient department, but those are comparatively small rooms, if I remember them?—Yes, I should think that is almost the only defect in our out-patient department, the smallness of the rooms.

11923. They are small and low?—They are not low, but they are small.

11924. And dark?—No, I should not say very dark.

11925. They are a little unpleasant when all the out-patients are assembled, and they are crowded?—Yes; unless you leave the window pretty wide open as I did; then that introduces a certain amount of sickness among the staff.

11926. Do you find that the wards are too large or a proper size; what is your opinion of the construction of the wards at St. Thomas's?—I should think that it is exceedingly good.

11927. Have you examined many of these bronchial encampments, by which beds are surrounded to prevent the patients feeling the draught?—Yes, I have seen them.

11928. Is there an unusual number of those arrangements?—No, it depends merely upon what the patient is suffering from, and varies from time to time according to the number of cases of acute bronchitis.

11929. But occasionally in the wards you are obliged to make this sort of encampment?—Just as one would do in a private house for bronchitic cases, though one would not do so if the person had some other disease.

11930. When

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Mr. SHARKEY, M.D.

[*Continued.**Chairman.*

11930. When I said just now that some people I supposed had nothing the matter with them when they came, I was thinking of this: Mr. Walker answered a question of mine, and then he said, "The rest, which are supposed to be slight cases, and not necessarily wanting treatment, are sent away; they have an opportunity of applying again the next day. (Q.) They are practically told that there is nothing the matter with them, and they had better go away?—(A.) Yes, very much so." That is at No. 10961?—That is a lay opinion, I think; I do not think they are ever told that.

11931. You think that is not so?—No; I

Chairman—continued.

think there are patients who are sent away who require a certain amount of treatment; but it is very hard to define who is the right person to come to a hospital; independently of money matters, the question is, should there be a certain severity of disease. If anything of that sort be assumed, then these people are not cases requiring treatment.

11932. And you think from what you have seen, that your plan at St. Thomas's keeps down the number sufficiently well so as not to necessitate any inquiry?—I think the system answers well.

[The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 9^o Februarii, 1891.

L O R D S P R E S E N T :

Earl of LAUDERDALE.

Earl CATHCART.

Earl of KIMBERLEY.

Lord ZOUCHE OF HARYNGWORTH.

Lord SAYE AND SELE.

Lord SANDHURST.

Lord SUDLEY (*Earl of Arran*).

Lord MONKSWELL.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. CHARLES TODD, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

11933. You are the Secretary, are you not, of St. George's Hospital?—Yes, and I am also Superintendent.

11934. How long have you occupied that position?—I have been in that position now for 20 years, and for 10 years before that I was assistant to the secretary.

11935. And to whom are you responsible as secretary?—To the weekly board.

11936. And have they in turn any responsibility to anybody?—They would be responsible to a quarterly court really. The weekly board manages the hospital, and quarterly courts are held to review their proceedings. I have had drawn up a short account of the system of management of the hospital; I thought it might be useful to the Committee.

11937. Are you resident in the hospital?—Yes.

11938. And are you a salaried officer?—Yes.

11939. At what salary?—400 *l.* a-year.

11940. When was your hospital founded?—In 1733.

11941. And is it a free hospital?—It is practically a free hospital. The governors and subscribers have letters, but as a matter-of-fact, out of the 4,466 patients whom we took in last year, only 840 brought in-patients' letters.

11942. Have you any paying beds?—No, none.

11943. And nobody pays anything at all?—No.

11944. Do out-patients pay anything?—No, nothing.

11945. What number of beds have you in this free hospital?—Three hundred and fifty-six.

11946. And can you tell me what the daily average of patients that you generally have in the hospital is?—The daily average last year was about 333.

11947. Out of a maximum of 356?—Yes. Sometimes we are quite full, but the number varies. In the summer, of course, we have

(24.)

Chairman—continued.

fewer patients ; and then, during the earlier part of last year when we had so much influenza, we had to close a couple of wards because so many of the nurses were attacked.

11948. What governs your admissions to the hospital?—The needs of the patients really ; the medical officers decide which cases are most suitable, on the illnesses from which they are suffering.

11949. But now in the case of a governor sending a patient with a letter, and a poor patient without a letter also being in the department at the same time waiting for admission, would the patient with the governor's letter have priority?—Yes, if the cases were of equal need. If one case was more pressing, the more pressing case would have the preference, but if they were about the same, the preference would be given to the patient having the governor's letter.

11950. Therefore, as a matter of fact, now-a-days, there is practically very little use in a governor's letter?—Not much.

11951. No use at all, is there?—There is just this use in them ; that in the event of subscribers sending patients with letters, if they are equally urgent with the other cases, they have the preference over the other cases.

11952. Have you any rule at your hospital as to patients not being admitted who have more than 10 *l.* a year income?—No. Some years ago that was introduced as a regulation, having reference to the out-patient department, but it was altered by a special court which was held very shortly afterwards.

11953. Were you there at the time?—Yes.

11954. Do you know why it was altered ; was it because it could not be carried into effect?—It was altered because it was thought a bad thing to do. It was quite disapproved of by many governors ; they thought that a hard-and-fast line like that was undesirable. The clause as drawn was that servants in situations receiving

N

12 *l.*

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Mr. TODD.

[Continued.]

Chairman—continued.

12 l. a year and upwards were not eligible as out-patients; but that would have excluded a great many persons of the general servant class who are quite eligible for treatment in any hospital. That was thought to be too severe a measure and it was withdrawn soon afterwards.

11955. 6. Do you admit many of the servant class into your hospital?—Last year we admitted about 16 per cent. who were servants, but 6 per cent. of those were out of situations; so that it was only 10 per cent. of those who were admitted who were in situations; but the others would certainly be eligible at any hospital.

11957. The masters of these servants, I presume, are governors?—Sometimes; not always.

11958. But do the masters ever pay anything for their servants?—No, but they very often send donations afterwards. Many servants of course bring letters from governors or subscribers, their masters or mistresses; but where that happens not to be the case it very commonly happens that the master of a patient sends a donation afterwards. Sometimes they take the trouble to come and enquire what has been the estimated cost of the patient's stay in the hospital. That of course I do not tell them; I simply say that we do not receive payment for patients, but are glad to receive any contribution which they like to make.

11959. What is the class of patients, do you think, mostly availing themselves of your hospital?—The labouring classes of all kinds.

11960. But whereabouts do they come from; you are not surrounded by a poor neighbourhood?—Yes, we draw patients from Battersea, Chelsea, Wandsworth, Hammersmith, Fulham and Walham Green; all those districts are enormously increasing.

11961. But with regard to all these patients coming from Battersea, Fulham, Wandsworth, and Walham Green, do they not pass a hospital or two on their way to St. George's?—They very often pass the West London to come to us.

11962. And that is a proof of the migratory habits of the people of London?—No doubt.

11963. That they seek a certain hospital which they happen to fancy?—Yes.

11964. Though they may be within a hundred yards of a hospital they will pass that by to go to a distant hospital?—For Battersea and Wandsworth, I suppose, we are rather nearer than St. Thomas's, by Victoria Station. Then, with regard to Chelsea and Brompton, Chelsea is a very large and, in great part, poor parish. Then Kensington, Hammersmith, Fulham, all these districts are enormously extending, and have during the last five or 10 years, immensely increased; numbers of houses for the labouring classes have been built there.

11965. Then Pimlico?—Pimlico also.

11966. Then you really are the hospital for the south-west of England?—Yes, I think so.

11967. But would not Westminster assist you too?—They are beyond us. Westminster takes patients from the neighbourhood of Westminster, and that itself is a very poor place.

11968. How many beds do you put in a ward as a rule?—Our wards vary because, the hospital was built some sixty years ago,

Chairman—continued.

when hospital construction had not been very carefully thought out. Some wards have as few as nine beds, some twelve beds, some fourteen. Then we have two wards thrown together, which, practically, makes them one, and they have twenty-three or twenty-five beds. Our new wing wards, which are the most recent, having been built about twenty-five years ago, have twelve beds each.

11969. What is the amount of cubic space allowed?—That again varies; in our new wing wards it is upwards of 1,500 feet per patient; in some of the other wards it is only about 1,100. I could have brought that information with me, but I did not anticipate your Lordship would ask me that question.

11970. Do your doctors ever complain about the wards being overcrowded?—No, they do not complain. Some of the doctors would like, and the matter is now under consideration, to have some few beds taken out of some of the wards so as to make the cubic space a little greater; but the results have been good, and there have been no complaints.

11971. Are those medical or surgical wards?—Chiefly medical; some surgical too.

11972. When I asked you just now the kind of people who came to your hospital you said that they were of the labouring class; but are they a destitute class as a rule?—A great many are; to a great many we give relief; we have a Samaritan fund from which we give relief to patients when they leave the hospital. In many cases we give relief to wives and families while the patients are in the hospital; the annual report would show that. We have a great many destitute cases. Some persons come in in such a state that we have to burn their clothes and give them a new set.

11973. But that is a common occurrence at all hospitals, is it not?—Yes.

11974. I understand you that you give relief to families as well as relief to patients?—Yes; from the Samaritan fund we sometimes give relief to the family while the father is in the hospital. You will see that set out at page 7 of the annual report.

11975. So that the great proportion of patients are those who could not possibly afford to pay for their own medical treatment?—Certainly, the great proportion; in fact none could really pay for treatment and nursing. Just a few might be able to pay the ordinary general practitioner, but they could not get the treatment or the nursing that their cases require. I may say that we have a convalescent hospital in Wimbledon where we have 100 patients; so that nearly all the cases in St. George's are more or less acute, and directly they cease to be so we cannot keep them because we have so many demands on our beds; we draft off a large number to our convalescent hospital, and the remainder have to go home as soon as they are fit.

11976. You say that sometimes you are quite full; do you ever happen to have to send away patients because you have not room for them?—Frequently, especially during the winter, I have often to pay cab fares for patients

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[Continued.]

Chairman—continued.

patients who are not able to walk home again because we had not beds for them. Every now and then the house physician or house surgeon has to go round the wards to see if there is a patient fit to go home so as to make a bed for another case. That is not at all uncommon, especially during the winter; I myself have had sometimes to go and see the house surgeon and suggest to them that they must try and find somebody to go out in order to make beds for pressing cases which the doctors tell me they cannot refuse.

11977. Now, if there was any organisation of various charities one with another, would not that difficulty be met to a certain extent?—It might, but I do not think it could. I have frequently sent patients on to Westminster and to St. Thomas's because we had not room for them, but they have been crowded at Westminster and at St. Thomas's, and the patients have sometimes come back to us, and then I have had to send them home.

11978. Would you agree with a remark made in answer to a question by me, the other day, to the treasurer of St. Thomas's; would you say that, as far as your district is concerned, the sick relief is lamentably deficient?—It certainly is deficient; we could do well with more beds, and we wish we had them.

11979. And, from what you said just now about Westminster and St. Thomas's, that same remark appears to apply to other districts besides St. George's?—Yes; only the other day they sent a patient back from St. Thomas's because they could not take the patient in.

11980. And does that happen in the case of people who, as far as you can judge, are quite unable to pay anything at all?—Yes, and certainly where, from the nature of the case, the illness requires admission.

11981. You say you supply people with clothes, food, and money, the families of patients?—Yes.

11982. How do you find out about them?—We inquire through the Charity Organisation Society. No family of any patient is relieved until a satisfactory report has been received from the Charity Organisation Society. Then, also, the chaplain takes great interest in the patients, and often visits himself to find out the circumstances of the family; but no case receives any grant until there is a satisfactory report from the Charity Organisation Society or the chaplain that they are people in need. Then we have the clergy and the lay visitors to fall back upon in addition to the Charity Organisation Society.

11983. You do communicate, then, with the local societies on the matter?—The chaplain does it; he takes great interest in his work and often visits the patients after they have gone out.

11984. That is almost the sort of organisation I had in my mind when I said, could not the charities communicate with one another?—Well, they communicate with the other clergy of the district from which the patient comes.

11985. Your individual chaplain communicates with the other clergy?—Yes.

11986. Why should not the secretary of one

(24.)

Chairman—continued.

hospital communicate with other secretaries in the same way?—We could do that perfectly; we often do so on other subjects, but not with reference to the admission of patients.

11987. Not with reference to the relief of the poor?—No.

11988. Now, turning to another subject, what was your expenditure last year?—Our expenditure last year, for ordinary expenditure, was 27,364 *l.*; then there was a sum of 952 *l.* spent on extraordinary expenditure, so that the whole expenditure for the year was 28,316 *l.*

11989. What does the term "extraordinary expenditure" mean?—We have an artesian well in which a quantity of sand had accumulated; we had a great deal of trouble some 25 years ago when it was first sunk, and recently the sand was coming up because the pipes had been worn through, so that we had to clear it of sand and put it in repair. Then we had certain plans for alterations and improvements of the hospital which were under consideration, and they were lithographed, and the plans and lithographing cost a great deal.

11990. What else would be included under that head?—Any additions or important alterations of the hospital we should consider extraordinary.

11991. Not repairs?—No; we whitewash and distemper the hospital all through every three years; that is an ordinary expenditure. We close the wards one after the other; we do not close the whole of them at once, perhaps two or three of them at a time.

11992. Now, with regard to this income, whence come your funds?—From subscriptions and donations and dividends, and a large sum from legacies.

11993. Have you any land belonging to the hospital?—We have a few houses; the rents bring in 1,056 *l.* a year.

11994. That is London property?—All London property.

11995. No property in land?—No, none.

11996. Then as to your annual subscriptions?—Last year they were 6,651 *l.*

11997. And donations?—The donations were 1,746 *l.*; and, besides, we had a donation of 1,000 *l.* stock transferred to us.

11998. Then your legacies?—The legacies last year amounted to 27,781 *l.*

11999. Would you call that a good year for legacies?—That is quite exceptional. We had one legacy of 20,000 *l.* left us, which is a very rare thing to happen. £2,000 was deducted for legacy duty, so that we had 18,000 *l.*; that would leave us a sum of 9,781 *l.* derived from other legacies; even that is very large.

12000. What is your average from legacies?—In an ordinary year if we get 5,000 *l.* we think it good.

12001. You can count upon that?—We do not altogether count upon it, but we hope to get it.

12002. Still that would be about the average?—Yes.

12003. Those, of course, you look to for income

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[Continued.]

Chairman—continued.

come?—Yes, except in the case of large legacies; we invest all the large legacies we can.

12004. But you do not tie them up to the endowment?—No.

12005. So that in the day of need you can sell any such investment?—Yes.

12006. Then do you receive money from the Saturday and Sunday Hospital Funds?—Yes; last year from the Hospital Sunday Fund we received 1562*l.* 10*s.*, and from the Hospital Saturday Fund 400*l.*

12007. Do you make up your accounts in the same way as the Hospital Sunday Fund direct, or do you only do that when you want a grant?—We only adopt their form when we want a grant. Ours is a very simple statement of receipts and expenditure; the governors have been anxious to have it so plain that anybody even those who do not understand accounts may understand it; it is made as simple as possible.

12008. To return to the expenditure for last year of 27,000*l.* odd, what do you put down for the maintenance of the patients out of that?—Everything is included; the provisions for the year were 8,799*l.*; that includes everybody, patients and household and nurses and servants.

12009. Then, with regard to the large legacies, do you count them with your income or do you put them to capital account?—We invest as many as we can of the larger legacies.

12010. But in saying that you have over-spent your income, what do you mean by that?—We, of course, are obliged to include the sum derived from legacies as part of our receipts for the year, and, if necessary, we should have to use it to meet the expenditure.

12011. Where does the Samaritan Fund come from?—From dividends and subscriptions; in the course of years some money has been saved and invested and some legacies have been received.

12012. In an average year, how much do you spend from the Samaritan Fund?—We get about 500*l.* a year, and generally spend it.

12013. Do you supply that from the general funds of the hospital if you are getting short of money?—No; then we have to reduce the expenditure.

12014. But out of that 500*l.* you find you can afford to keep some families whilst their relations are in the hospital?—Yes; you will see on page 7 of the last Report that we spent in 1889, 60*l.* in giving relief to the families of patients while they were in the hospital.

12015. Do you know how much it costs to keep your hospital in repair annually, as a rule?—Well, the repairs vary; in last year's accounts the general repairs are 1,209*l.*; in other years they would be much more. When the white-washing and cleaning year comes round, it is a considerably larger sum; it costs about 1,000*l.* to do that.

12016. Do you pay rates?—Yes.

12017. How much do you pay and how much are you rated at?—We paid last year in rates 365*l.* The hospital is rated at 1,334*l.* a year, and a house, which is really part of the hospital but which is called No. 1, St. George's-place, where the medical officers live, is rated at

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250*l.* a year; it is all, practically, one building, but they are rated as two.

12018. With regard to your weekly board, is that made up of professional men as well as lay governors?—Yes; it includes medical officers if they are governors; everybody subscribing five guineas a year or upwards, or giving 50*l.* or upwards in one sum, is eligible to be elected a governor. We have about 1,000 governors; all those governors, whether medical or otherwise, have a right to attend the weekly board.

12019. Then it is an open board?—Yes; quite an open board to all governors.

12020. Then does this open board transact the business of the hospital, or does it appoint committees?—Yes; it appoints committees. There is a finance committee which discusses all matters connected with the finances of the hospital, the tradesmen's accounts, all questions of investments or of selling out stock, and all questions of increase of salaries and reports to the board. Then there is a general purposes committee, which considers all matters concerning repairs or alterations or additions to the hospital, and receives tenders and accepts contracts for provisions; and if any question of management comes before the board it may be referred to the general purposes committee to inquire into and report on. In addition, there is a nursing committee, which has the sole charge of the nursing department. The nursing committee appoints and dismisses all nurses and probationers, and superintends generally all matters connected with that department. It makes an annual report to the board in the month of April every year, in which it enters fully into the question of the nursing department; it reports the number of probationers and nurses engaged during the year, and the number dismissed, and the reasons why they left; it reports the sick rate among the nurses during the year (I have a copy of the report here if you like to have it read), and it goes fully into all particulars concerning nurses. The superintendent of nurses reports to the nursing committee, and they appoint and dismiss all nurses. There is a chairman of the nursing committee appointed, who is frequently at the hospital three or four days a week, and is in constant communication with the superintendent of nurses.

12021. Then this nursing committee has full power, I understand?—Subject to the board, full power; they report to the board.

12022. Then the work of the hospital is done by these various committees?—They all report back to the board, and the board discusses the reports of the committees and accepts or refers them back as they see fit.

12023. Have you a medical committee?—Yes.

12024. Of whom is it composed?—All the medical officers; all the physicians and surgeons.

12025. Now, with regard to any complaints that there may be in the nursing department, those go to the nursing committee?—Yes.

12026. And complaints of the patients with regard to their food, for instance, to whom would they go?—To the board or to myself.

12027. Do you have many of them?—Very few; and I report to the board if there is anything

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thing worth reporting. If there is any matter of complaint concerning a patient's diet I generally ask the first governor who comes in to inspect it, I myself having first of all inquired into the circumstances. We are so centrally situated that we have constant visits from our governors; there is rarely a day that passes without two or three coming into the hospital. The treasurer is constantly about, and other governors come up; so that it is not difficult to get an opinion.

12028. But then you have no power in your own hands to deal with it?—Certainly, if I was satisfied that the diet was not good I should at once see the housekeeper or steward about it; I should send for them myself.

12029. Do you ever get complaints from outside people who have had servants or friends in the hospital?—Scarcely ever; and if we do we insist upon the person, if possible, coming to the hospital to make his or her complaint to the board, and the whole thing is gone into at once.

12030. In fact, you rely upon the public to come to the hospital to make complaints if there is anything to complain of?—Yes; but in addition we have four or more governors appointed every month, whose business it is to go round the wards day or night and to inspect everything, to make all sorts of inquiries, and to make a report to the board whether they think things are satisfactory. They especially direct their attention to the diets and report every week to the board and make constant reports about the diets, nearly always favourable. Patients have every opportunity of complaining either to these governors or to the officers of the hospital.

12031. You mentioned contracts just now; who makes the contracts?—The general purposes committee is empowered by the board to accept contracts.

12032. They advertise for tenders, do they?—They advertise for tenders, and the general purposes committee receive the tenders, and has the power of accepting a contract by a special resolution of the board.

12033. Then who is responsible for the quality and quantity of the meat coming in being as required?—The steward.

12034. Is he under you?—Yes.

12035. What class of man is he; what salary does he get?—He gets 100 *l.* a year, and lives in the hospital.

12036. Do you do all the washing by contract, or do you wash on the premises?—No, it is all done by contract.

12037. Do you find that more expensive?—We could not do it ourselves; it is impossible, being situated at Hyde Park Corner.

12038. Now, you mentioned the nursing committee; who is the official directly under the nursing committee?—The superintendent of nurses.

12039. Does she hold the same position as a matron does in other hospitals?—She is called superintendent of nurses and matron.

12040. Then have you the same system as in other hospitals of sisters, trained nurses, and probationers?—Very similar, only we do not call

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our head nurses sisters; we call them head nurses.

12041. Has there been much improvement in St. George's in the nursing in the last 10 years?—Yes, we are constantly doing something to make things better. Within the last 10 years we have built a separate sleeping apartment for every nurse, and now we give each her cubicle, whereas formerly they slept two or three together.

12042. Could you give us a return of what the hours of the nurses are?—Yes.

12043. I will first ask you what are the hours of the day nurses?—The head nurses come on duty at 7 in the morning and they go off duty at 10 at night; they have breakfast and lunch and tea and supper in their own sitting rooms; they go down to dinner in the nurses' dining-room at 4 o'clock. They have two hours leave every day, that is to say from 5 to 7 one day, and from 7 to 9 the other. They have three weeks' holiday every year, one day off every month, and from 4 o'clock p.m. to 9 o'clock p.m. once a month.

12044. Is there any time allowed for these various meals like breakfast, luncheon, tea and supper?—The head nurses, getting them in their own room, take their own time really; for dinner they have half an hour.

12045. Is that the time they are allowed to be out of their wards?—That is the time they are at dinner.

12046. If they leave the ward at 4 for instance, they have to be back in it at half-past 4?—It is more often a little after the half-past 4 before they come to their wards. The dinner of the head nurses is served at 4 o'clock, and they leave the dining room at half-past 4.

12047. A head nurse has a sitting room, I understand you to say?—Yes, each head nurse has her own sitting room and bedroom.

12048. Do either of those rooms adjoin the ward?—In the case of six of these head nurses they adjoin the wards, both bedroom and sitting room, and those are the most popular rooms; the bed-room is over the sitting-room. In the other cases the bedroom is at top of the house and the sitting-room attached to the ward.

12049. So that at night in some cases the head nurse is right away from her ward?—Right away from her ward.

12050. Now as to the day nurses, what are their hours?—They breakfast in the dining-room at half-past 6 in the morning; they are on duty in the wards at 7 o'clock; they dine from half-past 12 to 1 o'clock; they are allowed half an hour for that; and half an hour for tea; the tea goes on from 4.45 to 5.45.

12051. Where does that take place?—In the nurses' dining-room; and supper in the nurses' dining-room at half-past 9; they are off duty every other day from 6.45 p.m. to 10 p.m.

12052. You did not tell me what time their day ends?—At supper time unless they have gone off duty at the earlier hour of 6.45, as they do every alternate day. Every other day they are off duty from 6.45 to 10 p.m. They have two

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weeks' holiday in the year and one day's holiday every month.

12053. Is the health of your nurses good?—Yes, very good. The nursing committee reported in April 1890 that for the year 1889 the rate of sickness was $3\frac{1}{2}$ per cent.

12054. Have you had any deaths among the nurses lately?—In 1888 a nurse died from peritonitis. We have had no death since.

12055. But not from hospital diseases like typhoid or sore throat?—No, no nurses have died from typhoid or diphtheria for a long time.

12056. Do you take in diphtheria cases?—Yes, we take in diphtheria cases; we have three special wards set apart for them.

12057. You isolate those cases?—Yes.

12058. Has the matron any power to suspend nurses?—Yes, she has the power to suspend.

12059. Not to dismiss?—Not to dismiss.

12060. Supposing one of the nurses is ill, where does she go?—If she is ill she goes to the nurses' sick-room and is placed under the charge of the resident medical officer. We have a resident medical officer one of whose special duties it is to look after the sick nurses; and in the event of his wanting another opinion he calls in a physician or surgeon.

12061. Is he a man of a certain standing and age?—Yes; he is a man of middle age.

12062. Then with regard to these day nurses, do they do anything in the way of scrubbing or menial duties?—No, they do everything that is required for patients, and therefore they clean the patients' medicine shelves. Over every patients' bed is a shelf on which his medicine is placed, and that the nurse has to keep clean. They have to dust the wards, but they have no scrubbing to do beyond the patients' shelves.

12063. Or any burnishing?—Polishing pewter inkstands? The probationers keep them clean.

12064. You have ward maids?—We have them in all the wards.

12065. As regards special nurses for certain serious cases, have you any of them?—We have a large number.

12066. Could you supply them all from your own staff?—No, we have to get them many outside.

12067. Do you find difficulty in getting them?—We keep a list on our books of persons fit and willing to attend special cases; we send to them first, and then in the event of our wanting more we send to a nursing institution in our neighbourhood.

12068. What I want to get at is whether you find difficulty in getting nurses for special cases?—Sometimes we do; sometimes the superintendent of the nurses and myself have to consult what to do to get special nurses; that is not at all uncommon.

12069. What number of nurses have you on your staff?—Ninety-two.

12070. Then with regard to the night nurses, what are their hours?—The night nurses break-

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fast, or have their first meal after getting up at 9 o'clock at night; then they go on duty at half-past 9 o'clock till 9 o'clock the next morning.

12071. So that the first two or three hours of the day the duties of day nurses and night nurses overlap?—Yes.

12072. Is that the heaviest time in the wards?—Yes.

12073. Getting up the patients?—Yes, and attending to the breakfasts and early dressings, and things of that kind.

12074. And in the case of male attendants being wanted, do you keep a number on your books?—We apply to the Hamilton Association.

12075. Is that an association which provides male attendants?—Male attendants only; we have a few of our own besides, but we depend upon the Hamilton Association chiefly.

12076. As to the length of service of nurses, have you any idea how long they stay, as a rule?—Yes; the head nurses stop a long time. We have one head nurse who has been in the service of the hospital now for 20 years; another head nurse who has been in the hospital about 18 years; and others varying times. The ward nurses enter as probationers to serve for three years, and some few stop beyond their three years, but not many; they prefer to change in some cases, and in other cases they prefer to go to private nursing, or wish to get head nurses' or sisters' posts, and as there are not sufficient vacancies with us they have to go elsewhere.

12077. But as to these head nurses who have been so long with you, do they not rather belong to the class of old-fashioned nurses?—There is only one really; the others have all been trained by ourselves.

12078. You have a staff of probationers?—Yes.

12079. Those are nurses training?—Yes.

12080. How long do you think they ought to be in the hospital before you can consider them trained nurses?—They enter for three years. At the end of their first twelve months' training, if they are thought fit they are promoted to be ward nurses, and they serve in that capacity, doing day and night duty alternately during two years, making up the three; and then, if they stop, and some do, we are very glad to have them.

12081. But they have a right to a certificate after three years?—Yes.

12082. Have you lady probationers or pupils?—We have no lady pupils so called, but we have ladies that enter on the same footing as the other probationers.

12083. They are paid?—All paid.

12084. Have you an institute from which you send out nurses to private cases?—No, and we only train nurses for our own wards.

12085. Have you pensioners?—We have pensioners.

12086. Is there any rule laid down with respect to pensions?—No rule is laid down; each case is considered on its merits.

12087. From what you said just now I should gather

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gather that the expense of the nursing has become less every year, because they stop a shorter?—On the contrary, the expense of nursing increases.

12088. Could you tell us what are the maximum and minimum rates of pay at your hospital?—Yes. With regard to the head nurses, there are at present two rates of pay; the two head nurses, who have been with us some time, were on a different rate of pay from that now existing. They now receive 40 *l.* a year and no allowance for washing. Then we have another nurse who also was on the old rate of pay; she receives 34 *l.* a year, and she, too, has no allowance for washing. We have eight head nurses receiving from 30 *l.* to 36 *l.* a year and 4 *l.* allowance for washing. We have six head nurses receiving from 24 *l.* to 28 *l.* a year, and 4 *l.* allowance for washing. We have a surgery or casualty room nurse receiving from 24 *l.* to 27 *l.* a year, and the same allowances, 4 *l.*, for washing; an out-patient department nurse receiving from 24 *l.* to 26 *l.* a year, and the 4 *l.* allowance for washing. We have 47 ward nurses, who take day and night duty alternately at intervals of about three months; their pay is from 20 *l.* to 23 *l.* a year, with the same allowance, 4 *l.*, for washing. We have four permanent night nurses, who have been with us for several years; two of these receive 29 *l.* a year and no washing, and two 25 *l.* a year, and 4 *l.* allowance for washing. Then we have 22 probationers, with 11 *l.* a year, and 4 *l.* allowance for washing.

12089. Have you altered the hours of the nurses at all lately?—Only a very little; we have given the day nurses lately another hour in the evening; they used to go out for two hours every alternate evening, and now they have three hours, until 10 o'clock. That gives them an opportunity of going to see their friends. If they wish to be in to supper they must come home by half-past nine.

12090. Are all the doctors on your staff paid?—None are paid.

12091. With the exception of the junior medical officers?—Except some of the juniors.

12092. The resident medical officer is paid?—Yes; and the obstetric assistant is a salaried officer; he has charge of the lying-in cases; some of the other officers, the registrars and junior officers, are paid, but none of the senior staff. I will put in a list of the salaries and number of the staff.

12093. Do you attend a large number of lying-in cases outside the hospital?—Yes; last year we had about 392.

12094. Are those treated by what have been called extern clerks?—Yes, under the superintendence of the obstetric assistant; in fact, several he has to treat himself.

12095. What has a woman to do if she desires to be attended from the hospital?—She comes to the hospital on a Thursday at 11 o'clock to see the obstetric assistant; he ascertains when she expects that she will want assistance, and then she has a letter given to her which she has to send to the hospital when she wants the doctor; when the letter comes it is decided who shall be

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sent. A book is kept, with the names of the gentlemen qualified to attend.

12096. But in the case of a young man attending his first case would the obstetric assistant go with him?—Generally a senior man, or possibly the obstetric assistant himself would go with him.

12097. Who are those young men under; the medical committee?—Yes; they are pupils of the hospital.

12098. So that in case of misconduct or carelessness that would come before what body?—That would come before the board. It is written on the letters which these women receive that they are to come to the hospital at the expiration of a certain time to "return thanks"; and when they come they are closely questioned by the chairman what treatment they have had, whether they have any complaints to make, whether the medical officer made a certain number of visits, and also whether the doctor was present when the child was born, or, if not, as soon after as could be expected.

Earl of Kimberley.

12099. Are these women attended by having letters from the governors?—No, the whole department is free.

12100. Do you limit the number attended to the number required for the instruction of the medical students?—Yes; but they are supposed to come from within a mile radius of the hospital, and we limit them according to the number of doctors we are likely to have available.

Chairman.

12101. Have you a larger number of medical or surgical beds?—We have 205 surgical beds, and 151 medical beds.

12102. Has any idea ever been started of transplanting St. George's into the country?—No.

12103. Not that you know of?—Not seriously. Of course one knows that it has been talked of occasionally in the neighbourhood, but it has never been seriously thought of, or spoken of.

12104. Are there any dispensaries near at hand?—Yes, there are one or two provident dispensaries in our neighbourhood, which, I believe, get on very well.

12105. You said that the hospital is quite free, and that the out-patient department is quite free; are the out-patients unlimited in number?—No, we restrict them to 15 each medical officer each day.

12106. How many medical officers have you?—Some days two, some days three, some days four, according to the different special cases. The ordinary physicians and surgeons come four times a week, and to each medical officer there are only admitted 15 new cases; perhaps I may explain the system.

12107. Will you please do so?—On the days when out-patients are seen, the applicants are supposed to be in attendance before half-past 11; it is the business of the resident medical officer to go downstairs and see all the cases applying

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for treatment, and from those applying he selects the 15 most serious cases for the physician and 15 for the surgeon; then, after that, a clerk goes down and registers their names, occupations, and addresses, and ascertains as far as he is able if they are suitable cases, under certain rules, for treatment. If he has any doubt about the position of the applicant, or whether he or she is suitable for treatment, he would mark the case E. (for "Enquiry") on the paper, and send it up to me, and I should make certain inquiries. If I wanted more information I should send the case to the Charity Organisation Society, but the patient would be seen on the first occasion. And then, if on the report coming back from the Charity Organisation Society it was satisfactory, of course the patient would continue under treatment; if the report from the society was not satisfactory, the book would be stopped, and the patient would see me.

12108. With your system of restricting the numbers in that way, do you turn away many people from that out-patient department?—Yes; we have to turn away several.

12109. You have to shut the doors and say you cannot admit any more?—We are obliged to say that all the tickets have been given, and no more can be seen; but the resident medical officer is very careful that if, among those who cannot be treated that day, there are any bad cases, they should not be sent away, and he himself takes them to the casualty room or surgery, and asks the house physician or house surgeon, as the case may be, to prescribe for them.

Earl of Kimberley.

12110. With regard to diet, supposing that a certain diet is prescribed; say, for instance, that fish is ordered for a patient, would the patient be sure to get it practically; I mean immediately afterwards the same day or the next day?—Yes; the next day. The physicians or surgeons come at one o'clock, after the patients' dinner, and any diet prescribed is supplied the next day. Anything immediately necessary would be supplied at once.

12111. You never had any case before you where fish had been ordered and the patient did not get it till two or three days afterwards?—No, I have not. There are 70 or 90 fish diets every day. No patient leaves without seeing the resident medical officer or myself, and every patient before he leaves is asked whether he has any complaints to make.

Chairman.

12112. Do you ask them whether they have had to give any fees to anybody?—Yes, we ask them that; but we can very often judge that nothing of the kind has passed, because it is evident that they are quite poor persons.

12113. You interrogate the patient whether he has had all the food that has been ordered, and whether there is any complaint that he has to make?—Yes; but, in addition, the governors nominated by the weekly board are going round the wards while the patients are there to ask the same thing; and all patients going

Chairman—continued.

out on a Wednesday are seen by the board; on Wednesdays we send out a large number of patients to our convalescent hospital or to their own homes.

Lord Saye and Sele.

12114. Is there any airing court at St. George's or any space for exercise?—Yes; at the back of the hospital there is a quadrangle where patients can walk.

12115. In the cramped space you have, where is the mortuary?—It is under a ward really, on the Grosvenor Crescent front; it is not near the houses; it is a large room with a ventilating shaft to the top of the hospital and gas lights in the shaft always burning to carry off any foul air.

12116. What ground-rent do you pay for the hospital?—Part of it is our own property, and the rest we hold at a peppercorn rent, from the Duke of Westminster.

12117. Who is an honorary treasurer?—Yes.

12118. What is the amount?—£. 5 4 s.

12119. Considering the very conspicuous position that the hospital occupies in the West End, it always looks a very dingy building; can you tell me when it was last painted outside?—Perhaps I may answer the question in another way. The question of painting the hospital has been under consideration for some time, and it would have been done last year only it was proposed to make certain additions and alterations to the hospital; they were considered, and eventually not allowed, by a special court of the governors, and so the painting stood over; but the painting I think, will be done this year certainly.

Earl Cathcart.

12120. We did not hear much of your medical school; you have one?—Yes; the dean of the medical school will be here to give you full information on that subject; I shall be happy to answer questions as to any particulars.

12121. There is one matter of some little importance; it was told us that a medical school entailed a considerable expense upon the hospital proper; the evidence I refer to is on page 255; it was the evidence of Mr. Brodhurst, and the question was question No. 3987. "In consequence" he says, "of the schools now being attached to the hospitals, the hospital management is in excess of what is needed for the poor; the food is too luxurious, the nursing is fit for Dives, and" (this is the part I want to call your attention to) "every new medicine and instrument, splint, bed, and knife must be tried for the sake of the students. Every surgeon orders whatever he chooses at the expense of the hospital; and if he has a taste for new implements he may exercise it to any extent." Now is that your experience at all, that these things are called for for the sake of the school in undue proportions as compared with what is necessary for the sake of the patients?—Every instrument of the kind has to be ordered by the weekly board; the surgeons cannot order anything; they have to apply to the weekly board for it.

12122. The statement I have just read was made by Mr. Brodhurst, and it never has been clearly

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clearly contradicted; but it is not your experience, I understand, that undue expenditure is caused by application for novelties in that way?—I do not think that is the case, but naturally we get the best system of treatment we can for our patients, whether of medicines or surgical instruments.

12123. But if a medical man asks for anything the probability is he would get the thing he asks for?—Yes.

12124. It being well weighed and considered?—Yes.

12125. I happened to look into a map of London of the year 1767 and I found that your hospital was marked in fields; I suppose originally the buildings were of a homely character?—Yes, the hospital was established in what was then known as Lanesborough House; there was a little difference as to re-building Westminster Hospital, and a certain number of the governors withdrew from that and took Lanesborough House, which they converted into St. George's Hospital. They collected funds enough for two wings, and for some years the hospital contained 200 beds, Lanesborough House having been converted into the hospital.

12126. What is the greater part of your hospital, leasehold or freehold?—The greater part is leasehold, rented from the Duke of Westminster; the lesser part is our own freehold.

12127. Have you a long run of lease?—No; it has to be renewed from time to time.

12128. On reasonable terms?—Yes; there is a fine of 40*l.* payable before the lease is renewed.

12129. When you built your new buildings did that get you into debt?—That was 60 years ago, and I am afraid I cannot say much about what happened then.

12130. I mean was any debt of importance left?—No, I believe not. A few governors took the matter up very warmly, notably Mr. H. P. Fuller, and I think the whole was paid for at the time or soon after.

12131. The noble Lord in the chair asked you if there was ever contemplated a removal of the hospital into the country; has a removal anywhere been contemplated seriously?—Not seriously.

12132. Not in London?—No.

12133. But supposing you should outgrow that site, would it not be necessary to take some other, seeing that there is no room for extension?—We, at the present time, are seeking to get further accommodation for our nurses; we are now trying to get some houses where we can sleep nurses, in order to be able to increase our staff.

12134. The position is a noisy one, but otherwise healthy?—Yes, it is noisy, but wood paving has done a great deal to make that better.

12135. Do you have complaints from the patients on that matter?—No, they soon get used to the noise.

12136. The wards have a snug and comfortable appearance?—I think so; the patients seem very comfortable.

12137. What size of ward would you like to work a hospital with?—I think 12 beds to 14 is a good size for a ward.

12138. It is more comfortable for the patient,

Earl Cathcart—continued.

more easily warmed than a larger one?—Yes; as a matter of fact, many of our wards contain about 14 beds; in the wings, as I have already mentioned, we have thrown two such wards into one.

12139. What temperature do you maintain in your wards?—We try in cold weather to keep it up to 60° in the medical wards (we cannot do that in the surgical wards); we have had a heating apparatus put up so that in the medical wards, if necessary, the temperature can be increased.

12140. Have you any records of the temperature kept?—The resident medical officer has records from time to time of the temperature.

12141. Why cannot you keep up the same temperature in the surgical wards?—It is not advisable to have them too warm.

Earl of Kimberley.

12142. You do not mean that you cannot, but you do not think it necessary?—We do not think it advisable.

Earl Cathcart.

12143. It was suggested that there might be an interchange of patients between hospitals; that would excite some little jealousy, would it not, because other hospitals would think that you were picking out the best cases for the hospital; that is to say, the worst cases, for your own hospital and sending them the others?—If we have the opportunity we should send on to other hospitals cases which ought to be taken in, but which we could not receive.

12144. But there would be a jealous idea that you kept the patients that might be useful to your school, and sent on those that were less serious cases?—There might be.

12145. Have you found on the whole that this Hamilton Society for male nurses is a satisfactory society?—Yes, as a rule.

12146. They send you suitable people, do they?—As a rule.

12147. And you think it is advisable that men should be trained for a certain class of cases?—Yes, it is very useful.

12148. There are many cases for which women are not fitted?—Yes. Before that we had to apply to the Commissionaires; when there are men suffering from delirium tremens, or otherwise noisy and violent, they cannot be controlled by women. The Corps of Commissionaires used to do the work as well as one could expect; but they were not trained for it.

12149. But it is highly desirable to have trained men, because they can do their duty in a way that an untrained man cannot?—Yes, distinctly.

12150. Your midwifery cases are really educational cases, not so much in the way of charity; is not that so?—It is both; the educational value has to be considered, but it is in the way of charity as well.

12151. If you had not had a school you would not have attended your midwifery cases, would you; that is what I mean?—It is possible. Many of these people are so poor that they want help during their confinement.

12152. But I understood you to say that you did not make much inquiry?—All their statements

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[Continued.]

Earl Cathcart—continued.

ments are registered, their names, the occupations of the husbands, and the addresses.

12153. Your out-patient department is very inconvenient; you go down some steps into an area, and in the area there is a kind of house built something like a chapel, and across a narrow passage are two sort of cabins, or rooms, where the medical men, I presume, are?—Yes, there are four consulting-rooms.

12154. And at the end of the passage there is the dispensary hatch?—Yes.

12155. Do you not find that space confined?—Yes, it is contracted.

12156. That is the case with all the out-patient departments, is it not, that the out-patient department is an after-thought, and was not provided for in the original construction of the building?—Our out-patient department was built about 23 years ago. Formerly we had no arrangements for the out-patients at all; they were seen in two rooms at the right and left of the hall door as you entered. Then we made some provision, and had an out-patient department, which at the time was sufficient.

12157. In your experience, in most of the hospitals in London the out-patient department is confined, is it not; it was not originally thought of in the construction of the building; is not that your experience from what you have seen?—In many cases it has been expressly built for the purpose. The London Hospital has a large out-patient department.

12158. We were told at our last meeting that at this great hospital opposite (St. Thomas's) the out-patient department is too small?—It has become too small, I daresay.

Earl of Arran.

12159. The nursing committee investigate all reports, I suppose, from the superintendent of nurses in the first instance?—Yes.

12160. Have they the power of dismissing a nurse before reporting to the board?—Yes.

12161. Then, having dismissed, they report the case to the board?—Any bad case they would report; otherwise they would not report to the board. They hire and dismiss the nurses without reporting to the board, except in some serious case.

12162. Where the bedroom of the head nurse is at the top of the ward, is there communication, supposing she was wanted; are there bells?—No; but we have a night superintendent on duty at night, and she takes the place of the head nurses. If the night nurses are in any difficulty they apply at once to her; if a patient is taken worse they apply to her, and she sends for the doctor. She goes round the wards every night three times, in addition to visiting the urgent cases.

12163. Have you a children's ward?—No; they are put in the women's wards.

12164. And you find that the best system?—We think so.

12165. You never have complaints of the children disturbing the other patients?—Very rarely; but if necessary we remove the child to a separation ward.

Earl of Arran—continued.

12166. You have never tried the system of having the children in one ward at night, and then in the day-time letting the people in the hospital see them?—I have heard from a governor who has a longer knowledge of the hospital than I have that originally they had a children's ward, but it was found desirable to give it up.

12167. Does the superintendent of nurses go round the wards daily?—Every day the resident medical officer goes round the wards, and also the superintendent of nurses.

12168. Is there a separate kitchen for the nurses?—Not at present; we are hoping to get one; at present there is only one kitchen, both for nurses and for patients and officers.

Lord Zouche of Haryngworth.

12169. Do you ever take in cases of measles?—Yes.

12170. Or scarlet fever?—Not scarlet fever. If a case of scarlet fever comes up we do not let it go away; we have an isolation room in which the patient is put, and we send for an ambulance and send the case to the Fever Hospital.

12171. Do you isolate measles?—No; except with regard to the children; children are moved away from the neighbourhood of the patient, perhaps out of the ward; and then we go on very well.

12172. Do you take in any other infectious cases?—Typhoid cases and diphtheria we take in; we isolate diphtheria cases in the diphtheria wards.

12173. Would you often have cases of diphtheria?—Yes, we take in a great many; last year we admitted 54 cases.

12174. Do you ever have a nurse taken ill with diphtheria?—We had no nurses last year attacked with diphtheria; the year before we had one, who had a diphtheritic throat.

12175. Have you not had any other nurses who have caught the infectious diseases at the hospital?—No.

12176. You have not had any epidemic of diphtheria?—No; the only thing last year was that they suffered a great deal from influenza.

Lord Thring.

12177. I think you replied to the Chairman that in cases of delirium you have a male nurse?—We move them to a separation ward and have a male attendant.

12178. And you do not allow a patient to pay for a nurse?—No, we provide everything free.

12179. Have you had any complaints from outside that they have in some cases paid?—No; if they have it was quite wrong. They are very often too poor for it to be necessary to ask them the question; but otherwise they are asked if they have given anything.

12180. If they have, it is contrary to the rules of the hospital altogether?—Yes.

12181. You have not heard of a case of a patient brought in and becoming delirious, his relatives saw him and paid for a nurse?—That has not been brought to our notice. I do not think it can have occurred.

12182. With respect to the provisions; do you

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[Continued.]

Lord Thring—continued.

you boil your milk?—Yes, we scald it all the summer.

12183. That gives it a flat taste?—Yes.

12184. Have you had complaints of that boiled milk being very distasteful?—No, we have had no complaints. That has been our practice during the hot weather.

12185. With respect to jellies and articles of that description; do you make them in the house yourselves, or do you send out for them?—Some we make in the house ourselves, some we get from Gunter's.

12186. With respect to quite another subject; an architect for repairs; have you a superintending architect belonging to the hospital?—We have.

12187. How is he paid?—Five per cent. on work done under his superintendence, and 2½ per cent. on certain jobbing books in which the minor repairs are entered.

12188. Is he salaried also?—No, he is not.

12189. Then with respect to these committees; I think you told the Committee that there are about 1,000 governors?—Yes, about 1,000 governors.

12190. And they elect a series of committees, do they not?—Yes.

12191. How do they elect them?—By ballot.

12192. The governors have a meeting for the purpose; is that what you mean?—Out of those thousand a great number never come to the meeting of the board. We have an average attendance of 26 during the season.

12193. At your annual meeting you elect the committees?—At the Court of Governors in May a committee is elected to appoint certain officers; the finance committee, the general purposes committee, and the nursing committee are elected at the weekly board.

12194. That is, in fact, a board of the governors?—Yes, an open board.

12195. What number usually attend to elect these committees?—Generally we have an average attendance of about 26.

12196. And how many are there on each committee?—The general purposes committee is composed of 16 governors, the treasurers (*ex officio*), and two members appointed by the medical committee; the finance committee is composed of six governors, the treasurers, and the trustees; 10 in all.

12197. Then the nursing committee?—The nursing committee is composed of 10 governors and all the medical officers of the hospital who are governors; the whole strength of the committee is about 30.

12198. How often does the nursing committee meet?—Once a month; sometimes oftener.

12199. How many governors practically attend?—A varying number; sometimes only four or five; sometimes a dozen or more.

12200. And these gentlemen really attend to the business?—Yes; they are generally members in constant attendance at the weekly board as well.

12201. As I understand your nursing, it is practically not lady nursing?—We have persons of both kinds at the hospital; some who would be called lady nurses, and nurses drawn from the other class.

(24.)

Lord Thring—continued.

12202. Is the superintending nurse, commonly, what is called a lady?—Yes.

12203. And are your head nurses usually ladies?—Some are and some are not.

12204. But they are all on the same footing?—All are on the same footing; there is no distinction.

12205. Is two week's holiday, in your opinion, enough for the nurses?—We should be very glad to give them more, but at present our staff is small for the work required. The committee have even now under consideration the question of increasing the nursing staff; it is a question of accommodation; we are now negotiating in order to lodge out nurses whom we cannot accommodate in the hospital.

12206. When you send away cases, do you send them ever to the poor-law infirmary?—If you mean those refused in the out-patient department, we do not tell them where to go.

12207. I rather meant this: you told us that the beds were not unusually so full that you were obliged to send away some?—We tell them to apply to the relieving officer for orders for admission; the poor-law infirmaries will not usually take them in without; they must go first to the relieving officer.

12208. If they are of that class you tell them to go to the infirmary?—Yes; and sometimes I have written a note asking them to take them in at the infirmary without the usual order.

12209. As I understand, you really and truly relieve the poor rates by taking a good many pauper patients?—No doubt we do.

12210. I do not quite understand why you should not send those people who are evidently pauper patients to the infirmary, and take in a class who would not be pauperised?—Patients do not like going to the infirmaries.

12211. Do you think that patients who come to you, however badly off they may be, are anxious to avoid pauperism?—Yes.

12212. And in the cases which you have investigated that was the effect of your inquiry, was it?—Yes; every now and then we have to send cases on to the infirmary. We, first of all, have to advise them to go and see their relatives and get their consent.

12213. But you think that by taking in these people you avoid pauperising a deserving class?—No doubt.

Earl of Lauderdale.

12214. What is the amount of money you have invested at interest, or are receiving dividends from?—It now amounts to about 441,640 *l* of capital. The dividends last year amounted to 12,642 *l*.

12215. Did you say that you had any landed property?—None at all; a few houses, that is all, in London.

12216. Your dividends amount to 12,000 *l*. a year in round numbers?—Yes.

12217. And your expenditure is 28,000 *l*.?—Yes.

12218. And the difference is provided by subscriptions and legacies?—Yes.

12219. In the case of that legacy of 20,000 *l*. which you received last year, did you invest any portion of it?—The whole of it.

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[Continued.]

Earl of Kimberley.

12220. Are there any special limitations as to your investments?—We invest in first-class debenture stock or Government stock, but have recently bought some colonial stock. We consider ourselves tied; we have our own law on the subject, based on the Acts empowering trustees to invest.

12221. Have you made rules by which you have debarred yourselves from investing in colonial securities?—No. We have quite recently altered the law so as to enable us to invest in colonial securities. If I may read this clause, it is pretty plain (it is page 27 of the Laws): "The current expenses of the hospital shall be defrayed as much as possible from the annual income of the hospital and from donations; and the surplus of such income, if any, and all other funds received on account of the hospital, and not required to be applied for its current expenses, shall be invested in Government or real securities, or in such funds as trustees are empowered to hold by Act of Parliament, or in permanent debenture, preference, or rent-charge stocks of first-class railways, or other companies in Great Britain, or in Colonial Government stocks, registered or inscribed in London, upon the recommendation of the finance committee, at such times and in such manner as the weekly board shall from time to time direct."

12222. That is your new rule?—Yes.

12223. Formerly these colonial and inscribed stocks were not included?—Quite so.

Earl of Lauderdale.

12224. When was this new rule adopted?—About two years ago we obtained power to invest in colonial securities, and since then we have invested.

12225. How much?—In the India $3\frac{1}{2}$ per cents. we have 18,270*l.*; in the India 3 per cents. we have 57,879*l.*; in Queensland $3\frac{1}{2}$ per cent., 48,459*l.*; in New South Wales, $3\frac{1}{2}$ per cent. stock, we have 30,000*l.*; in Victoria, $3\frac{1}{2}$ per cent. stock, we have 25,000*l.*; and in Canada, 3 per cent. stock, we have 35,000*l.*

12226. Making a total of how much?—£.214,608.

12227. Then you have got half of the amount invested in the colonial stock in the last two years?—Yes; we have sold out other stock to invest.

12228. By this new rule?—Yes, by this new rule, made about two years ago.

Chairman.

12229. Is any portion of that 440,000*l.* tied up for endowment; or can you spend the whole?—We cannot spend the whole; about 113,000*l.* is tied up.

Lord Thring.

12230. By Act of Parliament, do you mean?—No, by the testators. We have had one or two bequests left to us with the condition that we are only to use the income and not the capital. About 113,000*l.* is thus tied up.

Chairman.

12231. When the hospital was built it was not endowed with any particular sum of money, was it?—No, it was not endowed at all. The amount of stock we possess arises from legacies which we have had; during the last five or six years we have had two legacies of 100,000*l.*, which have been invested, and some of lesser amounts.

12232. Now before this five or six years you were in low water?—We used to have to sell from 3,000*l.* to 4,000*l.* a year stock to meet the current expenditure.

12233. How did you make up the amount of your income; did you ever appeal to the public?—Yes, we appealed on several occasions. In 1869, 1870, and 1871 we had special meetings; H.R.H. the Prince of Wales, the Duke of Devonshire, and others helped us; and since then we have made special appeals.

12234. Then you do not appeal, as a matter of course, two or three times a year?—We do not now these legacies have come in; we have not found it necessary to apply to the public in the way of a special appeal.

12235. Now you have a good deal in Consols?—Yes; we have 97,000*l.* in Consols.

12236. Supposing you were in the condition of most hospitals, without a gross sum like that, what is your most reliable source of income?—Annual subscriptions and donations, and the dividends, of course, and the legacies; really we have to depend on legacies.

12237. But your most reliable source is your annual subscriptions?—Annual subscriptions and donations.

12238. In your case are your annual subscriptions sufficient to pay the salaries and wages of of the establishment?—No, they are not, certainly.

12239. Therefore, the most reliable source of the income of any hospital in an ordinary position is really not sufficient to pay the establishment expenses?—I expect so, because our annual subscriptions are rather higher than those of most hospitals.

12240. Have you a person called a collector?—Yes.

12241. How do you pay him?—Four per cent. on all the subscriptions he collects, and one per cent. on all subscriptions paid direct into the bankers.

12242. Does he get any percentage on new subscriptions?—If he calls for them he gets one per cent., but he does not get a double or increased commission if he gets new subscriptions; we have not encouraged him to canvass.

12243. Why does he receive a commission if the money is sent straight on to a bank?—He has to give a receipt for the money and account for it to the treasurer, and pass it through his book.

12244. But the board thought it was not a good plan to encourage him to canvass for subscriptions?—Yes; on one occasion when we made a special appeal some governors were themselves good enough to undertake a house-to-house canvass; the late Lord Cadogan and others very kindly took it up; at that time the collector had a special commission given him, but ordinarily it is what I have stated.

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[Continued.]

Chairman—continued.

12245. Are you well supported by the residents in that district?—We are not nearly so well supported as we could expect from our position; a great many residents in the neighbourhood do not subscribe.

12246. And at the same time perhaps, they send their servants to the hospital?—Yes, we have many servants sent whose masters or mistresses we know are not subscribers.

12247. Who passes the petty cash account?—The treasurer; he is generally three or four times a week in the hospital, but specially comes on Tuesday, the day before the board meets, to see my accounts and go over the business coming before the board on Wednesday.

12248. And does he always attend?—Whenever he is in town.

12249. And with regard to all the other books—the diets and the housekeeper's stock books and those various things—are those looked at and checked and so forth?—The superintendent of nurses reports when there is any deficiency in her stock, and inquiries are made concerning it. As to the provisions and things of that kind, they come before the finance committee every quarter, and then I have to account for any increased expenditure or increased consumption. I ascertain from the steward what the increase has been, and whether due to quantity or price.

12250. But are these books not examined by the board?—They are laid on the table and sometimes examined, but are not always looked at; there is too much to do very often at the board to do that.

12251. Then there are comparisons made as to the expenditure, quarter by quarter?—Yes; certainly.

12252. Have you got full power in the hospital in the absence of the committee; that is to say with regard to officials resident in the hospital, like house surgeons and the steward?—I, of course, am responsible for the general management of the hospital, and for its good order.

12253. But supposing that, in your opinion, some high official misconducts himself, have you authority to suspend him?—No; but I should immediately take action. In the case of a resident medical officer, house physician or house surgeon, I should at once communicate with the physician or surgeon of the week; they all live in the neighbourhood of the hospital; I am in communication with them, and if there were anything wrong, needing their interference, I should at once send for them or go to them. In the case of any other official, I should consult the treasurer, of course.

12254. But you have power over the servants?—I have power over the servants.

12255. And you can suspend them?—I can dismiss them. There are two or three higher class servants who must be dismissed by the board, but over all of them I have control.

12256. Do the board appoint servants?—No; I appoint, generally, the men servants, and report to the board, and the superintendent of nurses, the women servants.

12257. In the case of high officers, like the steward, does the board appoint them?—Yes.

12258. The board appoints and dismisses them?—Yes.

(24.)

Chairman—continued.

12259. I understand, from your evidence, that the greater part of your patients are very poor?—Many are very poor; of course they are not all of the very poorest class; I suppose they really are not so poor as they are in Whitechapel, in the neighbourhood of the London Hospital.

12260. Do you think that your charity is at all abused by people who could afford to pay for medical relief, making use of it?—Very little indeed, if at all.

Lord Thring.

12261. When you take in accidents from the park they stand in a different category?—Yes, quite.

12262. And those people make a donation?—Yes, they are generally very liberal.

Chairman.

12263. Do you keep returns of the attendances and new cases of out-patients?—Yes, every day, there is a return of the number of cases treated and the attendances.

12264. There is an out-patient doctor coming to give evidence, I believe?—Yes; he will be here to-day.

Earl of Kimberley.

12265. Are the lying-in cases confined to married women?—To married women; they must produce their marriage certificate.

Chairman.

12266. Do you take any lock cases?—No, we do not admit single women; we occasionally take in a man if the case is bad enough, not often.

Lord Saye and Sele.

12267. Is Colonel Haygarth honorary treasurer?—Yes.

Earl Cathcart.

12268. Do you treat those lock cases in the out-patient department?—Yes; they are treated there to a certain extent.

Earl of Arran.

12269. Arising out of the question of Lord Thring's about the milk, I will ask this: Do you boil the drinking water?—No, it is filtered. We have our own artesian well, and all the water that is used in the hospital is drawn from the artesian well, and all drinking water filtered.

12270. It is supposed to be a great preventative to any typhoid infection to boil water and milk?—Yes; but our water is found to be very pure; it is excellent.

Chairman.

12271. With regard to the quality of the patients, I asked Mr. Holmes, who was on the staff of your hospital, "You think there would be no hardship on the public if there were no out-patient department?" and he said, "Not the least;" that is at No. 670. Would you agree with that or not?—I do not suppose it would be any great hardship, because, of course, provision would be made somewhere else to treat these people; but we should find considerable difficulty

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[Continued.]

Chairman—continued.

without an out-patient department. These patients come up with minor injuries and they must be seen and treated afterwards. Occasionally the out-patient department has to be closed for repairs and cleaning, and we tell the out-patients in attendance that they cannot be seen for so many weeks; but patients are continually coming for minor illnesses and slight accidents; of course we treat as few as possible, but we cannot get rid of them altogether.

12272. You have no other hospital quite close?—No. If Mr. Holme's proposals were carried out, some other arrangement must be made for receiving and treating these patients.

Earl Cathcart.

12273. We were told that the out-patient department was very useful in cases where you were obliged to discharge patients not fully convalescent, from the hospital proper, and then they were told to attend the out-patient department till they were completely cured?—Yes.

12274. Therefore that is a way of relieving yourselves of in-patients who are not quite convalescent?—Yes.

Chairman.

12275. With regard to wooden legs and so forth, how are they supplied?—Out of the Samaritan Fund; if we amputate a patient's leg we usually give a wooden one.

12276. And are instruments and so on, supplied?—The amount expended last year in the purchase of instruments, trusses, and spectacles, and glass eyes, was 248 *l.*, out of which the patients paid 69 *l.*

12277. Do you take any notice of the Surgical Aid Society?—No.

12278. You are not subscribers?—No.

12279. You have a chaplain in your hospital?—Yes.

Chairman—continued.

12280. One or two?—One.

12281. And a chapel too?—Yes.

12282. The chaplain carries on correspondence, I understand you to say?—Yes; it is beyond his office really; only he takes great interest in his work, and communicates with the clergy of the district from which the patients have come.

12283. And do you find that these communications are very useful?—Yes; sometimes when we are helping a family he will go and see the family himself.

12284. He has nothing to do with the management of the Samaritan Fund?—No; the fund is disbursed by the board, but, of course, the cases are recommended by the chaplain.

12285. You have your own convalescent home?—We have our own convalescent home at Wimbledon.

12216. Has it been built out of the public money?—No; out of money left by Mr. Atkinson Morley, of Old Burlington-street, for the purpose; some 30 years ago he left us a large sum of money to build and endow a convalescent hospital. That money was to accumulate for five years.

12287. Then you do not pay anything out of the Samaritan Fund to the convalescent home?—Wimbledon is not suited for all cases; we send some to the seaside.

12288. For the maintenance of the convalescent home, I mean, you have nothing to pay from the Samaritan Fund?—No; but we do give half the balance of the Samaritan Fund at the end of the year.

12289. Is there anything else you would wish to tell the Committee?—No.

12290. Will you give a return of all the employés and the rates of pay?—Yes (*handing in the same*).

The Witness is directed to withdraw.

MR. H. H. CLUTTON, is called in; and, having been sworn, is Examined, as follows:

Chairman.

12291. You were for some time engaged in the out patient department on the surgical side at St. Thomas's, were you not?—Yes.

12292. Dr. Sharkey was here the other day and he explained to us the system pursued at St. Thomas's, and I will not go through that again; but he said there was only a daily average of 51 who made applications as out-patients on the medical side?—Yes.

12293. Now can you give me any idea of the number of cases who apply on the surgical side or are sent over to the surgical side?—I do not think I can; they vary so much; one could obtain the average of the week, but Mondays and Tuesdays are very heavy days, and towards the end of the week there are comparatively few; but the total number I do not know.

12294. Could you get it and send it in?—Yes. The average number of new surgical out-patients selected for the assistant surgeon to see is 15 per diem; the average number left for the assistant house surgeon to see is 28 to 30 per diem; the average number of accidents, "casual-

Chairman—continued.

ties," throughout day and night, seen by dresser and house surgeon, and treated without admission, is 250 per week.

12295. Do you find the out-patient department at St. Thomas's crowded on the surgical side?—No; I should not say it is crowded.

12296. Quite enough for surgical teaching?—Yes, quite enough.

12297. And not so crowded that you cannot treat them properly?—No; I should say not. We limit the number that each surgeon has to see. There are only 15 new cases, as they are called, seen by me, for example, in the time that I am there; beyond that number, the more trivial cases are seen by the house surgeons; and then if they are found to have complaints which require the attention of one of the staff, they are made to come another day and see the assistant surgeon of that day. Take Monday and Tuesday; they are heavy days for patients; the number of patients is greater than any other day; and if there should happen to be one or more serious cases that have

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Mr. CLUTTON.

[Continued.]

Chairman—continued.

have not received a letter for that particular day, they are seen temporarily by the house surgeon and made to come on Wednesday, Thursday, or Friday, as the case may be. The difference between the two sides, medical and surgical, is simply this: that no cases are ever sent away on the surgical side, whereas I think you have obtained evidence that on the medical side cases are refused. On the surgical side we do not do that. It is found by experience that such cases are not seen by general practitioners outside; that is to say, they send them back again. They appear to have less facility in treating surgical cases; they require splints or dressings, or something of that kind. You see it is not medical treatment that they have from us; they have rather dressings and appliances, and that does not appear quite to be so much within the province of general practitioners as medical cases; at any rate that is a distinction that they draw, and they constantly are sending cases to us that you might think they would prefer to treat themselves.

12298. We have been told that the out-patient department starves the poor practitioner; but if, when they have cases actually coming from the hospital to them; they send them back to the hospital that does not bear out the statement that it starves poor practitioners?—That is what I wished to imply. If there should be a well-dressed person in my out-patient room, and he comes to me for treatment, he nearly always has a doctor's card, with my name on it, sent to me personally; a fact, I think, which rather shows that, so far as the surgical side of the hospital goes, the surgical out-patient room is used by the general practitioner for his advantage rather than the reverse.

12299. Does the general practitioner receive any fee in such a case?—I do not know that; that I do not enter into; but he prefers to send the case to the hospital, or else obtain advice from the hospital which one gives him by letter, if necessary. For example, I often have cases sent to me in the out-patient room with a letter from a surgeon outside who asks for an opinion.

12300. Then they use the out-patient department as a consulting place?—They already use the out-patient department as a consulting place.

12301. Would you like to see that more extended still?—Of course it takes up a great deal of time, and they are more troublesome cases; it takes longer, so that personally, from the trouble-point of view, I should not like it. But they are often times the best cases that we have to deal with for teaching purposes, and they also have a scientific interest.

12302. Now, with regard to the 15 letters that are given to you, that does not represent the number of applicants?—No, not on Mondays or Tuesdays.

12303. Where would the applications be made?—At one entrance of the hospital.

12304. The same place where medical applications are made?—Yes; they are seen by our resident assistant surgeon; the medical applicants by the resident assistant physician.

12305. You do not send anybody away on the out-patient surgical side?—No, we do not.

(24.)

Chairman—continued.

12306. Then supposing each surgeon has got his 15 cases, and other cases apply, who treats them?—They are seen either by the resident assistant surgeon, or the house surgeon; there is a casualty house surgeon, called assistant house surgeon, who is at that end of the hospital where these letters are given; and any surplus over and above those going to the assistant surgeon are seen by him temporarily for a day.

12307. With regard to the medical officers, are they heavily worked?—No, we have so many house surgeons now that they cannot be; we have four full house surgeons.

12308. I am talking of the cases seen by the casualty house surgeon?—That is what we call an assistant house surgeon; but he is not hard worked at all.

12309. I want to know whether there are a large number of people that come to be attended to by him?—No, not beyond the 15 seen by the assistant surgeon, the surplus is not large, except on Mondays and Tuesdays. The average number is 28 to 30, and these are mostly trivial cases, which if they had applied on the day of their accidents would have been treated by the dresser and house surgeon as "casualties," but coming a day or two after their accidents, are looked over by the officer who selects cases by the assistant surgeon.

12310. Therefore I understand from you that on the surgical side the pressure is no greater than it is on the medical side?—Well, the pressure is not so great; in many ways the applicants are fewer; otherwise we might possibly have trouble in seeing them all. The number of surgical cases is much smaller in the world at large than of cases for the physician's practice.

12311. At the same time, in a hospital there are more surgical beds than medical beds, are there not?—Yes; but my remark ought to be taken to apply really to the out-patient department, and not to beds; it is the beds for accidents that make a larger number on the surgical side.

12312. At the same time, you have enough surgical cases for teaching?—Yes.

12313. Can casualties be treated more than once on the surgical side?—Yes; because supposing it is merely a boy with a cut finger (that is a typical case that the casualty department is intended for), such a case has to be attended every day to be dressed; it is not a severe injury, but it is one that requires looking after, and the house surgeon and his dresser attend to that regularly, till it is healed.

12314. Do you keep any register showing the new cases and the attendances?—Yes, there is a book that is kept with all the new cards, and the subsequent attendances; that is entered by a porter at the lodge.

12315. Who does the accepting of these cases?—The resident assistant surgeon as a rule.

12316. And he tells them off to each surgeon, or assistant surgeon, as the case may be?—Yes, he gives 15 new cases to the assistant surgeon, and of the remainder some he refers to the house surgeon, and some may be told to come another day; it depends on the nature of the case.

12317. But you give this letter, do not you, and

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[Continued.]

Chairman—continued.

and this letter goes on till the man is cured?—Yes.

12318. So that each letter means a new case?—Yes.

12319. Then is there no limit to the time that the letter lasts?—They are supposed to last six weeks, and then the assistant-surgeon has to write, renewing it if he likes.

12320. But that is not treated as a new case, is it?—No.

12321. That is merely a renewal?—Yes.

12322. Then your practice is the same on the surgical side as it is on the medical side?—Yes.

12323. Would you like to see the out-patient department done away with, or are you in favour of it?—I am strongly in favour of it from every point of view. I think, from a surgical point of view it fulfils a most important function with regard to the public, quite irrespective of our school; in fact, I think the general practitioners in the neighbourhood would be very sorry to see it done away with; they make a great deal more use of it than you would imagine, on the surgical side.

12324. Then do you think there is no possibility of the out-patient department starving these poor practitioners?—I do not deny the possibility of injustice in certain cases, but I think there is more outcry than is really justified by the facts of the case, and I think you might easily bring evidence the other way from the general practitioners themselves; that is to say, that a few men give evidence on one side, but I think you may get evidence on the other.

12325. How long have you been in St. Thomas's?—I was appointed in 1878, and I was acting for two years before that; practically I have had experience for 15 years.

12326. From the opportunities you have had of seeing these people, do you consider that they are mostly the very poor who come to you?—Yes, I should say that they were very poor, the majority.

12327. That the charity is not abused?—I do not think it is; I have often been asked. I have a good many, not only students watching practice, but a good many recently qualified practitioners, who come there after they have left the school, and continue to attend in the out-patient's rooms to learn more of their work; and those men have often remarked to me, "So-and-so ought not to attend here; they are sufficiently well-off to be able to pay"; but it generally turns out they are people who have a card from a doctor and have been sent to the hospital.

Earl Cathcart.

12328. Then the poor practitioner is more frightened, according to you, than hurt?—That is my own view of it.

12329. Do you find that the space allotted to you for the purposes of your out-patient surgical department at St. Thomas's is sufficient?—The amount of room that I have personally is not large enough, on account of the students, not on account of the patients.

12330. But when the students and the patients are all there together with yourself it gets very stuffy, I suppose?—Very uncomfortable indeed; I have very often 45 or 50 students there.

Earl Cathcart—continued.

12331. And you are obliged to keep the window open all the time that you are at work?—I am obliged to.

12332. And how do you account for it that when they built that magnificent building they did not allow more space for the out-patient department?—It was thought that the school would not obtain the size that it has done.

12333. We had the same evidence on the medical side of the out-patient department, that the accommodation was not sufficient?—That is quite true, but it applies not only to the hospital but to the medical school; the building is not large enough.

12334. The out-patient buildings are often insufficient in the London hospitals?—I fancy from what I have seen of the out-patient rooms it is only of comparatively recent years that the out-patient room has been used so much for teaching purposes, and I take it that that goes together with the outcry as to the number of poor people who come to out-patient rooms.

12335. The truth is you mean that the students get mixed up with the patients?—Yes.

Lord Monkswell.

12336. Have you formed any opinion about the medical schools, as to whether there are too many, and whether they ought to be attached to hospitals or whether there ought to be a central university?—I hold very strongly that the large hospitals are very much better with the schools.

12337. Do you think that there are more schools than there ought to be in London?—No, I do not think so. I think that the individual teaching that the students get in that way is better than they can ever get from a central establishment.

12338. Cannot they get a certain sort of teaching, not clinical, but teaching by means of lectures, better at a central institution?—You mean as in Edinburgh, where the lecturer of anatomy, Professor Turner, has 400 men to teach. I think that is not so good as ours; it seems to me that a man who has to teach 400 students must devolve the major part of it on his assistants, and that the assistants are not so good as our teachers. I am not comparing our teachers with Professor Turner, but I think that the teacher here comes more into personal relation with the pupil than he can possibly do at a large class such as Professor Turner has, of 400 students. That is what I gather you mean.

12339. But are there not now very large classes at our lectures too when they are given by very distinguished persons; do not students voluntarily attend those very large classes rather than the smaller ones?—I do not know that it is so. In what subjects do you mean? I do not know of any instance in what are called our medical schools of any class attaining to the 400 taught by Professor Turner.

12340. Do you know anything of the Medical Teachers' Association. We were told by Mr. Brodhurst, a fellow of the College of Surgeons, that a central medical school was advocated by the council of the Medical Teacher's Association; do you know anything about that association?—I do not know anything about it at all.

12341. There

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[Continued.]

Lord Monkswell—continued.

12341. There have been several witnesses before us who have suggested the advisability of having a central medical school and even a medical university in London?—A medical university would not necessarily imply a teaching university. The London University, for example, may be taken as an instance of a university in which there is an examining body but no teaching.

12342. Is there no teaching at King's College at present?—The London University has no relation to King's College Hospital; it is not an integral part of the university.

12343. But I thought they had laboratories?—Yes, I think so; but I do not think that at the present time they are associated with the London University as an integral part of that university; not in the same way as a college at Cambridge is a part of the University of Cambridge; I do not think it is comparable to that at all.

12344. Then do you not see the necessity of having any central school with any teaching of any kind; if you have a university in London at all you would say it should not be a teaching university?—Before all things I should have the university one for granting degrees at any rate; and it is to my mind a doubtful point whether it might not be an advantage to have some of the preliminary subjects which are now

Lord Monkswell—continued.

taught by our schools taught by such an institution, but not anatomy and physiology; I mean some subjects like chemistry, botany, and comparative anatomy. Those subjects might well be taught to students at a central school before they come to the hospital; but I think anatomy and physiology would be better taught at the hospitals.

12345. You think then, as I understand you, that the present system might be modified by having a central school for teaching those subjects?—Yes; but not for teaching anatomy and physiology.

12346. Excluding anatomy and physiology, the other preliminary subjects might be taught better by a central school?—Yes; partly because while every student has to take up anatomy and physiology they are not all bound to take up botany and comparative anatomy; and therefore you would only have a small proportion from each school that would require those subjects.

12347. Everybody you say has to take up chemistry?—That would very likely have to be taught at the schools.

12348. Then you are rather doubtful whether it would be an improvement to have chemistry taught at the central school?—Yes, I am rather doubtful about chemistry.

The Witness is directed to withdraw.

MR. THOMAS WHIPHAM, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

12349. You are the Dean of the Medical School at St. George's?—I am.

12350. Would you tell us what number of students there are in that school?—About 140.

12351. Is that an increasing school, or decreasing?—It varies; sometimes a few more, sometimes a few less; there is not much difference.

12352. What is the fee paid by the students when they enter for the whole curriculum?—The whole fee is 125 l.

12353. And then with regard to pupils who enter for a shorter time, they pay a ratio, I suppose?—That depends upon what the student has done before. There is a special arrangement for the Universities of Oxford and Cambridge; the men who have done a certain amount of their scientific work are allowed to deduct a certain proportion. There are always special entries; men, *ie.*, who enter for a special course on chemistry, pathology, or whatever they may require.

12354. They pay a special premium?—They pay a special premium.

12355. Then the whole of these fees together make up the income of the school?—Yes.

12356. And about how much is it?—It is about 4,500 l., or something of that sort: under 5,000 l.

12357. That is quite apart from the hospital?—That has nothing to do with the hospital at all.

12358. That is paid by the students, and managed by whom, by a committee?—By the Medical school committee.

(24.)

Chairman—continued.

12359. Out of those fees are paid fees to lecturers and teachers?—And expenses generally.

12360. Are the expenses a large proportion, or not?—As far as I know, they are about 2,000 l.; about 2,000 l., roughly speaking.

12361. That means that the rest is left for the teachers?—Yes.

12362. Can you tell us on what principle the division is made?—For hospital practice each of the full staff takes about a seventh, and the assistants about half that proportion. Dr. Owen, who is in attendance, will be able to tell you the exact amount he receives.

12363. Do you approve of the system of medical education as it is at present, with the schools attached to the hospital?—Yes, to a certain extent. Of course, I speak as to the representative of one of the smaller schools; I think that the actual practical part of the profession must be taught at the hospitals; but I think the scientific part, physiology, for instance, in the teaching of which a very large amount of apparatus is used, and an instrument costing perhaps 20 l. or 30 l. is used to demonstrate an experiment that may be obsolete to-morrow, should be taught at a central school.

12364. With regard to these apparatus, does the school pay for them, or the hospital?—The school.

12365. And then it would be the case, would it not, that if you had a large central body, with large funds, you would be able to pay lecturers higher

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[Continued.]

Chairman—continued.

higher fees?—Yes; there would be perhaps two or more lecturers on physiology instead of many; and we should get a man who would devote his whole attention to it.

12366. You would be able to secure the very best talent that there was?—Yes; and he would be able to devote all his time to it. Now a man has to teach physiology in the medical school, and has to live besides.

12367. But he would be a lecturer by profession entirely, not a practising physician or surgeon?—That is a matter that I could hardly go into.

12368. I mean would he confine himself to lecturing, or have practice also?—The central school would make it worth his while probably to give up the actual practice of his profession.

12369. Do you think that might apply to all the schools, or to the smaller schools only?—My own idea is that it should apply to all the schools.

12370. Would you like to have a branch of the University of London to undertake the work?—I should like to see some arrangement whereby it could be taught centrally. If the London University is equal to it, there is no objection to the London University at all.

12371. Is there any restriction at St. George's as to appointing officers to the staff who have not got the qualification of the College of Physicians or Surgeons?—The Surgeons must be fellows of the College of Surgeons: the Physicians, members of the College of Physicians.

12372. And they must obtain that qualification before they are appointed to those posts?—Yes.

12373. Do you think that any good men are excluded by such a system of protection, as it were?—No.

12374. Because they can get the distinction if they are competent, you mean?—Quite so; it is open to all. If a man can pass the examination he can get it; if he cannot pass the examination he ought not to be on the staff of the hospital.

Earl Cathcart.

12375. Such a lecturer as is in contemplation, who would give up practice, would have to keep himself *au courant* with all the medical literature of the age, and medical magazines, would he not?—Not necessarily in general medicine or surgery, but in only his own subject.

12376. He would have to keep himself abreast of the times, I mean. Have you any other duties apart from your duties as dean of the school in connection with the hospital?—Yes; I am one of the physicians.

12377. And that occupies a great deal of your time?—Yes.

12378. What sort of time; are you in the hospital every day?—Almost every day; perhaps one or two days in a week I am not there.

Lord Thring.

12379. I do not quite understand your answer about the fact that a man could not be fit to serve in your hospital who could not pass an examination; because take the case of an oldish man;

Lord Thring—continued.

20 years ago, we will say, I could have passed an examination in classics, but I could not pass that examination now; and is not the same the case with a physician?—For teaching and for the treatment of patients I do not think the examination is any too severe now.

12380. But when a man gets old he cannot pass an examination, and yet he may have all the knowledge requisite, may he not, for his profession?—We are obliged to test knowledge now-a-days by examinations.

12381. A man may be a very good doctor indeed, and yet not able to pass the examination now that is required to pass the College of Physicians?—Then he cannot be up, I think, in all modern improvements.

12382. Does it not involve a certain knowledge of language and other subjects which do not directly bear on the practical exercise of the profession of medicine?—The examination for the membership of the College of Physicians, or the fellowship of the College of Surgeons does not.

12383. They are simply practical examinations, are they?—Simply practical examinations in professional subjects.

12384. And you say that any good practical doctor can pass the examination for the College of Physicians or the College of Surgeons?—A man of ordinary abilities, if he works hard, can certainly pass that for the fellowship of the College of Surgeons.

12385. But that is not my question. I have worked hard in my youth, but I should not expect to pass any examination now. I go into a profession and acquire a practical knowledge of that profession; I have forgotten a great deal of my book work, and yet may be a good practical lawyer or practical physician I should have thought without having to pass an examination?—A man who has not passed these examinations is not fit to carry on all the work that medical officers of a hospital have to do.

12386. The question I ask you is this: I take an Edinburgh doctor, the best of the Edinburgh doctors (I do not know the gentleman's name); do I understand you to say that a good Edinburgh doctor who has a large practice in Edinburgh can without any additional reading or any additional labour *ipso facto* pass the examination for the College of Physicians or the College of Surgeons by reason of the knowledge he has acquired by practice?—Yes.

12387. Then he does not require any book knowledge?—I understood you to mean that he retains his knowledge of what he learnt when he was at Edinburgh.

12388. Surely you must understand what I mean. There is an enormous difference between the practical knowledge of a profession and the book knowledge which is necessary to enable you to enter that profession. After a time you forget the book knowledge, and you could not pass an examination, although you are perfectly fit to exercise that profession. I want to know if a doctor or a surgeon who, according to the recognition of the place he is in, is able to practise as a doctor or a surgeon, can without further reading and without further labour pass the examination of the College of Physicians or Surgeons;

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[Continued.]

Lord Thring—continued.

Surgeons?—No, certainly he would not if he has not kept up his knowledge.

12389. Then it is clear that he may be quite capable of practising in London, and yet not be able to pass the examinations?—Yes; he might be capable of practising in London.

12390. Then it follows that if he is a very eminent doctor you must, sometimes, lose a very eminent doctor by requiring that specific qualification?—What is sometimes lost sight of, I think, is that the hospital is for the education of the students as well as for the treatment of patients.

12391. The doctor has not got to educate the students in the book-knowledge of the profession, has he?—Certainly he has.

12392. He only educates them in the practical knowledge of the profession, not the book-knowledge?—In the book-knowledge, too.

12393. Do I understand that a doctor, who has a large class of clinical students, educates them in book-knowledge?—Certainly. He has to lecture on medicine, possibly, or pathology. The lectureships come almost in rotation.

12394. Are all the doctors at your hospital obliged to lecture?—Not absolutely obliged to, but as a matter of fact almost everybody does so in turn.

12395. Is that the case with most hospitals?—So far as I know.

Earl of Kimberley.

12396. Do you think that eminent physicians and surgeons who are eligible, having got the London qualification, for your hospital, but who obtained that qualification a long time ago, could pass that examination now?—Not without reading the details that they require; a man would want to refresh his memory in order to do it.

12397. Then what do you suppose you gain by those rules?—We elect the men young.

12398. But what do you gain by your rules; what is the object of them?—To get the best men.

12399. No; the object of your rule is to confine your choice to a certain class of men who happen to have received their qualification in London, by which means you exclude able men who have not; what is the object of that?—I do not quite see what you mean.

12400. I cannot put it much plainer; you confine your election to those who have obtained a qualification in London, by which means, as I take it, you exclude a certain number of other able men; what is your object in that; what is the reason?—No reply.

12401. Is not the reason simply this: to protect the London doctors from competition outside; is there any other reason?—I do not know that that is so.

12402. What is the reason?—We have had Edinburgh men here in London on the staff of hospitals.

12403. Do you mean that you have had men who have taken the trouble to take the degree here; it is not every man who can do that; is it that you are afraid that the electing body might elect men not sufficiently qualified?—That would
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Earl of Kimberley—continued.

be a reason for protection, both for the hospital and for the school.

12404. At the same time, you admit that there might be men of very considerable eminence who had not the qualification?—Yes, certainly.

12405. Do you think that the danger of your electing body electing improper persons outweighs the objection that you exclude a considerable number of very eminent men?—Yes, I think it does.

Earl Cathcart.

12406. Sir Andrew Clark suggested that a Scotch practitioner was handicapped; that for the M.D. degree in Edinburgh the examination was entirely practical, in London scientific; and for that reason it may be assumed that the Scotchmen are handicapped; do you agree with Sir Andrew Clark in that respect, that the Scotch M.D. examination is entirely practical, and the London examination theoretical and scientific?—I should say that the examination for the London degree is more scientific than the Edinburgh; but there is a practical part of the London University examination, because candidates are examined, practically, in the wards of a hospital.

Earl of Kimberley.

12407. I think what you were referring to in your answer was the qualification given by the College of Physicians and College of Surgeons in London, and you were not referring to the university degree of M.D. in the University of Edinburgh, as compared with the University of London?—Yes. I referred to the qualifications given by the London colleges.

Lord Monkswell.

12408. It has been suggested to us that the reason for excluding from hospital appointments all those who have not the London qualification is that you have a certain guarantee of character in those who have the London qualification that you do not get in those who have any other qualification; do you agree with that, that you may be quite certain that in the case of the man who has got the London qualification his character has been thoroughly inquired into and investigated, and that that is not the case if he has a qualification from somewhere else?—I have no acquaintance with the arrangements in Edinburgh and Dublin, but I should doubt very much whether there was not quite as much inquiry into the status and position of students in Edinburgh and Dublin as there is in London.

12409. I suppose a man would not only have to read up for the examination who wanted to get the London qualification in the College of Physicians or Surgeons but he would have to pay a considerable amount of fees?—They are not particularly high in the College of Physicians; I do not know what they are at the College of Surgeons.

12410. £. 40 or 50 l.?—I should think not so much. The College of Physicians' fee for its membership is 30 guineas.

Chairman.

12411. Do your duties take you to the outpatient department at all?—One day a week.

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12412. You

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Mr. WHIPMAN, M.D.

[Continued.]

Chairman—continued.

12412. You have been connected with the out-patient department for a long time, have you not?—Yes.

12413. Do you find it more crowded than it was?—Ours was always crowded. I do not know that it is more crowded than it was.

12414. Are they a poor class of people?—Yes, a good many of them.

12415. In such a condition that they are unable to pay the fees to their own medical men?—I should think a very large proportion are unable to do so.

12416. And if there was no hospital out-patient department they would have to go to the poor-law infirmary?—Yes, I think so.

12417. Then do you agree with what Mr. Holmes said here; I asked him at No. 670: "You think there would be no hardship on the public if there were no out-patient department," and he said "Not the least"?—No.

Chairman—continued.

12418. Do you think the out-patient department is very hard on the general practitioner?—I do not believe it is very hard upon him. I think every now and then a case may find its way into the hospital out-patient room that ought to be under the general practitioner; but then there is this to be remembered, that many practitioners send us up patients for consultation; those patients of course paying them all the while.

12419. Do you think that as much advantage is taken at present of the out-patient department of the hospital for consultation as should be?—Yes, I think so; the general practitioners have it entirely in their own hands to send us such cases as they think proper.

12420. Is there anything else you wish to say?—No.

The Witness is directed to withdraw.

MR. ISAMBARD OWEN, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

12421. THE last witness said that you could explain to us the system on which the apportionment of fees to the lecturers and teachers is made; I do not want to ask the fees of any particular individual, but will you give us the maximum and the minimum?—After the current expenses of the school are paid, a certain number of our lecturers and teachers are paid by fixed salary; and when those payments are made the residue is divided among the lecturers who hold the older lectureships, according to a fixed per-centage. Each member of the staff, as a clinical teacher in the wards, also gets a per-centage of the profits.

12422. What is the maximum that a man may get?—I should think at the present time few men on the staff of St. George's would get much more than 100 *l.* a-year from the school; the expenses have been very heavy of late years.

12423. And the minimum?—The minimum might be about 30 *l.*

12424. Would a man who receives 30 *l.* be a clinical teacher?—As clinical teacher he would have that; if he held a lectureship it would not come to so small an amount.

12425. But then some of them, I understood you to mean just now, are clinical teachers and lecturers?—Yes, we are all clinical teachers; and nearly every member of the staff holds a lectureship also; it is a matter of chance that one or two of the staff may not hold a lectureship.

12426. Then would a man get two shares being a lecturer and clinical teacher as well?—Then he would get two shares, the lecturer's share being larger probably than the clinical teacher's share.

12427. If he is one of the senior men, would he also get a fixed salary?—The fixed salaries are attached to the newer lectureships, and some of the newer lectureships are held by men not on the staff at all.

Chairman—continued.

12428. Therefore a man can possibly get more than 100 *l.*?—Of late years I doubt whether any one's share in our school has much exceeded that; we have had many expenses to meet; new rooms to rent and fit up; and altogether the profits of medical schools of late years have not been very great.

12429. Have you ever applied to the hospital for funds for your medical school?—The hospital a few years ago reduced the rent we pay for the school.

12430. Was it owing to the increase of the numbers that you required new rooms?—Owing to the increase of subjects that have to be taught and the advance of science which needs more elaborate teaching.

12431. As your expenses advanced the number of students remained about the same?—Yes. The number of London pupils altogether has rather lessened of late years, owing to the advance of the Edinburgh school and the Cambridge school; they have taken a certain number away from us.

12432. Is St. George's called one of the smaller schools of London?—We might be called one of the smaller schools.

12433. You are not the resident medical officer, are you, at St. George's?—No; I am senior assistant physician.

12434. And in that capacity you have to do a great deal with the out-patient department, have you not?—Yes.

12435. Would you tell us what the system of the out-patient department is?—No letters of recommendation are required for the out-patient department. It is open to anyone to apply, and out of the whole number who apply each day the resident medical officer selects 15 to send into the physician and 15 to send into the surgeon. Out-patients, I should say, are seen four days a week. The selection is made almost entirely on medical grounds; that is, those who receive tickets are the 15 who appear to be most severely

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[Continued.]

Chairman—continued.

severely ill; but the resident medical officer will exclude any who appear not to be fit subjects to receive charity. He makes inquiry into their means if they are not obviously poor people.

12436. Are they refused a first treatment in those cases?—If they are urgent cases they are directed to go up to the surgery, where they will be seen by the house physician or house surgeon, and will receive such treatment as is necessary for the urgency.

12437. How do you make inquiries?—The clerk if he sees any reason to suspect that an applicant is not really a poor person, makes inquiries of him as to what his position in life, and what his income, and what his family circumstances may be, and if there is any doubt about the case he refers the matter, I believe, to the Charity Organisation Society.

12438. Do you find that inquiry difficult to carry out or not?—I have no personal knowledge of that part of the work.

12439. After a man is passed as an out-patient what goes on?—He is then seen by the assistant physician or assistant surgeon; his case is examined into and he is prescribed for; he then continues to attend for a month.

12440. Do you give him a ticket?—He has a book and a paper; a ticket in fact; and at the end of a month the assistant physician or surgeon has to write a form of renewal to the ticket, and that can be continued for four months; but except in very special cases treatment is not continued for more than four months.

12441. It is not required longer?—It is not required in many cases.

12442. When they go to the out-patient department whom do they first see there?—The person whom they really first see is the porter, but the first responsible person they come in contact with is the resident medical officer.

12443. And he is the one that passes them off into the surgery or to the out-patient room?—Precisely; he passes them to the out-patient rooms, and if there are any over whose cases require it, to the surgery.

12444. Have you any idea whether the surplus beyond the number who get letters is very large?—The surplus depends a great deal upon the season of year and upon the weather; sometimes there is no surplus; sometimes we do not have the 15 applicants, but at other times there may be as many as 50 applying; 50 or 60 would be the outside number, I think, who would apply on any given day.

12445. Then your out-patient department is not a crowded one?—On some days there would be what I suppose you might call a crowd of applicants, but on others there is not.

12446. Have you enough surgical cases for teaching?—Yes, we have as many cases as the medical officers can properly deal with either for treatment or teaching.

12447. The 15 cases are the new cases of course?—Yes.

12448. And there is the recurrence of the older cases; there are several people under treatment already?—Yes, they do not come into the 15, but they continue their treatment.

12449. But they take up the time of the (24.)

Chairman—continued.

medical officers?—Each medical officer has an assistant who sees a considerable number of the old cases under his superintendence.

12450. How many new cases and old cases would you see at St. George's in a morning?—By the assistant physician 15 new cases would be seen, and, possibly, 30 or 40 old; more than that, I should think; probably, an average of 40 old ones; and probably a similar number by the assistant surgeon.

12451. Those are for just the one officer?—With his assistant.

12452. That is to say, therefore, two men would be seeing that number?—Yes.

12453. How long do they have for the work; at what time do they come, at 12 o'clock?—We begin to see them at 12 o'clock, or between that and half-past.

12454. How long does it continue?—It rather depends upon the severity of the cases, but I should say that on an average it takes about two and a-half hours.

12455. In fact you just go on till you have done the work?—We just go on till we have done the work.

12456. And you consider that beyond these new cases and the old cases which you know about there is a very small surplus that has to be sent away?—A very small surplus of cases that require hospital treatment.

Earl Cathcart.

12457. And how many students might you have besides the 110 patients?—Our out-patient rooms at St. George's will only accommodate a limited number; the physician's out-patient room one can hardly use for more than six or seven students at a time; in the surgeon's out-patient room, not so much space is required; it will accommodate 20 or so.

12458. You are not talking of the waiting hall, but of the small inner room?—The small inner room.

12459. It must be very stuffy with that number of people there, sometimes?—The accommodation is exceedingly insufficient; we are very cramped for space at Hyde Park Corner.

12460. It is quite obvious that the accommodation is insufficient. Have you any rendezvous or club or place where the students may go when they are off duty?—Yes; we have opened in the school a smoking and a refreshment room for them.

12461. Where they can have luncheon?—Where they can have luncheon.

12462. And dine?—At first dinners were provided, but it was found that the students did not come there to dine.

12463. Do they go there in the evening?—No, it is shut at five.

12464. Then you have no resident house of any kind where you have rooms for them?—We have no resident house; most of our students live a considerable distance from the hospital, and a good many are living at home with their friends.

12465. In the suburbs and all round?—In the suburbs and western districts.

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12466. Has

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[Continued.]

Chairman.

12466. Has the number of out-patients always been restricted in this way since you have been at the hospital, or was there an alteration made?—As long as my knowledge of the hospital extends it has been restricted; at least I cannot remember that it was ever otherwise, and I have known the hospital since 1871.

Lord Zouche of Haryngworth.

12467. What is the commonest form of disease that you have to deal with in the out-patient department?—Chronic coughs are a staple of our practice in the medical out-patient room; that is probably the commonest form of complaint.

Lord Monkswell.

12468. Have you any remarks to make on the subject of the medical schools?—Yes, I have thought a good deal about it. I do not think there are too many in London.

12469. You would not like to see them concentrated at one university?—Certainly not.

12470. Take for instance physiology, chemistry, and natural history; Sir Andrew Clark said there should be two or three great schools to teach them; what is your view on that?—Physiology, chemistry, and natural history, in my view, ought not to be taught in a hospital school at all. But there is a third alternative to the scheme of having a central teaching body in London, for it is my opinion that if these subjects can be taken away from the hospital schools they can be taught with very great advantage outside of London altogether by the provincial university colleges. I believe they can be taught there with much greater success than in any crowded central institution in London.

12471. Why; on what grounds do you form that opinion?—In the first place the classes would be smaller in these provincial centres, and the men would come more into contact with their teachers. In the second place a central science teaching institution in London would of necessity be pretty much of a professional school; and I think it is a very great advantage to a man that he should learn what science he has to learn, not in a professional school conducted upon a restricted curriculum, but in a more open institution, where sciences are being taught in their entirety and for their own sake. I think it is important that a man should not only learn the modicum of a science that he requires for a medical examination, but that he should have some means of understanding the extent of his own ignorance of the science. Furthermore, I think it would be difficult if we had a central teaching body in London to provide any rudimentary hospital practice for the men attending it; and I consider that a medical student from the outset of his career ought to be brought into contact and familiarised with the general aspects of disease. I think that he ought to attend a hospital, to some extent, from his earliest days, and that would be very difficult to arrange for if he were being taught science in a central institution.

12472. You think that is a reason, then, for affiliating the schools with the hospitals as they are now?—Well, it is rather a dilemma. By affiliating the schools to the hospitals, as at present, I think scientific teaching is at a great dis-

Lord Monkswell—continued.

advantage. By choosing a central institution in London, and crowding all the students into it, I think the early clinical teaching must not a little suffer. But by decentralising medical teaching and carrying on the early stages of it in the provinces, as well as in London, I believe that all the necessities of the case could be met.

12473. But in comparatively small provincial centres, how are you going to get the very first talent?—Some of the colleges in provincial centres are endowed to an extent which is not likely to be the case in any London institution.

12474. But do not you think that a man would prefer to have a smaller sum to teach in a large school in London, where he could have hundreds, and perhaps thousands, of students to teach, rather than go to a college in the provinces where he could get perhaps a little more money, but not so much in the way of education?—That might be the case; but I was speaking of what would be good for the students. I think there would be no difficulty in obtaining the services of exceedingly able teachers in the provinces to form the staff. Some of the provincial colleges are very strongly manned at the present moment.

12475. You think you would have sufficient talent to man all the provincial centres you would wish to see established?—I believe there would be no difficulty about it. One provincial college, the University College of Cardiff, has already entered upon the scheme.

12476. Do you know anything of this council of medical teachers that Mr. Brodhurst told us had passed a resolution in favour of there being one central university or medical school?—I must confess I never heard of it until now.

Lord Saye and Sele.

12477. Are vacant beds kept for emergencies in your hospital?—We have no special system of keeping beds vacant, but there is always an endeavour not to fill the hospital to such an extent that there should be no beds left vacant for emergencies.

12478. In the event of an urgent case coming in at night what would happen?—If the hospital were full we should put up an extra bed.

12479. Would it be left to the hall porter whether to take in the case or not?—No, by no means; the house surgeon or house physician would be called at once to any case that was brought in.

Earl of Kimberley.

12480. I think if I understood you rightly you would have no objection to a teaching London university at which a portion of the medical education should be given, provided it was concurrent with the teaching in the provincial colleges where the provincial colleges were qualified to teach?—Quite so; a London teaching institution would be required as much as the provincial ones.

12481. But you would deprecate the exclusive teaching of a London institution?—Yes.

12482. Some of the provincial colleges, such as Owen's College, and others which might be mentioned, would be quite competent to teach students,

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[Continued.]

Earl of Kimberley—continued.

students, and there would be no advantage in compelling the student to come to a London institution; that is your view?—Quite so.

12483. But as regards what you have said as to the advantage of a general education being combined with a professional education, that of course would be afforded if a teaching university existed in London?—Except that any scientific teaching body in London would be almost certainly swamped by medical students; the tone would become too professional.

12484. But do you think that there would be any real difficulty in such an institution, supposing that the London University should, as the result of what has been going on lately, undertake the work of a college; do not you think it would be strong enough to insist upon this general education being combined with special scientific education?—Perhaps I have not made myself clear on this point. What I meant was simply that we require of medical students a certain modicum of knowledge, say of chemistry. Now at present the student learns his modicum of chemistry in a purely professional school where no more chemistry is taught; he learns his modicum of chemistry, but he has no means of acquiring a knowledge of the proportion which his small amount of chemistry bears to the vast amount of chemistry which he does not know.

12485. Ought not that defect to be remedied by the existence of a teaching body which would not confine itself absolutely to the mere professional aspects of knowledge?—Yes, if the number of students who were studying merely for the professional examination were not sufficient to swamp the other men who were pursuing chemistry for its own sake.

12486. But is it possible to meet that difficulty from the nature of the case, in regard to any such central institution in London?—It will be certainly a difficulty inherent in any central scientific teaching body in London.

12487. I understand what you are afraid of, and what undoubtedly might take place, is that the number of medical students would be so predominant that it would be really a medical institution?—Yes.

12488. And in the smaller colleges the danger of that would not be so great, you think?—Not so great.

Chairman.

12489. You are the senior assistant physician, you have told us?—Yes.

12490. Have you ever had to complain of the state of the walls, or the possibility of increased unhealthiness from defective walls?—No, I have never found any defects in the walls of the hospital.

12491. I mean as regards the possibility of danger?—I have never seen anything that would lead me to suppose that they were in any way unhealthy.

12492. Do you believe that the food and the care of the sick in the wards is satisfactory?—Yes; I believe the hospital to be a very well managed one.

Ordered, That this Committee be adjourned to Thursday next, at Twelve o'clock.

(24.)

Earl of Kimberley.

12493. I understood from you that the average number of out-patient cases, both new and old, might be taken at something like 50 or 55?—I am making rather a guess at that, because as I do not see all the old patients myself I have no accurate means of saying.

12494. But it might be about that?—It might be about that.

12495. And the examination of them takes from two to two and a-half hours?—Yes; it might be more. The average would be about two hours and a-half.

12496. That would leave about three minutes for each patient; do you consider that that would be sufficient?—There are two of us seeing these patients there, I myself and my assistant.

12497. The assistant would dispose of a certain number of cases himself, would he?—He would dispose of the old cases which present no particular difficulty, the cases which are going on well.

12498. So that in point of fact it is a longer time than the time I mentioned that is given to each patient?—Certainly; as far as my own time is concerned, it is often almost entirely given up to the new cases.

12499. And you think that there is sufficient time to go into each case?—I make it sufficient; I stay as long as is necessary.

Chairman.

12500. There is no limit of time for closing?—No limit of time for closing.

12501. Is your assistant a qualified student?—He is generally a qualified medical man, and he has to hold that post of assistant house physician, as it is called, as a step towards becoming house physician; he is as a rule a properly qualified medical man.

12502. Then you have classes in this place, the out-patient department?—Yes, I teach the students as I attend to the cases.

12503. They are there for instruction?—Yes.

12504. They never treat cases?—No; no one is allowed to prescribe except myself and my assistant.

Earl of Kimberley.

12505. Do you think that the out-patient system is valuable as a means of instruction?—I do not see how education could be carried on without it; it is the only opportunity a student gets of seeing the cases which will form nine-tenths of his future practice.

12506. Our attention has been called to cases in the poor-law infirmaries; we have been told that certain cases there, especially chronic cases, it is desirable should be seen by medical students; is that your opinion?—Yes; I think very great advantage would be gained if they could be seen by them. I must add that under the present regulations of medical education it would be rather difficult for the students to find time to go to the poor-law infirmaries, but it would do them a great deal of good if they could.

Chairman.

12507. Is there anything else you wish to say?—No.

The Witness is directed to withdraw.

Die Jovis, 12^o Februarii, 1891.

L O R D S P R E S E N T :

Earl CADOGAN (*Lord Privy Seal*).

Earl of LAUDERDALE.

Earl CATHCART.

Earl of KIMBERLEY.

Lord ZOUCHE OF HARYNGWORTH.

Lord SAYE AND SELE.

Lord SANDHURST.

Lord SUDLEY (*Earl of Arran*).

Lord MONKSWELL.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. ROBERT BRASS, is re-called ; and further Examined, as follows :

Chairman.

12508. YOU want to correct a statement, I think, that you made the other day about the way that your income from landed estates had fallen in the last 10 years?—Yes. In reply to Question 11523, which question was: "You were good enough to say that you would give me what the percentage of loss on your agricultural estates was during the year?" my answer was, "I calculate it at between 9 and 10 per cent." At the time I had running in my mind the allowances we had made to some of the tenants during the year; in a few instances we had allowed 10 per cent. that year; but I have gathered that really your object was to ascertain

Chairman—continued.

the loss we have sustained, say for an average of 10 years.

Earl of Kimberley.

12509. The reduction of your income, taking it 10 years ago, as compared with what it is at the present time?—I have calculated it now, and I find that it is between 20 and 21 per cent. There is another question which you asked me about, the gross assessment of the hospital. I find it is assessed at 9,600 £, and the rateable valuable at 8,000 £, and we pay 2,308 £.

The Witness is directed to withdraw.

MR. FREDERICK CLARE MELHADO, is called in; and, having been sworn, is Examined, as follows :

Earl of Kimberley.

12510. LORD SANDHURST is Chairman of the Middlesex Hospital, and, therefore, he has asked me to examine you. You are, I think, the Secretary of the Middlesex Hospital?—Secretary-Superintendent.

12511. And what salary do you receive?—£ 300 per annum, with board and residence at the hospital.

12512. How long have you held that position?—I have been secretary-superintendent for three years; but, previous to that, I was assistant secretary for nine years.

12513. And to whom are you responsible; what authority in the hospital?—To the weekly board and to the court of governors.

12514. How often does the weekly board meet?—Once a week; every Tuesday.

12515. Can you tell us how the weekly board is constituted?—The constitution of the hospital is formed by a body of governors, and they appoint, annually, a committee of their number, which they style the weekly board, which is (24.)

Earl of Kimberley—continued.

composed of 24 members. The governors meet once a quarter.

12516. That is, the whole body of governors may attend?—The whole body of governors meet quarterly.

12517. How many generally attend the quarterly meeting?—Fifteen to 30; it varies very considerably.

12518. And at the weekly board what attendance do you usually get?—From 10 to 12; and the quorum is three.

12519. Are any of the medical officers in the hospital members of the weekly board?—None.

12520. Not even if they are governors?—No, they are not eligible to sit on the weekly board.

12521. Can you tell us when the Middlesex Hospital was founded?—In the year 1745.

12522. How many beds are there in it?—Three hundred and seven beds.

12523. And how many are usually occupied?—The average is about 250 to 260 daily. I might, perhaps,

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Mr. MELHADO.

[Continued.]

Earl of Kimberley—continued.

perhaps, be permitted to mention that though there are 307 beds, there are only 290 devoted to medical and surgical cases; and that also includes 34 beds for cancer cases; so that the average should be taken on the 290 beds really.

12524. Are your funds sufficient to enable you to have the whole of the beds occupied, if necessary?—No, they are not.

12525. What number of beds are you obliged to leave vacant?—Well, we do not exclude patients on account of not having sufficient funds to provide for their accommodation.

12526. In point of fact you use the whole of your beds, if there are applicants in sufficient number to require them?—Certainly.

12527. Will you explain what your duties are?—I control every department in the hospital, and am accountable only to the weekly board and the court of governors. I attend all weekly boards, quarterly courts, the medical committee, and all sub-committees.

12528. What powers have you over the staff of the hospital?—The resident staff, do you mean?

12529. Any portion of it; have you the power of dismissal of any of the servants?—Subject to the approval of the weekly board only. I should suspend an officer or any servant if occasion required, and would report to the next meeting of the weekly board; and the dismissal would remain in their hands.

12530. Does that control of yours extend to the nursing establishment?—No, the nurses and female domestic servants are under the lady superintendent of nurses.

12531. And she has the same power of suspension as you have, probably?—Yes.

12532. Subject to the confirmation by the weekly board?—Yes.

12533. Do you deal with all kinds of diseases at the Middlesex Hospital, or have you any limitation?—Practically all, except infectious cases, such as scarlet fever and those cases.

12534. You deal with diphtheria?—Yes.

12535. Have you a separate ward for diphtheria?—No.

12536. Has there been any inconvenience or evil result found from the diphtheria cases being kept with the other patients?—They are very sparingly admitted into the general wards of the hospital.

12537. But you have no separate ward, as I understand, to which you can admit them?—No.

12538. Then do you limit the number of diphtheria cases which you admit?—Yes, they are limited.

12539. Are they isolated in any way in the wards?—That depends. If an operation is required on them, they would be sent into a special ward and kept until they were fit to go back into the general ward.

12540. But, on the ground of infection, is there any isolation?—No.

12541. Have you ever had any spread of infection of diphtheria from cases treated in the general wards?—No.

12542. Have your nurses ever contracted diphtheria?—I think the last case we had was as

Earl of Kimberley—continued.

far back as eight years ago of a nurse contracting it from a patient.

12543. I understand that the system of administration is that the governors meet once a quarter, the committee once a week; and that you manage the hospital, subject to them generally?—Yes.

12544. Is there any other point with regard to the general system of administration which you would like to mention?—The weekly board, which meets every Tuesday, delegates portions of its work to sub-committees. They have a standing sub-committee which has been recently instituted, called the board sub-committee, and that meets immediately before the weekly board to enable them to dispatch their business a little quicker than they otherwise could.

12545. What does that sub-committee deal with?—It examines all the books of the hospital, all the weekly account books, my own disbursements and those of all the other officials in the hospital; it examines the attendances of the honorary medical and surgical staff, and a number of books, a list of which I could give you if you wished it.

12546. Perhaps you had better read the list?—First of all, there is the Samaritan Fund book and report which is kept by the chaplain of the hospital (he has the control of the Samaritan Fund; the chaplain's petty disbursements; the secretary's disbursements; the house steward's petty cash book and vouchers; the house steward's weekly stock book; the consumption of gas register, the weekly alcohol return; housekeeper's petty disbursements; the weekly stock book of the housekeeper; the institute petty cash book; the in-patient medical attendance register; the out-patient medical attendance register; the registrar's attendance register; the daily return of patients and vacant beds; the weekly return of patients and deaths; the daily distribution of nurses return; the night porter's book; the college gate book; and the engineer's records of steam pressure in the engineering department.

12547. Who manages the finance of the hospital?—The weekly board and the treasurers. They have a finance committee, which does not meet very frequently.

12548. What are your funds derived from?—From dividends, annual subscriptions, donations, alms-boxes, rents, a grant from the Hospital Sunday Fund and Saturday Fund, and legacies.

12549. Could you tell us what your receipts are under these different heads?—Would you wish me to give them for any particular year, or would you wish me to give you the average?

12550. Will you give the figures for last year, and then the average for a certain number of years?—Last year we derived 6,367 *l.* 13*s.* 6*d.* from dividends; from annual subscriptions we received 2,851 *l.* 14*s.* 6*d.*; from donations we received 6,538 *l.* 7*s.* 7*d.*; from alms-boxes, 234 *l.* 13*s.* 3*d.*; from the Hospital Sunday Fund, 2,083 *l.* 6*s.* 8*d.*; from the Hospital Saturday Fund, 411 *l.* 15*s.*; from rents, 1,951 *l.* 1*s.* 9*d.*; from incidental receipts, 196 *l.* 5*s.*; making a total income of 20,634 *l.* 17*s.* 3*d.*, which I may say is one of the best years that we have had for a very long time.

12551. What

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Mr. MELHADO.

[Continued.]

Earl of Kimberley—continued.

12551. What would be the average total, taking a certain number of years; any number you think proper?—The average of our income, under ordinary circumstance, would be about 16,000*l.* I could give you the exact figures if you would wish them.

12552. Will you put them in?—Yes.

12553. What are your rents derived from?—They are derived from freehold and leasehold property.

12554. How did you become possessed of that?—Those freeholds and leaseholds have been left to us from time to time by way of legacies; we have never invested in land.

12555. Are you obliged to apply your legacies to current expenses, or are you able to fund any portion of them?—Up to three years ago we were obliged to utilise them for the current expenses of the hospital; but during the last three years we have been very fortunate in receiving some considerable sums by way of legacies, which have enabled us to meet our expenses, and, taking an average, would cover our drawing on capital for the last 10 years.

12556. Would you tell us now what your disbursements are?—The expenditure for 1890, the gross expenditure, amounted to 27,117*l.* 4*s.* 10*d.*, which included an extraordinary expenditure of 2,584*l.* 8*s.* 11*d.*; our average expenditure is about 23,000*l.*, or a little more.

12557. The “extraordinary expenditure,” I suppose, was for improvements?—For permanent improvements. We have an extraordinary item nearly every year for buildings of some sort, or improvements of some sort.

12558. Therefore it would seem that you have a permanent deficit?—Yes, we have.

12559. Then how is that met, if, as I understand you to say, you are not obliged to use your legacies now?—It has been met by legacies during the last few years; but we have a capital account which we had drawn upon up to within the last few years.

12560. But I understand this very last year there was, speaking roughly, 20,000*l.* of income and 23,000*l.* of expenditure, apart from the extraordinary expenditure?—Quite so.

12561. That would leave a debt of 3,000*l.*?—Our excess of expenditure over income last year was 6,482*l.* 7*s.* 7*d.* But the legacies we carry to capital; we do not include them in our income account.

12562. I do not still understand how you covered the 6,000*l.*; out of what fund?—By utilising the legacies.

12563. So that with the legacies you have sufficient to meet your deficit?—Yes, and a surplus; only we charge our excess of expenditure over income to capital; we capitalise all our legacies; we do not include them in our income account.

12564. In point of fact, therefore, you have no deficit?—We had no deficit last year.

12565. You mentioned the Samaritan Fund; is that separate from the other funds of the hospital?—It is quite distinct; a distinct account is kept of the Samaritan Fund.

12566. What is it used for?—It is used for

(24.)

Earl of Kimberley—continued.

assisting patients who are destitute; for providing them while they are in the hospital with certain requisites, such as tea, butter, and sugar, which all the ordinary patients are required to find; and for sending them to convalescent homes and paying for their maintenance at these convalescent homes, their railway journeys there and back, and any other assistance that they may require.

12567. Have you any convalescent home connected with the hospital?—No, we have not.

12568. What is the amount of your Samaritan Fund?—Last year we received from dividends 142*l.* 0*s.* 4*d.*; from a ground rent, 9*l.* 6*s.* 10*d.*, and from annual subscriptions, donations, and alms boxes, 75*l.* 13*s.* 11*d.*

12569. Is that sufficient to enable you to provide all the patients with tea, and sugar, and butter, who could not possibly provide those things for themselves?—It is sufficient for that purpose, but it is not sufficient to send them to convalescent homes, and maintain them there. We closed our year last year with a liability of 110*l.*, in respect of subscriptions to convalescent homes.

12570. Do you subscribe to the convalescent homes?—Yes.

12571. And from what fund do you make those subscriptions?—From the Samaritan Fund.

12572. How are the patients admitted; by letters, or in what way?—Our hospital is practically a free hospital; we admit all patients. Last year we admitted 3,109 in-patients, and 38,800 out-patients.

12573. I will come to the out-patients presently; but I am now speaking of the in-patients. May anyone apply?—Anyone.

12574. Then on what system are they selected?—They see one of the admitting officers, and he deals with their case; if it is a case for admission he refers them to the resident medical officer, who admits all patients to the hospital at a certain hour every day.

12575. But supposing that you have more applications than you have beds available, which I suppose must happen sometimes, in what way are they selected?—The most urgent cases are selected.

12576. Have you any limitation as to the means of patients?—No, we do not make any very special inquiry into that; the admitting officer uses his own discretion about admitting a patient.

12577. But supposing that you have a patient applying whose case is not a case of urgent need from an accident (when I conclude you would admit any patient), and you find that he is perfectly able to pay for his own medical treatment, would you require any payment, or would you exclude such cases?—No, we should not require any payment; we do not receive any paying patients at all into our hospital. If the admitting officer considered that the case was not a suitable one to be admitted into the charity he would refer the case to me, with a memorandum, and I would inquire into the circumstances of the patient;

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Mr. MELHADO.

[Continued.]

Earl of Kimberley—continued.

patient; and if I thought he was in a position to pay for his treatment he would be sent away.

12578. So that there is at present a limitation to prevent cases which are obviously not cases for charity being admitted?—Yes, certainly.

12579. Who is the admitting officer; is he the resident medical officer?—Yes, he is the resident medical officer.

Chairman.

12580. Over surgical and medical beds, both?—Over both medical and surgical.

Earl of Kimberley.

12581. Are many patients rejected for any reasons, or are you able to accommodate most of the applications?—As a rule, we are able to admit a good many of the applications that are made; but at certain times of the year we have a great pressure on our beds. For instance, during the last two months we have had to send away patients, I do not think I should be wrong in saying nearly every day.

12582. Do you refer them to any other institution, or suggest that they should go to the poor law infirmary?—That is a question which the resident medical officer could answer better than I could.

12583. With regard to the out-patients, would you explain the system of admission of out-patients. Perhaps, first, you can give us the average number that you have?—The number of new cases for the last year was 38,800.

12584. How many would be admitted, as a rule, daily?—I should think that, counting the new and old cases, there was an average of over 300 applying daily.

12585. And they would be all treated?—They would all be seen.

12586. You have no limitation therefore of the number, except the limitation of time?—No, practically none.

12587. Do you enquire as to the circumstances of the applicants in the case of out-patients?—The same system is adopted in the case of the out-patients as in that of the in-patients, with regard to the circumstances of the patient. They all pass through either the Casualty Surgical Officer, or the Casualty Medical Officer, who is immediately under the resident medical officer.

12588. But have you any regular system of making enquiry, or is it merely that in case the medical officer sees someone whose clothes seem to show that he is pretty well-off, he makes some enquiry?—No; we have no other system than that which I have described.

12589. To revert for a moment to your finance, what proportion of your income do you consider you can best rely on. Your rents of course are steady?—Yes, the rents. The annual subscriptions do not vary in the course of ten years more than, it may be, 50*l.*; and with regard to our donations, we can pretty well rely upon those; and the grants from the Hospital Sunday Fund do not vary very much; the amount was increased last year.

12590. Your legacies of course are uncertain?—Those are very uncertain.

Chairman.

12591. You can strike an average, cannot you, of the legacies?—Yes, the average of legacies for the last 10 years amounts to about 17,111*l.*; but in that average is included 131,243*l.*, which we have received during the last three years; so that that is what has sent up our average so considerably. It is principally owing to one large legacy which we received last year.

12592. But excluding this very large legacy which you have received in the last twelvemonths, could you not strike an average of between 10,000*l.* and 12,000?—It would be under that.

Earl of Kimberley.

12593. Apart from that one large legacy, do you find that they tend to decrease, or are they much the same?—It is impossible to say.

12594. Looking at the matter as a whole, do you find you receive over a period of years something of the same amount of legacies, apart from this great legacy?—Yes; I should put it as under 10,000*l.*

12595. That you might fairly reckon on 10,000*l.* or something under 10,000*l.* a year?—Yes, taking an average of 10 years, possibly.

12596. You have, I suppose, a medical committee in the hospital?—Yes.

12597. How does the medical committee communicate with the governors?—The medical committee meet every week, and they send up their recommendations through their minutes to the weekly board on Tuesdays, and their recommendations are then considered by the weekly board, and either adopted or referred back for consideration, or in some cases rejected.

12598. Who makes the contracts for food?—The weekly board.

12599. And is there a steward who manages the food?—Yes, a house steward.

12600. If complaints are made of the patients' food, to whom do they come in the first instance?—A complaint would be made to the sister probably if it was in the case of a patient, and she would report it to the lady superintendent if it was a serious one; or if it was only some trifling complaint, the sister would immediately send to have it rectified.

12601. To the steward?—To the steward.

12602. But if it were a serious one?—If it were a serious one she would complain to the lady superintendent, who would then report it to me.

12603. And then you would deal with it?—I should deal with it; that is in cases of serious complaint.

12604. And you would report it to the weekly board?—Yes.

12605. Have you often heard complaints?—Very seldom in regard to the food.

12606. I was speaking of the food. Are there other complaints made frequently?—In what respect do you mean?

12607. You said that you had not often complaints in regard to the food, you seemed to imply that there were complaints as to other matters?—There are always trifling household complaints that one gets.

12608. But serious complaints I mean?—No serious complaints.

12609. How

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12609. How do you do your washing?—We have a laundry on the premises.

12610. Now I will ask you some questions about the nursing; can you tell us what the nursing establishment is?—Yes. The lady superintendent has the sole charge of the nursing department, and the female domestic servants, as I have already mentioned; and there is under her a night superintendent, who relieves her from her night duties at nine p.m. every night until nine a.m. the next morning. There are nine sisters, one to each floor, in charge of two wards; there are 50 staff nurses; 12 nurse probationers (the number varies), and 15 lady probationers, and we employ special nurses and male attendants from the outside as they are required.

12611. Can you tell us what the salaries are that are paid to the matron and the nurses?—The matron receives 130 *l.* per annum with board and residence.

12612. The sisters?—The sisters receive 30 *l.* per annum and their uniform and board and lodging; and they are entitled to gratuities after having served a period of time in the hospital.

12613. Any pension?—And a pension.

12614. How long must they stay before they are entitled to a pension?—They must stay 20 years before they are entitled to a pension.

12615. Do many of them stay as long as that, or longer?—We have three retired nurses at the present time receiving pensions.

12616. Then the staff nurses, what do they receive?—The staff nurses, of course, commence as probationers, and they receive for their first year 12 *l.* per annum as probationers, and if they pass the medical committee at the expiration of their term of probation they at once receive 18 *l.* per annum; and they increase by 2 *l.* per annum until they reach the maximum of 24 *l.* They are also entitled to a gratuity and a pension after a period of years.

12617. Then your probationers are engaged for one year only?—Only one year before they come to be staff nurses.

12618. Is that considered a sufficient period of training?—Yes, it has always been so.

12619. Do you give them any certificate when they pass examinations?—Yes, they are entitled to a certificate after three years' service in the hospital. Perhaps I should have mentioned that every probationer has to engage to serve in the hospital for three years.

12620. But if she is found to be unsatisfactory, at what period do you discharge her; I am not speaking of one obviously unsatisfactory, but how long would you consider a fair trial for a probationer?—That would be within the year of probation.

12621. Would she have any power within the year of discharging herself?—Only under very exceptional circumstances.

12622. She signs an agreement, in fact, as an apprentice, I may call her, for three years?—Precisely.

12623. What is the class from which you draw your nurses; are they what may be termed ladies, or are they of a lower social position?—The probationer nurses are usually drawn from the domestic class, I think.

12624. Has there been any change in that

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respect of late years; have you any ladies at all?—Yes, we have 15 lady probationers.

12625. I was speaking of those on your regular staff?—We have one sister only who is a lady nurse.

12626. With regard to these 15 lady probationers, what is their position, are they probationers for the time to learn only?—They come to learn nursing at the hospital.

12627. Do they pay you anything?—They pay a guinea a week.

12628. How long do they remain?—For a year.

12629. And then, at the end of the year, do they pass an examination?—No, there is no examination; we give them a certificate at the end of that time to say that they have gone through a course of training of one year in the hospital.

12630. What are the matron's duties?—We call her the lady superintendent. She has the entire control of the nursing department.

12631. Does she engage the nurses?—She engages the nurses.

12632. Subject to any control, or at her own discretion?—She engages them, subject to the approval of the weekly board.

12633. Can she dismiss or suspend them?—She can suspend them, but not dismiss.

12634. Is there a sub-nursing committee of the governors?—Yes; a nursing committee has been recently appointed.

12635. I suppose that complaints would be referred, in the first instance, to them from the matron?—If the cause of complaint took place in a ward, it would go to the lady superintendent; but any matter that she wished to have investigated would be referred to the nursing sub-committee.

12636. But, supposing that a complaint was made by a nurse, and that she was not satisfied with the matron's decision, would she have a right to appeal to the committee?—Undoubtedly.

12637. Have you had many complaints from your nurses?—No, we have not; none at all within my recollection.

12638. Does the matron visit the wards every day, or what rule is there?—Every day. She goes round every ward every day and sees every patient every day.

12639. And at night, what does she do?—She also makes a round at night.

12640. What are the hours of the sisters?—The sisters come on duty at 8.30 a.m., and they go off duty at 11 p.m.; they are actually on duty about 11 hours daily, because they have passes for two hours five days a week, and that, with the time occupied in meals, reduces the daily average to about 11 hours.

12641. Those are the sisters, I understand you to mean, engaged in the day nursing, because some of course, I conclude, are told off for the night?—No; the night superintendent looks after all the wards during the night. The sisters go off duty at 11 and do not come on till the next morning.

12642. No sisters are employed at night?—No sisters are employed at night.

12643. Then what holidays do the sisters have?—They have three weeks annually.

12644. Then the staff nurses; will you give

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us their hours?—The staff nurses come on duty at 7.30 a.m. and remain on duty till 9 p.m., that is 13½ hours; about 10 hours a day on actual duty, because they have passes for three hours on three days a week.

12645. And what holidays?—Sixteen days annually, and, in addition to that, a whole day in each alternate month. I ought to have mentioned that the same applies to the sisters; they have a whole day every month.

12646. You make a distinction, I observe, with regard to the holidays between the sisters and the staff nurses; the sisters have three weeks and the staff nurses 16 days?—Yes.

12647. Is not the staff nurses' work as severe as the sisters'?—No; it is not so responsible a position. The sisters have to look after two whole wards, containing something like 35 beds or more in some instances.

12648. Do you think 16 days in the year sufficient relief for the staff nurses?—They have a whole day once a month besides.

12649. Then the probationers, have they the same hours as the staff nurses?—The lady probationers have shorter hours, but the ordinary probationers have the same hours as the staff nurses.

12650. They have the same holidays, have they?—The same holidays, after they have completed the first year.

12651. What is the case in the first year?—They do not get any holiday till they have completed one year.

12652. Is not that rather a severe system, because we have been told that at first those who have been unaccustomed to nursing duties suffer more than those who have been acclimatised, to use the phrase?—It has never been found necessary to give any holiday during the first year.

12653. Do you find that many probationers break down, and have not health enough for nursing work?—No, I cannot say that they do.

12654. A certain number of nurses, of course, must be sick; can you tell us at all how many you usually have off duty from ailments?—The average is a little over two of the nurses, and less than one of the lady probationers daily.

12655. Have you had any deaths among your nurses?—In the last 20 years we have had nine deaths.

12656. Could they be said to be from illnesses contracted in the hospital?—I can tell you exactly. In 1870 we lost one sister of a male medical ward, she died of typhoid fever, probably contracted in attendance on a patient. One nurse we lost in 1870, who died from pyæmia. In 1872 we lost a sister from heart disease. In 1874 we lost a nurse from typhus. In 1880 we lost a nurse from bronchitis. In 1881 we lost one from typhoid fever. In 1881, the same year, we lost a probationer from scarlet fever. In 1883 one from typhoid fever, and in 1885 a nurse from scarlet fever. That makes up the nine deaths during 20 years.

12657. Have you had much of typhoid fever in the hospital?—Amongst the patients, do you mean?

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12658. Yes?—I do not know the exact amount we have had; not much.

12659. Have you had any such amount as may be attributed at all to defective sanitary arrangements?—No; our sanitary arrangements are first rate.

12660. When the nurses are ill where are they treated; in a separate ward?—We have a ward for sick nurses, and all sick residents; sometimes we ward them in the general wards; but we have an isolation ward for sick nurses if their cases require it; but an ordinary case would be treated in one of the general wards.

12661. Could you tell us the hours for meals for the day nurses?—The breakfast of the day nurses is at 7 a.m.

12662. For how long?—Half an hour. The lady probationers' is at 8 a.m.; the day nurses' dinner is at 11, and the sisters' and probationers' at 11.45; and the lady probationers' at 12.45. The tea is at 4 and 4.30 p.m. for the day nurses and probationers, and from 4 to 5 for lady probationers.

12663. And how long is allowed for the dinner?—Three quarters of an hour.

12664. Is the lady superintendent present at any of these meals?—No; we have a house-keeper who presides at all the meals.

12665. Now, with regard to the night nursing, what are the arrangements for that?—The nurses come on duty for a month on day duty, and for a month on night duty, alternately. The night nurses come on at 8.45 p.m. till 9 a.m.

12666. Do you know at what time they begin to clear up in the wards and wash the patients; how early in the morning?—The ward maids arrive as early as 5.45, and they immediately commence to assist the night nurses in getting ready for the day.

12667. They begin the washing of the patients at about six o'clock, I suppose?—Yes.

12668. The ward maids do, I suppose, what may be termed the menial duties?—Well, they assist in the menial duties.

12669. Do the nurses perform any of those duties, such as sweeping and cleaning?—They do sweeping and dusting, but the ward maids do the dirtier work, such as washing up, and they get the patients' breakfast ready, and so on.

12670. What meals do the nurses have during the night?—They are provided with rations when they go on duty at night; they have tea, coffee or cocoa, bread and butter, and an egg during the night.

12671. Do they cook it in the ward?—Not in the ward, in the annexe to the ward, in the kitchen.

12672. And when they go off duty in the morning have they a meal then?—Yes, they have their dinner.

12673. Now, why is it that you have none of your most responsible nurses, none of your sisters to take night duty?—We have a night superintendent nurse, who is constantly going round the hospital.

12674. That is only one to go round a very large number of beds; but what is the ground on which you apparently differ from other hospitals we have heard of, and do not employ your most responsible nurses and sisters in the night work?

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—There is never so much work to do in the night.

12675. Do you think it is satisfactory to hand the patients over entirely to what one may term second-class nurses during the long period of the night?—Well, there are always two staff nurses on each floor during the night, who are made responsible before the sister goes off duty; but we have not accommodation for providing a double supply of sisters.

12676. Will you explain; you speak of the accommodation; what is the accommodation that the sisters have?—The sisters live on the floor of the wards; they have a room on the floor of the wards, while the nurses all live together in a separate establishment, called the nurse's home.

12677. Outside?—It is adjoining the hospital, but it is quite a separate building, and they all have separate cubicles.

12678. What is the advantage of the arrangement of having sisters who do only a portion of the work in the hospital, and the other nurses outside; would it not be more reasonable that the sisters should live outside?—If any case of emergency happened during the night, the nurse on duty could summon the sister immediately.

Chairman.

12679. Do not the sisters' rooms look into the wards?—Yes, they have a window from which they can see into the ward and see what is going on.

Earl of Kimberley.

12680. Then what is the position of the night superintendent; is she on a similar footing with a sister, or is she reckoned as a staff nurse?—She takes the place of the lady superintendent during the night.

12681. What is the night superintendent's pay?—£50 a year, with board and lodging.

12682. And what holidays does she get?—She gets a month.

12683. I forgot to ask you what holiday the lady superintendent has?—She has a month to five weeks.

12684. And when she is away, who takes her place?—The night superintendent.

12685. Is she able to control the nursing establishment, both by night and day, when the lady superintendent is away?—A competent lady probationer, as, for instance, the sister who is now in charge of the institute, takes the place of the night superintendent, both during her own holiday, and also when she is doing the duty of the lady superintendent.

12686. What is the institute?—That is an institution from which we send out trained nurses; it adjoins the hospital. We provide the public with trained nurses who have spent at least three years in the service of the hospital.

12687. And that institute is presided over by a sister?—By a sister.

12688. And she is entirely engaged on that work?—She is entirely engaged on that work; and she lends certain assistance to the lady superintendent when required to do so.

12689. If you require additional nurses beyond your ordinary staff, how do you procure them?—We procure them from outside sources sometimes, or we should utilise any of the nurses in

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the institute if they were at home and unemployed, but for special cases we get in male attendants from the outside, and also female nurses.

12690. I will ask you more about the institute in a moment. Have you ever had any complaints from the nurses of their health suffering from the length of the hours?—No.

12691. And you have had no difficulty in maintaining discipline amongst the nurses?—The lady superintendent, I believe, has had none.

12692. Have you any male attendants employed in the hospital; male nursing attendants, I mean?—No, not in the hospital; if we require them we have to obtain them from the outside.

12693. But you have to obtain them occasionally from the outside?—Yes, frequently.

12694. Do you go to any institution^s for that purpose?—We get them from the corps of commissionaires as a rule, there is one attendant that lives close by, a man whom we regularly employ, who is accustomed to the work.

12695. With regard to the institute, could you tell us exactly what the system there is; have you a certain number of nurses on a register?—We have 19 nurses in the institute at the present time, all of whom have received their training in the hospital.

12696. Living in the institute?—Living in the institute.

12697. When not employed, that is to say?—We have none at home at the present time.

12698. But some might be unemployed; they would then live in the institute, as I understand you?—They would then live in the institute.

12699. Do they pay towards the institute, or what is the system?—They are paid a salary and a commission upon their earnings.

12700. What is the salary?—They get 26 *l.* a year, and for the first year that they are in there they get 10 per cent. on their earnings; the second year they get 15 per cent. on their earnings; and the third year they get 20 per cent. on their earnings. In addition to that they are entitled to the same privileges as the hospital nurses are; they are entitled to receive a pension after a period of service in the hospital, and they are also entitled to a gratuity.

12701. Do they have a holiday?—Yes; they get three weeks, I think it is, annually.

12702. What does the outside public pay for a nurse from this institute?—Two guineas a week for ordinary cases, and three guineas in exceptional cases. The ordinary cases are those that we principally supply them for.

12703. You have a constant demand for them, I understand?—A constant demand.

12704. Has this institution long been in existence?—Only since 1887.

12705. Does it pay its own expenses alone, or do you derive any surplus from it for the hospital?—We have been deriving a profit, but that profit does not go to the funds of the hospital; it goes to the fund that built the institute.

12706. Have you as many nurses as you can accommodate, or would you be able to increase their number?—We have accommodation for a few

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few more at present, and we are hoping that we may ultimately be able to extend the building.

12707. How are these nurses selected, are they all nurses who have passed through the hospital?—They must be; they are not eligible unless they have served three years in the hospital; it was five years till recently.

12708. At the end of the three years have they the option to go to the institution or become staff nurses, or on what system are they selected?—If they make application to the lady superintendent and she considers that they are suitable for public nursing, she transfers them to the institute, with the approval of the weekly board.

Chairman.

12709. Just to clear up one or two points in your evidence, I will put a few questions to you. In regard to this quarterly court, how is it assembled; do you advertise it in the newspapers?—Yes, due notice is given in accordance with the laws.

12710. So that every governor who looks at any newspaper has a chance of seeing it at any rate?—Yes, and in addition to that we send out notices.

12711. At the same time, you very often have an attendance as small as 15?—Yes.

12712. Then in regard to the medical committee, the medical committee, you said, does not have any member on the weekly board?—No.

12713. But, at the same time, supposing a question arises in which the medical committee's opinion might be worked out to a useful end by the weekly board, a sub-committee is appointed, is it not?—Yes, the medical committee would nominate delegates to meet delegates of the weekly board, and they would make their report to the weekly board.

12714. And they would take evidence, or do whatever might be necessary in order to report?—Yes, they would take evidence if necessary.

12715. I think you gave the committee to understand that you left beds vacant for want of funds; that was not your intention, was it?—No, I did not mean to convey that.

12716. What really occurs is this, is it not: that no doubt the income derived from interest and from the other sources you mentioned, is not sufficient for the wants of the hospital?—Just so.

12717. And then, to make up the requirements of the hospital, you have to draw upon your capital?—Yes.

12718. That capital cannot be withdrawn without the sanction of the quarterly court, can it?—No.

12719. At the same time, in regard to the funds of the hospital, have you any capital that you cannot sell out?—Yes, a portion of the capital is entirely devoted to the cancer fund, and that is locked up, a portion of it, in Chancery, so that we cannot touch that at all.

12720. How much is that?—It amounts to 47,133 l.

12721. Is that all that you have got locked up, which you cannot touch?—No, we have put aside also a sum of 25,896 l. 7 s. to form a per-

Chairman—continued.

manent endowment fund, which it was resolved some years ago should not be touched.

12722. So that when you get down to within the 47,000 l. you cannot sell anything more?—No.

12723. Have you, during your service with the hospital, been very close to that point?—No.

12724. Not within 20,000 l.?—No.

12725. Not within the last five years? Then as regards the treasurers and the finance committee, you said that the finance committee does not meet very often; but is any step in the finance ever taken without the unanimous consent of the two treasurers?—Never.

12726. And the treasurers and the members of the finance committee are members of the board, are they not?—Yes.

12727. Is every legacy that you receive funded or not?—It is funded, capitalised immediately.

12728. I think you said just now that you had a deficit; you had to meet that out of capital which maintains the hospital going?—Yes.

Earl of Kimberley.

12729. With regard to your medical officers, do you require that they should have the London qualification as physicians and surgeons, or may the governors elect any qualified medical officer?—No, they must be qualified according to the requirements of the Colleges of Physicians and Surgeons.

12730. They must have that qualification, you mean?—They must have that qualification; you are referring to the honorary staff?

12731. Yes; but I suppose it applies to the whole?—To the whole of the honorary staff, but not to the resident staff.

12732. Has it never occurred to the governors that you might exclude competent men by that limitation, physicians or surgeons who might have obtained the Edinburgh or the Dublin qualification, but who might not be willing to pass an examination late in life to obtain the other qualification?—I will just read you the qualification, according to the laws, if I may be permitted to do so.

12733. If you please?—"That a candidate for the office of surgeon shall be a fellow of the Royal College of Surgeons of England, and shall not have practised as an apothecary, or as an accoucheur, for at least three years before the declaration of vacancy, nor shall he so practice during his continuance in office;" and for a physician, "That a candidate for the office of physician shall be either a fellow or member of the Royal College of Physicians of London." That applies to honorary physicians, and honorary surgeons; that law does not apply to the resident officers, house surgeons and house physicians.

12734. They may be elected if they have a qualification, whatever the qualification may be?—Undoubtedly; their qualification is not required to be as high as that of the honorary staff.

12735. Are any of your medical staff paid?—Yes, certain officers are paid, but none of the honorary staff are paid.

12736. What salaries are paid to the resident staff?—None, except to the registrars and the pathologist;

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pathologist; they are the only paid members of the staff.

12737. But the resident medical officer, what has he?—He receives 200 l. per annum.

12738. Is he the only salaried medical officer in the establishment?—The only one.

12739. I think you were beginning to say that some of the medical officers have to pay?—There are four house physicians and three house surgeons, and they each pay a fee of ten guineas on their appointment.

12740. Are they entirely engaged in the service of the hospital?—Entirely.

12741. And resident there?—And resident there.

12742. For how long does a resident medical officer remain; is there a limitation of time?—The resident medical officer is a permanent officer; there is no limit of time in his case; but the house physicians and house surgeons hold office for six months, and they can be re-elected to other offices and appointments.

12743. Then are they re-elected every six months?—No, they only hold one office for six months.

12744. You mean house physician, or house surgeon?—Yes.

12745. But at the end of the six months what takes place?—They become eligible to hold one of the house appointments other than that which they have just relinquished.

12746. To whom does the ten guineas go; does it go to the hospital, or to the medical school?—It goes to the physician or the surgeon, as the case may be, under whom the house physician or house surgeon works in the hospital.

12747. Do you take any what are usually called lock cases in your hospital?—Yes.

12748. Do you take any that present themselves, without limitation?—There is a limit to the number of cases that we take; we do not take more than two into one ward; we have a separate ward devoted to female venereal cases.

12749. You have other hospitals in your neighbourhood; for instance, the University College Hospital is very near to you?—Yes, it is not far.

12750. Have you any other hospital not very distant?—Charing Cross is not very far.

12751. But University College Hospital is very near?—Yes.

12752. You have a medical school?—Yes.

Chairman.

12753. With regard to your alms-boxes, have they increased or not in the last year or two?—They have increased very considerably.

12754. On what system do you put them out; where do you put them?—We put them in the workshops and business establishments in the neighbourhood; and they are collected quarterly.

12755. Then, in regard to the pension, I think you told us that a nurse could be pensioned after 20 years' service; is there only one class of pension, or are there two?—Sisters receive a pension after 20 years' service of two-thirds of their wages; after 15 years, if disabled by accident or sickness incurred on duty, not less than one-half of their wages.

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Chairman—continued.

12756. Then, as regards the agreement between the nurse and the hospital, as to serving for three years, supposing the case arises that a nurse wants to leave, it is taken into consideration especially, and the agreement is cancelled if necessary, is it not?—That is so.

12757. Would you suggest having more nurses if there were more accommodation?—I think it would be desirable if there were more accommodation.

12758. I understood you to say that no death had occurred since 1885 amongst the nurses and probationers?—That was the last.

12759. Then in regard to the nurses' dinner, the matron dines with the officers?—Yes.

12760. But at the same time does the house-keeper dine with the nurses?—She has her meals in the refectory; I do not know that she has them at the same time that the sisters and nurses do, because meals are going on all day long.

12761. But she has the same dinner?—She has the same dinner; but I am inclined to think that she has it served in her room.

12762. And, as it happens, just at this moment, is she a lady or not?—Yes.

12763. As regards sending out nurses to the public from the institute, is the rule for the number of years that they must have served in the hospital five years, with a minimum of three, or is three the actual time?—Three years is the actual time now; it has been reduced from five to three, where it is thought that the nurse is qualified to undertake the work.

12764. Is it not the case that the rule is five years, and if there are exceptional cases they can be taken into the institute in three years?—Yes, that is what I intended to convey.

12765. Have you ever known of any physician or surgeon being excluded from the service of the hospital because of not having the London qualification?—They would not be eligible to become candidates for the honorary appointments unless they possessed the London qualification.

Earl Cathcart.

12766. Will you please tell us for what profession you were educated before you came into the hospital?—For no profession. I was in the City for two years before I came to the hospital.

12767. As a clerk?—Not exactly as a clerk; I was in an office, a wine merchant's office.

12768. You were unconnected with hospital business?—Yes.

12769. Now, your buildings are of cheap construction, are they not, with nothing in the way of architectural ornament, or anything of that kind; plain and simple buildings?—Yes; the hospital proper.

12770. Was it built for a hospital?—Yes.

12771. How many years ago?—It was built in the year 1745.

12772. Consequently it is a very ancient construction?—Very.

12773. Do you find, for administrative purposes, that the arrangements are convenient?—We have made what improvements we could to it from time to time. Of course it is difficult to adapt an old building to the requirements of the present time.

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12774. But

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12774. But the medical men do not complain that the construction of the building impedes the cure of the patients?—No; I have never heard a complaint of that sort.

12775. The average size of your wards I take to be about 15 beds; I think you mentioned two as holding about 30?—The front wards hold 20, and the back wards hold 15. If you struck an average throughout the whole building it would be about 15.

12776. What is your idea of the size of a ward for convenient administrative purposes; how many beds; what would your idea be of a modern ward?—I should think that from 15 to 20 beds would not be an undue size.

12777. You have no difficulty in keeping up the temperature to 60°?—No; I do not think I have ever heard of any difficulty.

12778. Do you use a tell-tale clock for the porters, or other people in the service of the hospital?—We do for the engineer.

12779. But for nobody else?—No.

12780. With regard to the out-patient department, is that one of convenient construction?—Yes; it was reconstructed only a few years ago, in 1884.

12781. That is built out from the other?—It is adjoining the building.

12782. And there is ample space for teachers, for students, and for the out-patients?—Well, we could do with more, but still it is all we can get.

12783. Then you are really out-growing your out-patient department?—Undoubtedly.

12784. Do you find that a convenient system which you have mentioned of having the tea made of tea provided by the patients themselves?—It is made in the wards; they only have to provide tea for themselves.

12785. We have been told by witnesses from another hospital that the arrangement is very inconvenient; that the tea is all mixed up together in little parcels, and that when it comes to be poured out nobody can tell what the material is or what the flavour is?—Each patient is provided with his own utensils, and the tea is made quite separately for each patient.

12786. In a separate teapot?—In a separate teapot.

12787. In the London Hospital, we were told, all the little packets of tea were put into one pot, and they made a very disagreeable brew; but that is not the case with you?—No; that is not the case at our hospital.

12788. Why should it be required of the patients to provide it now that tea is so very cheap; when it was 5s. a lb. it was another thing, but now that it is so very cheap would it not be desirable to provide tea for the patients?—That is done in cases where they are not able to pay for it.

12789. But I mean generally; it is merely a question of expense, is it not?—Yes.

Earl of Kimberley.

12790. Why should you select one particular article of food, and that one of the cheapest; you might as well require them to supply themselves with meat, might you not?—The reason for it is that it is not included in the diet sheet.

Earl of Kimberley—continued.

12791. I am supposing, of course, that they should only have it in cases where the medical officer allows it; but supposing he thinks they ought to have it, is there any reason why you should not supply it?—It is a question of expense.

12792. But the expense is very small. Is it not a curious thing to select one article of food, and that a very cheap one, and require the patient to supply that?—As a rule they can generally pay for it.

12793. But they might be able to pay also for a portion of their meat or their bread. It seems a very singular thing that in a charitable establishment one of the ordinary necessities of life should be made the subject of payment by the patient to the exclusion of other necessities; and what possible ground can there be for it?—I do not know that that has ever been brought before the weekly board.

12794. Is it not really a survival of a totally different state of things?—I think they have always had to do it.

Earl Cathcart.

12795. It really is from want of consideration, is it not. At the time when tea was 5s. a lb. it was well understood that it was an expense for the hospital, but now that tea is cheap, it would be a more convenient plan to arrange that the tea and sugar should be provided for the patients?—Yes, that may be so.

12796. You mentioned butter, did you not; but that may not be absolutely necessary?—Yes.

12797. Now with regard to the laundry, you find this laundry a very great advantage, no doubt?—Yes.

12798. And it is economical?—Yes, distinctly.

12799. Have you all the modern appliances to save labour?—As far as our accommodation permits we have.

12800. And you wash for how many patients?—There are always 250 to 260 patients to wash for, besides all the household washing.

12801. I saw the other day a most perfect laundry for 800 patients, and they told me it was worked with the greatest economy and advantage, and you could understand that from your experience?—Yes.

12802. With regard to the male attendants, you mentioned getting them from the Corps of Commissionaires; but you know, and I know from experience, that Tommy Atkins does not always make a first-rate nurse; he is a very kind fellow, but does not always make a first rate nurse. Do you think that the commissionaires are unsatisfactory as nurses?—I am not prepared to answer that question; but they are only, I think, as a rule, employed in *delirium tremens* cases.

12803. But you do employ them frequently, do you not?—We do.

12804. Did you never hear of the Hamiltonian Institution for providing trained male nurses?—I have heard of it.

12805. But you have not thought of employing that institution?—It is left to the lady superintendent to select any particular institution,

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[Continued.]

Earl Cathcart—continued.

institution, to which we should send. We have one regular male attendant, who lives close to the place.

12806. At our last meeting we were informed that at St. George's, when they wanted male attendants, they employed the Hamiltonian Society to great advantage. You mentioned going outside for female nurses; where do you go to when you want those extra female nurses?—I am really not prepared to answer that; it is a question that the lady superintendent could answer. We have employed male nurses from the Hamilton Institute once or twice, and should do so again in case of need. But we prefer those who are near at hand, and have been frequently employed and, to a great extent, trained by ourselves.

12807. Are the ward maids in the nature of charwomen, or do they live in the home?—They live outside and have their meals in the kitchens adjoining the wards.

12808. They are in the nature of charwomen?—Yes.

12809. You mentioned a nurse who died of pyæmia; pyæmia is a sort of curse of hospitals; how came that nurse to die of pyæmia?—It is so many years ago that I do not remember; I could give you the date of it; it was back some time ago.

12810. But there must have been some special circumstance attending the death of that poor nurse; because pyæmia is not a usual form of death?—It was in 1870 I find.

12811. With regard to the night nurses at your hospital, we were told that at the London Hospital there were two sisters on duty at night, and that each of them went round half of the hospital, and that they were at the call of the night nurses. That is very much your system, it seems to me, because you have one night superintendent, and that you have found sufficient?—Yes, we have always found it so.

12812. It is the fact, is it not, that the sister in charge of the ward likes living near the ward and having her room adjoining the ward?—Yes.

12813. And that if for any reason she is moved away from that room, she is very unhappy about it; she likes to be near her ward?—Yes; I think our sisters would feel it very much if they were moved away.

Lord Zouche of Haryngworth.

12814. I think you mentioned that you set apart a portion of your capital for the cancer wards?—The money was left to us to endow those wards, or partially endow them.

12815. Are those wards in the nature of an asylum for cancer patients?—Yes; they are kept there for life; when once they get on the cancer foundation they can remain there.

12816. And that capital, which you said was about 47,000 £, cannot be sold out?—No.

12817. And the permanent endowment fund, 25,896 £, cannot be touched either to cover the yearly deficit?—No.

12818. And that goes, I suppose, to the general purposes?—Yes.

Lord Thring.

12819. The cancer fund is a settled fund, it neither increases nor diminishes, I suppose?—We have legacies left to it from time to time.

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Lord Thring—continued.

12820. You do not apply any portion, I mean of the cancer fund to other purposes of the institution?—The cancer wards do not maintain themselves; we have to supplement them from the general funds of the hospital.

12821. With respect to the patients who die, have you got a mortuary?—Yes.

12822. Who superintends the mortuary; supposing there is to be a post-mortem examination, who is responsible for it?—The pathologist conducts all the post-mortem examinations.

12823. That means a doctor?—Yes.

12824. And what rank of doctor is he?—He is a fully qualified practitioner.

12825. But is he one of your highest doctors, or a man from the outside?—A man from the outside.

12826. When the bodies are opened who is responsible for their being decently sewn up, and prepared for burial?—We have a mortuary attendant, who is under the immediate orders of the resident medical officer.

12827. And what description of man is he, a workman or what?—The mortuary attendant is an ordinary porter.

12828. And then when the body is sewn up is it put in a shell by the porter, or what is done with it?—He has the assistance of a nurse, who sees that the body is properly put in a shroud.

12829. That is what I wanted to know; one of your nurses sees that the body is so sewn up, or otherwise dealt with, as not to hurt the feelings of the patient's relations?—That is always very carefully attended to.

12830. By a nurse?—By a nurse.

12831. And if any complaint were made who would that go before?—It would go possibly to the resident medical officer first, then it would come to me.

12832. But you have never had any complaint from relatives as to the bodies of patients being dealt with without due consideration?—No, I have not.

Earl of Lauderdale.

12833. What is the amount of your capital fund; I mean the whole together?—The gross is 252,786 £ 6 s. 3 d.

12834. That was at the 1st of January?—Of this year.

12835. Is that an increasing amount now; what was it 10 years ago?—It was only 173,000 £ 10 years ago.

12836. And five years ago it was something between those two sums?—Yes.

12837. Then it is an annually increasing amount?—Well, you see we got the bulk of this in the last three years; 131,000 £ has been added in the last three years.

12838. Up to that date had it been an increasing amount?—No, it had been a decreasing amount.

12839. Your capital had been decreasing yearly?—Yes.

Lord Monkswell.

840. How many governors have you qualified to attend quarterly meetings?—Some hundreds.

12841. Do you think that the quarterly meetings form any sufficient check on the proceedings of the weekly board under those circumstances. You say that 15 attend out of several hundreds;

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[Continued.]

Lord Monkswell—continued.

they are nominally the highest body; do you think that they exercise any sufficient control?—You see the hospital being a corporation, they have a check on any capital being sold out.

12842. That is about the only control in point of fact which they exercise, is it not?—Well, all matters are subject to their control, of course.

12843. I suppose some of these several hundred governors know very little about the hospital?—There are a largish number that take a great deal of interest in it; they do not always attend the meetings; sometimes we have large meetings.

12844. Are all the weekly board members also of the court of governors?—Yes.

12845. Then it might very easily happen at the quarterly meetings that the members of the weekly board would greatly outnumber the other governors?—It might so happen.

12846. If an average of 10 attend the weekly meetings, and if also only 15 governors attend at the quarterly meeting it would clearly be so?—Yes.

12847. What are these alms-boxes; are they only boxes in the hospital put up for the patients to place any contributions in?—They are in workshops and business establishments in the neighbourhood.

12848. Do you put up boxes in the hospital for the patients to put in what they like when they go out?—Yes, there are always boxes in the hospital.

12849. What do you get from them?—£. 20 to 30 l. a year.

12850. What do you call "Incidental Receipts"?—From the sale of kitchen stuff and rags, and various small items. There is an amount also of 94 l., I think, balance of the school account.

12851. Is that in respect of anything you sell?—No, we have an account with them; you see we have to maintain the buildings of the medical school.

12852. In fact you have a surplus?—Yes; this was the balance of that account, a small item.

12853. If I understand you rightly, you are allowed a certain amount out of the general fund to spend on the medical school, and sometimes you do not spend it?—The general fund has to maintain the medical school.

12854. I do not know how you put down 94 l. among the receipts?—It is the balance of their account. We have an account with the medical school; that was the balance due to the hospital at the end of the year. There are certain scholarships and prizes that the hospital give to the school, and this was the balance of that account at the end of the year.

12855. Then sometimes, I suppose, it might be the other way; you might have a balance the other way?—Yes.

12856. In point of fact, I suppose, it comes to this, that you make a sort of estimate of what the medical school will cost you; if it is less you put down that balance among the receipts, and if it is more you put it among the expenses?—Under agreements, which have been entered into from time to time, certain payments are

Lord Monkswell—continued.

made by the school to the hospital, and certain payments are made by the hospital on behalf of the school. Last year the balance of the account happened to be in favour of the hospital.

12857. Did you ever know a case of the admitting officer referring a memorandum to you as to whether a patient was a proper patient to be admitted on the ground that he was not poor?—Yes, it has happened; it does not happen frequently, but it has happened.

12858. Then what do you do if such a thing happens;—Investigate the case as far as I can; I ascertain what the man's means are.

12859. You send somebody to his house, I suppose, to find out who his relations are?—No, I simply take the word of the patient.

12860. You see the patient; you do not make any further inquiry?—We have no means for investigating outside the building.

12861. You ask the patient what his position is; and all about it?—Yes.

12862. What are you rated at?—£. 784; our parochial rates amount to 200 l. a-year.

12863. Do you pay ground-rent?—We pay a ground-rent for the hospital of 15 l.

Lord Saye and Sele.

12864. Do you systematically advertise for donations and subscriptions?—Yes.

12865. Weekly?—Daily.

12866. Have you a collector, and, if so, on what terms?—A collector is employed for the collection of annual subscriptions, and he receives 5 per cent. commission on subscriptions which are collected through him.

12867. You have had very large grants made you from the Saturday and Sunday Funds; 2,000 l. from one, and 400 l. from the other; I suppose it was in consequence of your showing that you were unable to meet the expenses?—I think they took into consideration the amount that we spent on the management. I do not know how they base their figures to make their grants, but I think that it is on that account; and also on account of our not always being able to meet our expenditure.

12868. If you had shown that your accounts were in a satisfactory state you would have had a much smaller grant?—A smaller grant.

12869. Are the patients required to bring towels and sheets?—Towels, but not sheets.

12870. Nothing whatever of that sort?—No. They are obliged to provide a change of clothing.

Earl of Arran.

12871. Is there a chapel belonging to the hospital?—In course of construction there is.

12872. Is there a resident chaplain?—Yes.

12837. And I suppose the Roman Catholic clergyman has access to any patient who wishes to see him?—At all times.

Chairman.

12874. Are steps taken to make a list in each ward of the Roman Catholic patients, and patients of other denominations than the Church of England?—Yes, there is a register at the entrance to every ward, a list kept of the Roman Catholics and patients of every other denomination than the Church of England.

12875. So

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[Continued.]

Chairman—continued.

12875. So that as far as you can you see that they are attended by their respective ministers?—Yes.

12876. How much does the chaplain get?—£200 a year.

12877. What are his duties?—His duties are to read prayers in the wards, and to hold services in the wards, and to visit the patients, and to hold a service in the board room on Sundays, and to administer the Samaritan Fund, and to attend each meeting of the weekly board.

12878. Does he have to produce his vouchers like any other official of the hospital?—Yes.

12879. Does he make any inquiries as to the condition of the patients?—Yes, he does so.

12880. Now as regards these amounts that Lord Saye and Sele asked you about, which are received from the Hospital Sunday Fund, and the Hospital Saturday Fund. You received upwards of 2,000*l.* from the Hospital Sunday Fund, and you said that if you had made up your accounts so as to show that you were short of money you would have got more, or if you had made them up so as to show that you were very well off you would have got less. But you have to send in your accounts, we have been told, on a system which is provided by the Hospital Sunday Fund; that is so, is it not?—Exactly.

12881. So that however much you wished to cook your accounts you could not do it?—Impossible.

12882. As regards the male attendants, is there any nurse in this block of wards where those cases are isolated?—Yes, an outside nurse, not one of our staff nurses. It all depends upon the case that is being treated.

12883. But what I want to arrive at is whether there is a qualified female nurse as well as a male attendant?—Yes, there is.

12884. There have been a good many alterations and changes made lately in the hospital, have there not?—Yes, there have been some.

12885. And since this inquiry began?—Yes.

12886. You did not tell us the number of ward maids?—There are 10 I believe.

Earl of Kimberley.

12887. What is the total number of nurses?—Eighty-seven, including lady probationers.

Earl of Arran.

12888. Did you say that the lady probationers were engaged for a year?—Not always; they come for six months sometimes.

12889. Do they ever remain for more than a year?—Well, I believe they have occasionally; but it is not usual for them to come for more than a year.

12890. And they do not engage for longer service afterwards in the hospital; they merely come for educational purposes?—Quite so.

Chairman.

12891. With regard to these ward maids, do they lodge in the hospital or out?—Out.

12892. What is the reason of their lodging out?—Because we have not accommodation within the hospital for them.

12893. That is to say, because there is no room

(24.)

Chairman—continued.

for them. Then as well as ward maids, have you scrubbers?—Yes.

12894. Who do the heavy work?—Yes.

12895. So that the ward maids do the housemaids' work, only they live outside?—Yes, the housemaids' work in the wards.

12896. And also they are sent on messages to the dispensary, are they not?—Yes, they do that work.

Lord Thring.

12897. What are the floors of the hospital made of?—Most of them are deal floors. On one floor we have teak floors laid down.

12898. And how are the deal floors fitted?—On the ordinary beams, I believe.

12899. Are you aware whether, when you take up those floors, it sometimes happens that you find exceedingly disagreeable refuse under them, the result of the washings?—The only floors that we have had up very recently are those in the special wards, and those were not in very good condition underneath, and we have replaced them with more solid floors on a concrete foundation.

12900. Does not a deal floor, in itself, absorb from washing a good deal of noxious matter?—It would, I believe. We are very anxious to get teak floors throughout the hospital.

12901. And to renew them?—Yes; we should not renew them with deal floors.

12902. And you would tongue them?—Yes.

12903. And then you would not scrub them, but you would dry-rub them?—Yes; dry-rub and polish them.

Earl Cathcart.

12904. But you would never lay down a floor in these days without that floor being pugged underneath?—No; they would be specially prepared.

12905. In all good buildings, floors are what they call "pugged," that is, with concrete?—Yes.

Earl of Lauderdale.

12906. What wages do your ward maids get?—Seven-and-sixpence a week and their board.

12907. Do you provide them with their sleeping accommodation; do you pay for it?—No, we do not.

Chairman.

12908. Could you tell us what the cost of the occupied beds at the Middlesex Hospital is?—Yes, 87*l.* 12*s.* 1½*d.* is the annual cost of each occupied bed.

12909. In making that calculation what do you include; could you tell us that?—I take the total expenditure for the year, and deduct from it the cost of the extraordinary expenditure, that is to say on maintenance, improvements or anything of that sort, and then deduct the cost of out-patients; that has been made up by estimate before.

12910. And in that way you think you get at the cost per occupied bed?—Yes.

12911. You take the whole of the expenditure?—Yes.

12912. That includes what you pay for rates?—Yes.

12913. And rent for those houses out of the hospital?—Yes.

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12914. What

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[Continued.]

Chairman—continued.

12914. What do you estimate that the out-patient department costs?—£ 2,620 a-year, as near as we can get at it.

12915. I suppose you could not get at the real cost of the out-patient department without having a separate dispensary?—It would be quite impossible.

12916. If you had a separate dispensary that would facilitate it?—It would facilitate it, but then there are officers who do work in the out-patient department who are also employed in the hospital.

12917. But still do you happen to know, whether for the Hospital Sunday Fund purposes the estimated cost of beds is made up on the same basis for each hospital?—I believe so; they do not supply us with any data to go upon.

12918. Of course any estimate of the cost of beds must be taken for what it is worth, not only in your hospital but in any other?—Yes; it is very difficult to make a comparison.

12919. In the memorandum made up by the Charity Organisation Society, which I have before me, the cost of an occupied bed at St. Bartholomew's is put down at 89 *l.* (of course taking it for what it is worth); St. Thomas's, 99 *l.*; Guy's, 73 *l.*; at St. George's (as to which we had evidence here the other day) it is put down as about 75 *l.*, and you say it is 87 *l.* at the Middlesex Hospital?—Yes.

12920. That of course is considerably more than the 75 *l.* at St. George's; have you any particular reason to give why your cost should be greater than the cost at St. George's?—It all depends upon what basis they make their calculation on. I do not know what they have included or excluded of their hospital expenditure.

12921. Have you any particular department of your hospital which is more costly than in other hospitals?—We have the cancer wards.

12922. Would those materially add to the cost of your beds in making out the return?—We reckon that they cost about half as much again as an ordinary bed; perhaps not quite half as much again.

12923. Nothing is refused to these cancer patients?—Nothing is refused.

12924. They come in as soon as they can get in, and they stay there till they die?—Yes.

12925. And with regard to out-patients, as far as experience goes, do you find it impossible to take the cost of an out-patient except by estimate?—Except by estimate.

Earl Cathcart.

12926. Did you ever hear of the Board of Superintendence of the Dublin Hospitals?—No.

12927. It is a species of Government Department, and they estimate the average cost per bed upon a regular system, and they do not seem to find any difficulty in making the calculation. You seem to think it is difficult to calculate the cost per bed, owing to the out patient department?—You see our dispensary would be one of the greatest difficulties in the way.

12928. But there would be no practical difficulty, would there, in having two dispensaries?—It would be far more costly because the

Earl Cathcart—continued.

same head dispenser supervises the out-patient as well as the in-patient dispensary.

12929. In Dublin they divide it under maintenance and establishment, and exclusive both of buildings and of furniture for such buildings; but you have never heard of this Dublin Board of Superintendence?—No.

Chairman.

12930. Carrying out that idea of the Dublin Government Department, would it not be better in your opinion if all hospitals managed their accounts on the same basis for purposes of comparison?—I think it would, if it were practicable, but you see it would be quite impossible for us to know the cost of the out-patient department unless we had a separate dispensary.

12931. I am not speaking about the out-patient department, but about the cost of beds. Of course, if these estimates drawn out by the Charity Organisation Society, or any other estimates, are not based upon the same system, they are quite valueless for comparison?—Quite; we have always felt that.

12932. Have you ever considered whether it would be possible to have any central Board of control for hospitals, not a Government Department?—I think it would be advantageous in some respects; it might protect our out-patient department, and would serve as a check on the growth of the special hospitals which deprive the general hospitals of a considerable amount of support.

12933. Have you ever thought at all how it could be carried out?—I cannot say that I could submit any scheme.

12934. At the same time, as a general idea, you approve of it?—Yes.

Earl of Arran.

12935. You have been making considerable economies in the management, from what I understood you to say just now. For instance, with reference to the dietaries you have been able to provide the diets at a much lower cost?—We have made a great saving in our provisions during the last year owing to a new method of serving the beef tea to patients; that has effected a considerable saving.

12936. And in other items of the diet also?—Yes, meat and bread are the chief. We made a saving of 400 *l.* on meat, and over 60 *l.* on bread.

12937. And yet the diet is equally good and satisfactory to the patients, is it?—In every respect.

12938. And also to the medical men?—Yes.

12939. What is the new system which you allude to?—It is the method on which the beef tea is made. It used to be made in boilers in the kitchen, and we have recently put up a new apparatus for cooking it, and it is done in that way. There is careful supervision over the meat that is put in.

12940. I think you told us that the amount of saving in bread amounts to over 60 *l.*?—67 *l.*; and in meat 400 *l.*

12941. Is that a patent apparatus of which you have just spoken?—No, there is no patent about it.

12942. It

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Earl of Arran—continued.

12942. It is one invented by the hospital, or one that was invented outside?—It is one in use at the London Hospital, I think.

12943. Is there any name that you know it by?—No.

12944. Do you cook by gas?—Yes, the whole of our cooking is done by gas.

Lord Monkswell.

12945. You said that the estimated cost of the out-patient department is 2,600 *l.*?—2,620 *l.*

12946. How many out-patients are there in the course of the year?—The new out-patients were 38,800 last year.

12947. On what principle do you make up your accounts, so much per week for each new out-patient or what?—No, we calculate it at 1 *s.* 4 *d.* for each new patient.

12948. I see that Mr. Hardy, when he gave his evidence, said he was told (it certainly was some years back) by the treasurer of St. Thomas's, that he thought each regular out-patient costs 2 *s.* 3 *d.*; that is in his answer to Question 12127?—It is very difficult to say

Lord Monkswell—continued.

what an out-patient costs, because it is impossible to separate the in-patients and out-patients.

12949. Do you go on the principle every year now of calculating that each out-patient costs 1 *s.* 4 *d.*, having once found that to be the cost?—No, we make certain estimates of the cost of the department; the repairs may be more in one year than in another.

12950. Do you not simply say, "We have so many more out-patients this year than last, and that will be so many more times 1 *s.* 4 *d.*?"—No, it is calculated on the expenditure as estimated.

Chairman.

12951. I think you desire to add something to your evidence?—Yes. May I be permitted to explain a statement made in the earlier part of my evidence? It is with regard to the nurses who have died in the hospital. In the list that I read out to the Committee there was no nurse who had died of diphtheria in the hospital during that period of 20 years.

The Witness is directed to withdraw.

MR. EDWARD A. FARDON, is called in; and, having been Sworn, is Examined, as follows:

Chairman.

12952. You are the Resident Medical Officer at the Middlesex Hospital, are you not?—Yes.

12953. May I ask are you a servant of the Board?—Yes.

12954. What is your salary?—£. 200.

12955. And board and lodging?—And board and lodging.

12956. Would you briefly tell us what your duties are as Resident Medical Officer?—I have a general medical supervision over the hospital so far as the sanitary arrangements are concerned, the ventilation, and the warming, and the other sanitary arrangements; I am responsible for all the admissions into the hospital, and I also have the medical care of the nurses and servants of the hospital, unless their cases are sufficiently serious to make it necessary for them to be put in a ward, and then they come under the care of one of the staff.

12957. That is to say, of one of the senior physicians or surgeons, in whose ward they happen to be?—Yes; and I exercise generally authority over the house physicians with regard to their work in the wards in the absence of the physicians, and keep a general supervision over the wards in medical matters.

12958. And how long have you been in that position of Resident Medical Officer?—Twelve years nearly.

12959. The principal part of your duties in the day time is in the out-patient department, is it not?—Not now; I have been relieved of that some months ago; I used to have to see out-patients daily; I did for about 10 years or so.

12960. Before I come to that question of out-patients, I should like to know how is the Middlesex Hospital situated; are there a large number of other hospitals and dispensaries in the

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Chairman—continued.

immediate neighbourhood?—Yes, a great many. I have a list of them, and I have here a map on which the different hospitals and dispensaries in the neighbourhood are marked (*producing it*).

12961. Will you explain the map?—I have taken a circle of one mile round the hospital. The red marks are general hospitals, the green specials, and the dispensaries are marked with a round dot.

12962. Will you give us a list of these places that you speak of within a radius of a mile of the Middlesex Hospital?—There are eight general hospitals, that is, hospitals admitting all general diseases.

12963. May I ask, before you go further, what your authority is for this?—I get it from Churchill's Medical Directory for this year.

12964. And these statements have probably been sent by the authorities of the various hospitals themselves?—Yes, and no doubt they have been revised by them. The eight general hospitals of which I speak are these: Charing Cross Hospital, with 180 beds; King's College, with 220 beds; Middlesex, with 307 beds; University College, with 207 beds. All those hospitals have medical schools attached to them. Then there are in addition, the London Temperance Hospital, with 66 beds; the Homœopathic, with 94 beds; the French Hospital with 50 beds, and an Italian Hospital with 25 beds.

12965. Those are general hospitals?—Those are general hospitals.

12966. Now are there any special hospitals?—Yes, I have a list of special hospitals; I have confined this also to an area of one mile from the Middlesex Hospital. There are two hospitals for Diseases of the Skin; one the St. John's Hospital in Leicester-square, with 30 beds, and

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Mr. FARDON.

[Continued.]

Chairman—continued.

the other the British Hospital for Skin Diseases (that is, I think, situated in Poland-street or Great Marlborough-street), which has 12 beds. Then there are two Orthopædic Hospitals, one of which is called the National Orthopædic, and the other the Royal Orthopædic; the National Orthopædic has 38 beds and the Royal has 50 beds. Then there are three hospitals for the treatment of epilepsy, paralysis, and other nervous diseases; the National Hospital in Queen's-square with 175 beds; the West-End Hospital has 10 beds; and then there is a hospital for paralysis and heart disease in Soho-square, with 26 beds. Then there are four hospitals for diseases of the throat and ear; there is the Throat Hospital in Golden-square, with 21 beds; the London Throat Hospital (I think it is in Portland-street) with four beds; the Central Throat Hospital, with 17 beds, and an ear hospital in Frith-street, with 10 beds. Then there are two hospitals for children; one is the hospital for sick children in Ormond-street, with 175 beds, and the other is the hospital for hip disease, a disease mainly confined to children, with 80 beds. Then there is, in addition to these, a male lock hospital, with 20 beds; a British Lying-in Hospital, with 25 beds, and St. John's Hospital for Incurables, with 50 beds; an establishment for gentlewomen in Harley-street, with 25 beds; St. Peter's Hospital for Stone, with 24 beds; St. Saviour's Hospital for Cancer, with I am not sure as to the number of beds quite, I believe about 20 beds; and there is also a small lock hospital in Margaret-street, St. Agnes Hospital, which has about six beds.

12967. That makes up a total of what?—That makes up a total of, I think, 26 special hospitals, and eight general hospitals.

12968. How many beds altogether?—I think it is about 2,050 beds in special and general.

12969. That gives considerably over 2,000 beds in 34 establishments within one mile of the Middlesex Hospital?—Yes, within a radius of a mile.

Earl of Arran.

12970. Inclusive of the Middlesex Hospital itself?—Yes.

Chairman.

12971. Then in addition to that there is the Poor-Law Infirmary, with 700 patients?—Yes; there is the Marylebone Workhouse, that takes a lot of sick people; there is the St. James's Workhouse in Poland-street; there is the St. Giles's Workhouse, and the workhouse in Mount-street, Grosvenor-square, the St. George's.

12972. Are these also within a mile of the Middlesex Hospital?—Yes; they are coloured brown on the map.

12973. But the Marylebone Infirmary is some distance from there?—Yes; the sick infirmary is not in the Marylebone parish.

12974. That has 700 beds?—Yes.

12975. And takes people from that parish?—Yes.

12976. Now do you know if these are voluntary hospitals, or do any of them receive payment?—Many, I believe, receive some contribution from the patients.

Chairman—continued.

12977. And all apply for subscriptions?—They all appeal for support from the public, so far as I can gather; I have checked these institutions.

12978. That is to say they all appeal for support to the public except the poor law?—Yes.

12979. You said that there were dispensaries, too?—Yes.

12980. How many are there of those?—There are seven general dispensaries. There is the Bloomsbury Dispensary; the St. George's and St. James's Dispensary; the St. George's, Hanover-square; the St. Marylebone General Dispensary; the St. Pancras and Northern; and the Westminster General. Then there is a public dispensary in Stanhope-street, Clare Market.

12981. Do those dispensaries apply for subscriptions to the public?—Yes, all of them; they are supported by subscriptions; but then, as far as I can gather, their patients have to contribute something or other to get the benefit of the attendance and medicine.

12982. Then does that include also the Poor Law dispensary?—No, nothing to do with the Poor Law at all.

12983. We have been told that the dispensaries are practically out-patient departments; is that so?—Yes, their departments are practically out-patient departments. Then there are some special dispensaries as well. There is one for consumption in Margaret-street; then there is the Metropolitan Ear and Throat; and then there is one dispensary for the speech and ear, and then there is the St. Andrew's Eye and Ear Dispensary; the London Skin Hospital, and the Western Skin Hospital; two more skin hospitals.

12984. Now with all this enormous amount of accommodation for the sick, and assistance by way of out-patient department, do you ever have to send away people from the Middlesex Hospital, because there is no room for them?—Yes.

12985. I mean those wanting beds in the hospital?—Yes.

12986. So that you, like other places, could accommodate more people if you had the room?—Yes, no doubt about it.

12987. Then is your out-patient department very crowded?—Yes, it is crowded; I think that there is quite as much done there as the accommodation will afford, in fact rather more; it is inconveniently crowded.

12988. You have no restriction at all, have you, in your out-patient department?—None whatever.

12989. Will you tell us on what system that department is organised?—The out-patient department is practically free to any necessitous person who likes to apply, but they must do so within certain hours, unless the case is one of urgency requiring very immediate treatment. They are roughly divided into medical and surgical cases. There are others, which I will speak of presently, of a special nature. The medical and surgical cases are seen at half-past nine or ten o'clock in the morning by two officers respectively; one is called the casual surgical officer, and the other the casual medical officer. These are elected from men who have passed their examination; they are senior men and, as a rule, they have held already resident appointments

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Chairman—continued.

appointments in the hospital; and they are provided with accommodation close by in the college, and they have an honorarium which enables them to live without further expense to themselves. As far as the medical cases are concerned the medical officer sees them all.

12990. Who sees them in the first instance to determine whether they are medical or surgical cases?—That is done by the nurses. We have a nurse there who has been there for many years, and has had great experience, and when a person comes in she says "What is the matter?" "I have a cough;" she would put him on the medical side. Another says, "I have a bad leg," and she puts him on the surgical side. It is very rarely that a mistake is made by the nurse; if one is made it will be rectified when the doctor sees the patient. The medical officer sees all those medical cases, and those evidently in need of a prolonged course of treatment he sends on to the assistant physician who sits in the afternoon of every day, and they are kept under his care as long as it is necessary for them to attend. Then if he meets with any case which he thinks of sufficient severity to need its admission into the hospital, that case is referred to the medical officer for admission, and the others he treats himself. They probably are trifling cases that may be done with in one or two attendances. Then the casualty surgical officer chiefly attends to trifling injuries and surgical ailments that may happen to come to his notice; and he in like manner sends on anything he thinks it desirable to send on to the assistant surgeons, to the out-patient surgeons, who sit also every day. Then, later in the day, patients suffering from surgical ailments are able to come and see the surgeon of the day who happens to be sitting, and take his advice.

12991. Those are what have been termed by some people the old cases?—Yes, or new ones. Then, also, there are a number of special departments in connection with the out-patient department, and patients are at liberty to come, during the hours specified in a public notice which is exhibited outside, and apply for relief if suffering from a particular disease.

12992. Do the assistant surgeons have classes in the out-patient department?—Yes; in fact in all the out-patient departments students are encouraged to attend them.

12993. You said just now that all the "necessitous" poor can come to the out-patient department; what do you mean by the necessitous poor?—Those, we understand, who cannot afford to obtain medical relief for themselves.

12994. Do you take any steps to find out whether their statements are true as to that?—Not much; occasionally, if I have been impressed by the appearance of patients, so that I thought they were not suitable for a hospital, I have made some enquiries of them personally myself; but in the majority of instances, when I have done so, I have found that they were quite deserving cases; it is very rarely indeed that I have detected any gross abuse.

12995. What I meant was you have no inquiry officer?—No, we have no system of inquiry.

12996. Do you think that an inquiry officer

Chairman—continued.

would be worth his pay?—No, I do not think it would be possible with the number of out-patients we get for any one man to make a sufficient number of inquiries to arrive at a correct judgment on the different classes of cases that come before us, for it is impossible to make a standard in the way of wages.

12997. And, from your observation, you think the out-patient department is not abused?—I think not much. I think as far as the circumstances of the people that come there are concerned that could afford medical relief, the abuse is almost trifling; and that the greater part of what abuse there is exists among the wives and children of people in receipt of good wages. Such wives and children do undoubtedly attend the out-patient department in large numbers; but then they have not the command of the purse, and I very much doubt whether they would be able to get the money from their husbands to go and see a doctor. But there is a certain abuse of the out-patient department in this way, and I do not know how you are to check it; the extremely trifling nature of the complaints that come, which, of course, take up the room and take up the time.

12998. Do you find the greatest rush of out-patients to be in the winter time, or in the summer time?—There is not any marked difference. Of course, we get a different class of complaints in the winter from what we do in the summer, but there is not any very marked difference.

12999. The waiting-rooms, or whatever they are, are they warm?—Yes.

13000. Then you do not find people come there to use it as a club, in fact?—No, I do not think so.

13001. Do you teach yourself?—No.

13002. Are you of opinion that the out-patient department is useful for teaching purposes?—It is extremely valuable; I do not think you could exaggerate the value of it for teaching purposes.

13003. Now this very extensive out-patient department of yours, which is quite free, with practically no inquiry, does that tend to what is termed, starve the poor practitioner, do you think?—I do not think so. Of course I have no direct evidence upon that point; but I think one would hear of it if there was a general opinion amongst the practitioners in the neighbourhood that such was the case. I know that the hospital is very often used by the practitioners who practise among this class of patients to send on difficult cases that they have trouble with.

13004. You mean that they use it as a consultative department?—Yes, that they use it as a consultative department, and also to pass on a case that is beyond their power of dealing with, for any adequate remuneration; a case requiring a good deal of care, or an injury requiring a good deal of dressing; cases in which it would be quite impossible for a surgeon outside to provide the patient with dressings for anything like what he would get in the way of remuneration; and also in some of the longer cases where they have to be provided with cod liver oil, quinine, iodide of potassium, and some of the more expensive drugs,

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drugs, it would be quite impossible for the practitioner to supply them for the amount which the patient could afford to pay.

13005. Do you think that the using of the out-patient department for consultative purposes might be more extended than it is at present?—I think it might be, and with very great advantage. I think that is a field that might be cultivated.

13006. In what direction do you think?—I am quite sure that any practitioner in the neighbourhood, who liked to come to the hospital and inquire on what days certain classes of cases are taken, if he had such cases, and liked to come up to the hospital with them, or send them up with a note to the surgeon in charge, would be able to get an opinion, and he might come himself and see the practice, to his own great advantage, I think.

13007. That you think would be a matter for organisation?—Yes.

13008. You said just now that you very often had to send away patients from Middlesex Hospital for want of room; what do you do with them; do you advise them to go anywhere?—It depends upon circumstances. If I find that they are practically destitute cases, not family men, but single men or women living in lodgings, I generally refer them to the relieving officer, and I give them a certificate stating the nature of the case, and that I think they ought to be admitted into an infirmary. If they are cases that can wait a few days, I perhaps give them some medicine, and some idea of when there is a prospect of their being admitted. Occasionally, if they have been very severe cases, I have communicated with another hospital in the neighbourhood, and asked if they could be taken in there, before sending them down.

13009. Would it be possible to have any sort of organization by which inter-communications could be made so as to know whether there were vacant beds, and also to organize the consultation in the out-patient department?—I think that the consultation in the out-patient departments might be organized amongst the hospitals; but as far as the vacant beds are concerned, I do not think you could carry that out. They vary so from hour to hour that it is only by immediate and special enquiry upon each case, I think, that a matter of that kind could be dealt with.

Earl Cathcart.

13010. We were told that at St. Thomas's, very frequently the poor practitioners send up patients with cards or notes; that occurs at your hospital also, I gather from you?—Yes.

Earl of Arran.

13011. I think you stated that when the nurses' ailments were sufficiently serious they were treated in the wards of the hospital?—Yes.

13012. But can they choose the ward that they go to?—No, not by right; but if a nurse was to express a hope that she might be put in such-and-such a ward I should try and do it.

13013. Do you consider that the Poor Law Dispensaries would be useful for the purposes of

Earl of Arran—continued.

teaching if they were affiliated in some way to the hospitals?—Yes, if they were affiliated to the hospitals; that is to say, if they were officered by the same medical officers as the hospitals, they might be.

13014. When you say Poor Law Dispensaries, you mean Poor Law Infirmarys, where there are beds?—Yes, that would be very useful, indeed. The parish doctors, I think, see out-patients at some convenient place, but I do not know of any organized Poor Law Dispensary that is confined to out-patients. If you mean the infirmaries, they are very valuable for teaching.

13015. But they are not used for that purpose at present?—No, I do not think they are.

Lord Thring.

13016. Do you consider that your school is any expense to the hospital?—Perhaps the Dean of the school might answer that question.

Earl of Kimberley.

13017. What amount of time does it take in the day to examine your out-patients?—It varies according to the number; do you mean in my own individual case?

13018. At what time do you begin, and at what time do you end the examination of the out-patients?—Do you mean all the departments together?

13019. Surgical and medical together?—It begins at about half-past nine in the morning, and goes on till five in the afternoon.

13020. Is that a fixed limit?—No, it goes on until it is finished.

13021. What number would be examined on an average in that period?—On an average, I should think, about 300; some days there are rather more.

13022. That must give a very short time, does it not, to examine each case?—But then many of them are not new cases, you see but old cases of which the nature is very well known.

13023. How many new cases?—The new cases would be about 100 in a day.

13024. And how much time do you think is generally given to each case?—It depends so very much on its nature.

13025. Take an average, or can you say what would be the shortest time given to a new case?—A medical case you may see sometimes in two or three minutes.

13026. Do you think that is enough?—That depends very much upon the nature of it. Suppose the patient comes and says, "I have diarrhoea;" you inquire, "How long have you had it?" "It has only just come on this morning." "What have you had to eat?" "Pickled pork." You form a conclusion at once; in two minutes you can treat it.

13027. You can deal in a minute-and-a-half with a case like that?—Yes; but then there are other cases that may take half an hour.

Earl Cadogan.

13028. Are there any that take so long as that?—Yes, certainly, more especially, I might say, surgical cases.

13029. I conclude

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Earl of Kimberley.

13029. I conclude that I may fairly assume that you do not require all these cases in the out-patient department for instruction of the students in the hospital?—No.

13030. As far as the object of instruction is concerned, would not it be better if there were only a limited number of cases?—Yes.

13031. And those probably of a more serious nature and examined very carefully?—Yes; we do that to a limited extent, because all these medical cases that form the bulk of the out-patients are seen by the casualty medical officer in the morning, it is only about a third of them that are really sent on to be treated by the assistant physicians, all the others are treated by himself; it is that third that comes before the pupils.

13032. Then we may assume that those who come beyond that number are defensible only on the ground of charity?—Yes.

13033. Do not you think that such charity is likely to have a bad effect in pauperising the population?—I can hardly answer that question; it has become so common that people seem to accept hospital relief without feeling that they are pauperising themselves.

13034. Do not you think that is a very unfortunate result?—Yes, I think it is.

13035. Without asking you for a decided opinion, I gather that you would not be averse to the system pursued in some hospitals of limiting the cases in the out-patient department to those necessary for instruction, with this exception, that cases of urgency might always be sent?—Not at all adverse to it. The only difficulty is to have a machinery to guard against any case being sent away that ought not to be sent away.

13036. How is the nurse selected; who makes the preliminary inspection; is she especially appointed?—Yes. This present nurse has been there I think for 30 years nearly; a nurse is selected suitable for it.

Earl Cadogan.

13037. She performs no other duties?—No.

13038. Her duties are limited to the out-patient cases?—To out-patient cases. We have three nurses in the out-patient department; she is the chief of them.

Earl of Kimberley.

13039. Children are admitted into the hospital?—Yes.

13040. Are they treated in separate wards or in the same wards with other patients?—We have one ward for little boys suffering from surgical diseases, but the little girls are put in the general wards; and in the medical cases they are put in the general wards.

13041. Do you think the system of having them mixed with the other patients is better than the system of having them in separate wards?—No, I much prefer them in separate wards because they are apt to be disturbing to the other patients.

13042. You rather incline to the view that they are disturbing to the other patients than to the view that it is an advantage to them to

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Earl of Kimberley—continued.

have children in the ward to make it more cheerful?—It all depends on the age. If children are eight or ten they do not disturb the ward, but little infant children do disturb it very much.

13043. You have, as we know, special cancer wards?—Yes.

13044. Do you think that cancer should be treated in special hospitals or should it be treated in separate wards of a general hospital?—I think it can be treated in a general hospital. I see no necessity at all for a special cancer hospital unless you have a special hospital for the reception of absolutely incurable cases; but any case capable of being treated surgically should be in a general hospital.

13045. Then should you be against special hospitals generally, or would you make exceptions?—I should make exceptions.

13046. Ophthalmic hospitals, what about them?—Certainly not against Ophthalmic hospitals; eye cases treated in general hospitals should have special wards.

13047. Are there certain diseases where special study is very desirable?—I think as far as a special study is concerned it can be carried on under more favourable conditions in a general hospital where there are suitable arrangements for the treatment of those cases than in a special hospital.

13048. Is there not this danger that the general principles of the hospital would be apt to prevail as regards the special ward, and there would not be the same opportunity for the study of the particular disease that there might be in a special hospital?—I do not think that that danger is great, and I think it would be more than counterbalanced by the advantage resulting from the greater association of what are called special diseases with the general hospitals. If a disease is specially talked about and put into the category of what are known as special diseases, it seems to take it out of the ken of the general practitioner; he thinks it requires some special treatment; he does not take the pains to inform himself as to that disease and to study it as he would do if it were treated in a general hospital.

13049. That is from the point of view of education; that I quite understand; there is this danger, that the general system of education pursued in schools by students, would be limited if the diseases were not treated in a general hospital?—Yes; I think you ought to have associated with every general hospital special departments; but I think it is a bad thing to have a multiplication of special hospitals.

13050. Do you think special children's hospitals desirable?—I think separate children's wards in general hospitals better.

Chairman.

13051. In regard to the out-patients, at what time does the out-patient work begin?—Nine o'clock, some of it.

13052. Do you happen to know who the official is who comes at nine o'clock; is he a general practitioner?—A member of the staff. On two days a week an assistant surgeon sits at

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nine or half-past nine. Then there is the physician in charge of the children's department, who comes at nine o'clock, and the ophthalmic surgeon comes at nine o'clock, and on two days a week the obstetric physician comes at nine.

13053. So that two or three of these departments are worked concurrently?—Yes; they are.

13054. Will you tell us what the staff employed is?—There are three assistant surgeons and three assistant physicians in charge of out-patients. There is a surgeon in charge of the throat and ear department; there are two physicians in charge of the diseases of women; another physician in charge of children; and there is an ophthalmic surgeon and two dental surgeons. That is the staff that has the care of the out-patients.

Earl of Kimberley.

13055. And when the surgeon or physician goes round the out-patients he is attended by some students?—A surgeon or physician has dressers or clerks attached to him.

13055*. Are any of the slight cases ever handed over to the advanced students?—No; they are always dealt with by the casualty surgical officer or the casualty medical officer.

Chairman.

13056. Then seeing that two or three of these officers might be sitting at the same time, to calculate from the number of the patients, and say that each case occupies a minute and a-half gives an erroneous impression?—Yes, certainly, because many cases may be being seen at the same time.

Earl of Kimberley.

13057. About the midwifery cases, I conclude you treat a certain number of those out of the hospital?—Yes, within a radius of a mile.

13058. Have you a physician accoucheur whose duty it is to attend to them?—Yes.

13059. And then, I suppose, your students help in it?—Yes.

13059*. In the case of a student going for the first time, is he accompanied?—We have a resident in the hospital called the obstetric house-physician. His duty is to look after the ward for the reception of diseases peculiar to women, and to keep a general supervision over the midwifery department; and it is his business to accompany the student on his first two or three cases.

13060. On what system are the cases selected?—They apply.

13061. Do you admit all the cases, or limit their number?—No, there is no necessity to limit the numbers. There are other hospitals in the neighbourhood which also do the same thing, and we do not have at all too many applying.

13062. I suppose that with the large number of hospitals that there is in this district, every poor man can get his wife attended gratuitously?—Yes.

13063. Has not that a distinctly pauperising operation?—Yes, it has partly, but it is also unavoidable. One of the matters that a medical

Earl of Kimberley—continued.

student has to get a certificate for before he can present himself for examination is that he has personally attended 20 labours. With all these medical students preparing for examination it is necessary you should have some labour cases for them to attend, so that a hospital is bound to provide for them. You guarantee that the medical student shall have the opportunity of satisfying the demands of the curriculum, and you must find him labour cases.

13064. But then you only require a number of cases according to the number of your students?—Yes.

13065. And you do not find that you get more of these cases than you require?—No.

13066. Then you would not approve of cases beyond that number being attended in this way?—No.

Lord Monkswell.

13067. With regard to the midwifery cases, we have been told that a mob of students go round; and one witness said that as many as four or five went, and he had to turn them out of the room. That is improper, no doubt; but what is done to avoid such things occurring?—Supposing that a student is called to a case which presents a difficulty so as to necessitate operative interference, then it is his duty to communicate with the physician accoucheur and the obstetric house physician; and when the physician accoucheur goes down to see the case, he takes with him, very likely, someone to administer the anæsthetic, and he would also take the opportunity of taking the men who were told off to attend midwifery cases, for them to gain experience.

13068. But they would not come on the scene, I suppose; till the woman had been given the anæsthetic?—I could not promise that; you see there is very often only one room.

13069. Could they not be kept outside until the anæsthetic had been given, to avoid any shock to the woman?—I think the physician would take care that his patient ran no risk. I never heard of any harm arising.

13070. You have never heard of ill effects from students crowding in?—I am sure that the physician would not allow it if he thought it would do harm.

13071. Have you turned your attention at all to the question of medical schools; whether the present system might be improved?—I think the Dean, who will follow me, will give information about that.

13072. I do not want information as to what is the case now, but I should like to know whether you have formed any opinion as to whether medical schools could be managed differently from what they are now with regard to medical education?—Yes, I have.

13073. Do you think there are too many schools?—No.

13074. You will not agree, then, with Sir Andrew Clark, who thinks that two or three educational centres should be established to teach preliminary subjects—chemistry, natural history, and the like, and that that teaching should (as I understand him to say) be taken away from the hospitals?—Yes; I should be in favour of those purely

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purely scientific matters being taught at a central institution, such as chemistry, physics, biology, and other purely scientific subjects.

13075. Then you think there ought to be only a few educational centres for those purposes?—Yes.

13076. You do not approve of the idea that the schools should be altogether dissociated from the hospitals?—I think that would be very injurious, indeed.

13077. Have you any idea on the subject of a central board of control simply for the management of hospital matters?—I think it might result in benefit in this way: securing the uniformity of management and administration, and so result in economy; I do not think it would add very much to the efficiency.

13078. Then would you be in favour of having a central body in the nature of a medical faculty under which all schools should be placed with a representation for each hospital, say, on that medical board?—The education of the students is already controlled by the general medical council; that probably contains sufficient machinery for that purpose.

13079. You think that would be quite sufficient?—Yes.

13080. And, as far as that goes, you do not see your way to improving the present system of general control?—That is quite apart from any question of a teaching university, the difficulty of an ordinary student in London obtaining a degree.

13081. You are in favour of having a teaching university in London?—There should be some facility for a student obtaining his degree in

Lord Monkswell—continued.

London; equal to the facility of obtaining it in Edinburgh or Glasgow.

Earl of Kimberley.

13082. That involves the question whether you are to bring down the level of the education in London to that of other places; some people say that it would be a bad thing to do that?—I do not think you would have to bring it down very much.

13083. The London University degree is considerably more difficult to obtain than the degree of M.D. of Edinburgh, is it not?—Yes; it is more difficult to obtain.

13084. And it is a very vexed question?—Yes.

Chairman.

13085. About these midwifery cases, do you call the midwifery students extern clerks?—Yes.

13086. Do these men in the Middlesex Hospital live on the premises?—They live in a house belonging to the hospital; the hospital finds them quarters.

13087. This physician who takes a class with him, consisting of two men, I understand, to a case of some complication, is a responsible man, is he not?—Yes.

13088. Is he a paid physician?—No; he is an honorary physician.

13089. Does he reside in the hospital?—No.

13090. Then he has to be sent for?—Yes.

13091. How many extern clerks are there?—Two at a time.

The Witness is directed to withdraw.

MR. ALFRED PEARCE GOULD, is called in; and, having been sworn, is Examined, as follows:

Earl of Kimberley.

13092. You are Dean, I think, of the School at the Middlesex Hospital?—Yes.

13093. And I conclude that the whole management of that school, and the finances of it, are quite separate from the hospital?—Quite.

13094. How many medical students have you?—During the last twelve months we have had 127 new entries. That includes 55 general students, or students who come to us for the whole, or very nearly the whole, of their medical curriculum; seven dental students who come for the part of the medical curriculum which all qualified dentists have to pass through; and 65 occasional students, many of them from Edinburgh, many from Canada, Australia, New Zealand, some from provincial medical schools, who come for a short time, usually for three, six, or twelve months' further work in hospital, sometimes after, more commonly before, taking their final examination. It varies owing to this fluctuating number of occasional students, but from 250 to 300 students are in attendance at any one time in our school.

13095. What fees do they pay?—The fee for the whole medical curriculum is 100 £. if paid on entrance, 110 £. if paid in instalments.

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Earl of Kimberley—continued.

13096. And the full curriculum lasts for how long?—It lasts for four years; but if a student takes more than four years, and is really working, he is allowed to stay on without further fees.

13097. Do your fees cover your expenses?—Yes; of recent years the school has been improving in numbers, and, therefore, in finance. The fees have been 5,000 £., and the expenditure altogether about 2,000 £., rather more; so that there has been nearly 3,000 £., or about 3,000 £., for division.

13098. For division amongst the teachers?—For division amongst the teachers.

13099. How do you divide it?—It is divided up into 600 shares; 360 of those shares are distributed among the lecturers in the medical school, and 240 are distributed among the three senior surgeons and the four senior physicians of the hospital; they are clinical fees; payment for the clinical instruction, as apart from the systematic lectures given in the medical school.

13100. What would be the maximum amount received by anyone as a lecturer or teacher at the hospital on the present footing?—If it happens that the same officer holds a good lectureship,

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Earl of Kimberley—continued.

tureship, and a full physiciancy, or a full surgery in the hospital so that he gets a portion of both the lecturer's fees and clinical fees, it may amount to as much as 350 *l.*, or even 380 *l.* in the year; all expenses of a lectureship are borne by the lecturer.

13101. And what would be the smallest sum received?—The minimum is ten guineas, which is the sum granted to one or two lecturers who are guaranteed that amount; those are lecturers on special subjects such as comparative anatomy, psychological medicine, and matters that are outside the ordinary curriculum.

13102. I conclude that the sums that are distributed constitute the whole remuneration?—Entirely.

13103. There is no other payment?—No other payment.

13104. Do you consider that the number of beds and of patients which you have, especially the number of beds which you have in a small hospital, such as the Middlesex Hospital, affords sufficient scope for clinical instruction for your medical students?—Yes, it affords quite sufficient scope for our present number of students.

13105. I do not know whether you remember an effort that was made some years ago to amalgamate the school of University College Hospital with that of the Middlesex Hospital?—Yes.

13106. Were you at the time connected with the hospital?—I was a student at University College at that time.

13107. I think you will remember enough of the attempt that was made to know that the ground upon which the attempt was made was the nearness of the hospitals which would render it possible to have one school, and the advantage of having a larger scope both for lecturers and students?—Yes.

13108. Do not you think that if amalgamation between any two hospitals which are near enough can be effected it would tend to improve the instruction, from the facility of having lecturers of a higher kind?—It depends a little upon the particular circumstances of the two hospitals. At that time I think (20 years ago, perhaps) it would have been a good thing. I do not think the case is quite so strong now; because at that time the Middlesex Hospital had a very much smaller number of medical students and University College had a larger number of medical students than now; so that the students at University College were in serious need of greater clinical opportunities and the Middlesex students had an over-abundant supply. Now at the present time we have nearly as many students, I think, as we can accommodate, and the number of students at University College has fallen, and they are not so sorely pressed as they were. Then the buildings of the medical school of the Middlesex Hospital at that time were very far below the character of the buildings and plant at University College; but within the last ten years there has been a very considerable improvement in the building and plant of the Middlesex. So that the advantage which each could give to the other is not so great now as it was then.

Earl of Kimberley—continued.

13109. Should you be in favour of dissociating from the medical schools of the hospitals any portion of the curriculum and teaching it by a central body?—I think that we could improve medical education in two or three particulars in that direction. I think, for instance, it would be an immense improvement if we could separate chemistry and physics from the medical curriculum as such altogether, and make it a necessary part of the preliminary training of medical students before they come to medical schools. One of the great drawbacks we have to contend with is that so many students come to us without any knowledge whatever of science or scientific methods. They have been trained up in ordinary schools and have acquired a little classics, a little mathematics, and so on, but have no knowledge whatever of science and scientific methods. If they could be grounded in chemistry and physics,—a little biology would be a great advantage also,—and especially if they could be familiarised with scientific methods, the whole medical curriculum would be easier and more beneficial for them, and it would relieve us of what we have no special fitness for teaching.

13110. How do you think that could be done?—I think the best way of doing it would be for the general medical council to insist upon chemistry and physics being a part of the necessary preliminary examination that all medical students must pass before they become medical students.

13111. Where could they pass such an examination?—They could obtain it in many places; for instance, at the local examinations of Oxford and Cambridge, the London University, at the Apothecaries' Hall, which has a special preliminary examination for this purpose, and at the preliminary arts examination of the College of Preceptors. And there are many institutions where chemistry and physics are well taught in London, South Kensington, School of Mines, University College, King's College, and no doubt if this were done the schools throughout the country would provide instruction in chemistry and physics. In many of the large towns in the country there are already good facilities for obtaining such instruction: Manchester, Birmingham, Bristol, Liverpool.

13112. Such a scheme as you suggest would not apply to anatomy and physiology, for example?—No, I should be opposed to that.

13113. You think they could not be taught well apart from the practice of medicine and surgery?—Yes, apart from the practice; but they cannot be taught well by lectures only; they must be learned practically, especially anatomy; I am thinking more of it now. I think it would be a disadvantage to have one or two central schools, especially one great central school, where anatomy was taught by one lecturer. Anatomy must be learnt by students individually at their practical work, and that can only be done by dividing up the great number. There are some 500 men entering in London every year; they must be grouped into smaller numbers

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Earl of Kimberley—continued.

numbers, and put under special demonstrators and tutors for that purpose.

13114. The same with regard to physiology?—Yes; a large part of physiology, for instance, histology, the actual structure of the tissues of the body, must be learnt by each one individually, and can only be learnt in that particular way. They must be grouped into smaller classes, and then, I think, there is great advantage in the personal influence that teachers can bring to bear upon their pupils. There is one other point, viz., that I think it is a great advantage that anatomy, certainly, should be taught by a surgeon or physician, at any rate by one who has a keen personal interest in the application of it to the practice of surgery and medicine. If you had one or two large central places where anatomy was taught, you would be sure to have the chairs held, not by surgeons or physicians, but by what are called pure anatomists; and my own feeling is that that is not good for medical students. It might be good for the science of anatomy, but not for the medical students.

13115. You would not like to see the theory disassociated from the practice?—No; I think anatomy is best taught by a man who has to practice surgery or medicine.

13116. But I rather gather that you think that best for those who are to be taught; for the science itself, do you think it is best?—No, I do not think it is for the science itself; because a man who is at the same time practising surgery and teaching anatomy has not the time to prosecute independent anatomical research to any very large extent. Men who have a great gift for research will prosecute it under the most tremendous difficulties, and a great deal of anatomical research has been carried out by men under those circumstances.

13117. You think that the advantage which might be derived in that direction would be counterbalanced by the disadvantage of disassociating the practical surgeon or physician from the teaching?—I think that would be a great disadvantage.

13118. To turn to another matter. With regard to the out-patient department, which is very large in the Middlesex Hospital, do you approve of the system pursued there, or do you think it needs any alteration?—I should like to speak only of the surgical side, because that is all that I am personally familiar with. No, I do not think it wants any serious alteration.

13119. Is the number of surgical patients more or less than the medical?—Much less.

13120. Can you tell us at all about what the average of new surgical out-patients a-day is?—I see them twice a week. This is the list that Mr. Fardon gives me: The number of surgical out-patients in 1890 seen without letters, was 8,417; and with letters, 3,830. That includes not only the cases that would come to me and my colleagues as assistant surgeons, but all little accidents that would come into the surgery. But of my own experience I can say that my new out-patients vary from six a day (that is an

(24.)

Earl of Kimberley—continued.

unusually small number) up to 24 or 25; that is a very unusual number for me to have.

13121. How much time would you give as a maximum, do you think?—I always give two and a-half hours on two days in the week.

13122. You are not limited as to time?—Practically, I am limited on a Tuesday, because the room which I use is occupied by another physician at 4 o'clock; I go at half-past one, and I vacate it at four, or else I inconvenience him. On Friday I always stay after four, because no one is coming after me.

13123. If it so happens that on this day, when you are limited as to time, you have a larger number of patients, can you give them the necessary attention?—Yes; the day before yesterday, for instance, I was 40 minutes past my time, and the colleague who succeeded me had to begin his work in another smaller room; on other occasions I have to go into the smaller room, and he occupies the larger room.

13124. In some way you think you manage to attend to the work without detriment to the patients?—Yes.

13125. But a little more accommodation, if possible, at the hospital would be convenient?—It would be convenient.

13126. That is a question of space, I conclude?—Yes.

13127. It has been represented very often that this system of out-patients tends to pauperise the population, to bring a considerable number of people to the hospital who might very well be attended at their own expense; does your experience bear out that view?—Not to any very large extent. I think that to a small extent it is true, speaking again only about what happens on the surgical side; I feel sure it is not so to a large extent.

13128. Do you make any inquiry at all as to the circumstances of the patients who present themselves?—Occasionally one does. It is a very common thing to have to ask in surgical cases what the occupation of the patient is; so that one gets to know in that manner. There are other cases where surgical appliances, trusses for instance, are required, and one constantly has to find out something of the circumstances of the patient just in a rapid manner.

13129. Now if the patient was obviously able to provide himself with a truss, would you require him to do so?—Yes, certainly; we have no means at the hospital of providing out-patients with trusses; I cannot do that. What happens in the case of the majority of the people who come to me wanting a truss is that I send them to our hospital surgical mechanic who supplies them at special hospital rates, just a few shillings; and the majority of the patients manage to pay it. When I find people are very poor indeed, then I give them a letter on the Charity Organization Society, and the Charity Organization Society then investigate the case, and if they think right, supply it or deal with it according to their own system; but we have a book of those forms in the room, and I am constantly using it. Then cases do come which cannot be adequately dealt with

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in either of those ways, and then they are met by private charity.

13130. You will occasionally have an urgent case where such a surgical appliance is required?—Yes.

13131. What do you do then?—If the patient cannot afford it one can generally get it from some private source.

13132. The hospital does not provide it?—Not for out-patients; it does for in-patients.

13133. I suppose if any other appliance is required for out-patients the same rule is observed?—Yes. I have for instance had special splints provided by the patients; ordinary wooden splints, which are very cheap, are provided by the hospital.

13134. If from the inquiry you make you think that the circumstances of the patient are obviously such as not to make him an object of charity, the case not being a very urgent one, what do you do?—I have spoken to people and said, "You are not a fit case for us; cannot you go to a doctor?" But they are very few, and they have generally answered in this way: "I have been attending a doctor for a long time till my means are exhausted," or (and this is not at all uncommon) "I have been sent by a doctor." Many of the people in better circumstances who come to the out-patient room have been sent by a doctor.

13135. Those come consultatively?—Yes, they want another opinion.

13136. Do a good many come in that way?—Yes.

13137. Have you any limit in regard to the time that you keep them on the books?—No.

13138. You keep them on the books for that year, or until you are of opinion that nothing further can be done?—Yes.

13139. For your cancer cases you have a separate medical staff?—There is a special out-patient cancer department. It was thought that a hospital so peculiarly identified with the treatment of cancer as the Middlesex, ought not only to have wards but should have an out-patient department where people waiting to come into the wards, and others could get help; and so there is an out-patient department, to which a small number of patients come; it is under the care of one of the surgeons or assistant surgeons. The cancer wards are under the care of the three senior surgeons.

13140. How are the patients admitted for cancer?—Any patient suffering from cancer on sending up, on a special form provided by the hospital, a certificate giving the name, the age, the address, the seat and the nature of the disease, signed by a medical attendant, is at once put on a rota, and is sent for when a vacancy occurs.

13141. In those cases do you reject a patient that can pay?—No inquiry is made.

13142. And no patient is asked to pay?—No; but we never get patients who are in a position to pay (I am speaking from general knowledge); the cancer patients are undoubtedly most urgent cases.

Earl of Kimberley—continued.

13143. What number do you accommodate in the cancer wards?—There are 26 female beds and eight male; 34 altogether.

13144. Upon what grounds are they divided in that manner, 26 and eight; is that part of the conditions of the endowment?—I cannot answer that question. It is an old endowment; I believe the wards have been founded in memory of specially generous donors.

13145. And founded for women or men respectively?—Founded for women or men respectively. For instance, in the case of the male cancer ward, a large sum of money was collected by Dr. Greenhow, and is was opened in memory of him, and called the Greenhow Ward.

13146. Do you find the number of applicants for the cancer ward increase much?—No; the number of applicants is not so large as you would imagine. Although it is advertised in all reasonable ways in all our reports, and so on, it is not yet sufficiently widely known that it is absolutely free to all cancer patients. I think there is very prevalent an impression that it is only open to cancer patients who have been previously under the treatment of the staff of the hospital or have been recommended by them.

13147. The statistics show undoubtedly an increase of cancer in the general population, do they not?—Yes.

13148. And, therefore, it would be natural that you should have a greater pressure?—Yes.

13149. In your view is it desirable that there should be special cancer hospitals, or do you prefer the system of a separate ward for cancer cases in the hospitals?—I think a special department for cancer in a hospital is better. May I explain about the cancer department, that we only occasionally get patients admitted into that department who are fit subjects for any operative treatment of cancer. Those are admitted at once into the general surgical wards. A large proportion of our surgical cases, a very important proportion of them, are cases of cancer. In what we call our cancer wards, we have the advanced cases of cancer, incurable by operative measures. Occasionally a palliative operation may be performed.

13150. In fact it is an asylum?—An asylum; they come in there just to end their days; and as such it does an incalculable amount of good.

13151. Now with regard to other special hospitals, do you think that they are desirable, or would you only think they were admissible in certain cases?—I think that special departments of general hospitals are very much better than special hospitals.

13152. Would you make no exception to that; for example, an ophthalmic hospital?—It is really extremely difficult to give a very categorical answer to that. It is a difficult question to decide. I would not like to be pressed as to one speciality or another speciality precisely; but certainly, speaking generally, special hospitals have not been so useful to medical education and medical practice as the special departments in general hospitals.

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13153. In fact, you would be against the multiplication of special hospitals?—Yes, I should, certainly.

13154. Though they might be admissible in particular instances?—Yes; the Ophthalmic Hospital at Moor Fields is a striking case in point; and other special hospitals I might mention which were founded at the time when general hospitals would not open special departments. General hospitals have grown wiser.

13155. Do you think children are best treated in a general hospital or in a special hospital?—I do not think there is any material difference between the children's ward of a general hospital and a children's hospital. There is this advantage in a special hospital for children, that if you have a large children's hospital, such as the Great Ormond-street one, or the East London one, the members of the staff get a very great experience in treating children; whereas if it is a small ward in a general hospital no member of the staff in the hospital gets a very large experience; and that applies to the nurses as well as to the medical men. With that exception I do not think there is any advantage.

13156. Probably both systems ought, with regard to children, to exist side by side?—Yes, I think so.

13157. It would be very undesirable that children should not enter the general hospitals, and at the same time there is scope for some special children's hospitals?—Yes, to a limited extent. I do not think there is any scope for small children's hospitals.

Lord Saye and Sele.

13158. What kind of age are the students?—They must be 16 when they enter, and the majority of them are from 18 to 22 when they enter; some are older than that.

13159. At what stage of his education would a dental student be allowed to perform an operation?—Do you mean a dental operation?

13160. A dental operation?—All the dental education of dental students is done at the dental hospital; we do not teach them dentistry, but anatomy, physiology, and some medicine and surgery, but all their dental education is obtained at the dental hospital. Guy's is the only medical school that has a complete dental department; the other medical schools give what we call general medical instruction, and the especial dental instruction is obtained at the dental hospital.

Lord Monkswell.

13161–2. Do you consider that the Medical Council has sufficient control over the various medical schools, or would you prefer some other form of central control, or would you give the present council more power?—The present council has considerable power over medical education. It can determine precisely what preliminary education shall be necessary for all medical students; it can determine what lectures the students must attend before they can go up for their qualifying examinations; it can send visitors to the medical schools.

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Lord Monkswell—continued.

13163. Can it determine the standard of examination?—Yes.

13164. Entirely?—Absolutely; it has control of the register, and so can refuse to recognise degrees as registerable unless they fulfil certain requirements.

13165. Is the Medical Council entirely a representative body, or how is it constituted?—Only to a small extent, and only within the last few years has it been made representative of the profession at all. There are certain Crown members and representatives of the Universities of Oxford, Cambridge, and London, &c., the Colleges of Surgeons and Physicians, the Apothecaries' Hall; and now recently there have been what are called direct representatives chosen by the suffrage of the profession.

13166. Then hospitals are not represented as hospitals on it?—Not at all.

13167. Would you desire to have them represented on the Medical Council?—That is really a question which I have never thought over. There is, as you are aware, a scheme for remodelling the University of London, and a part of that scheme is to have some representative faculty, which is to have considerable influence on the medical schools. Of that I should approve.

13168. Does not that include the representation of hospitals?—Of the medical schools. All the teachers of all the London medical schools would together form a faculty, and have the power of sending a certain number of representatives to the senate and appointing a board of studies.

13169. Do you mean that you think that ought to supplement to a certain extent the present Medical Council?—No; it will do rather different work, because it will simply have to do with the London University, whereas the general medical council has to do with all medical qualifications of students.

13170. Might not those two bodies conflict; a medical council and a medical faculty as well, under the London University?—The Medical Council is quite a distinct body from the London University. It is distinct from it, but it has power over it. It might refuse, for instance, to recognise the London University degrees if the senate of the university were to make such changes in its examinations as to bring them below what the Medical Council consider the necessary standard; an impossible supposition.

13171. Might not the Medical Council, on the other hand, say that the standard ought to be less severe?—They do not mind that; so long as the examinations come up to a particular standard they are registerable.

Earl of Kimberley.

13172. If any arrangement of that kind should be found possible, would it not be necessary, in fact, for the College of Surgeons and the College of Physicians to become directly connected with the university?—I think so.

13173. And in that way, if it could be arranged, a faculty, such as you mentioned, could be appointed?—Yes.

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13174. Which

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Earl of Kimberley—continued.

13174. Which would control, in fact, the whole medical education in London?—Yes.

Earl Cathcart.

13175. Have you any means of keeping the students together when off duty?—We have a residential college, not one large enough to take anything like our present number of students.

13176. That is close by, is it?—Close by, on the hospital ground.

13177. How many can you accommodate?—We can accommodate 30.

13178. Can you say what the charge is; it is from 18 s. to 30 s. a week at Guy's, I think we were told?—Our present mode of charging is to charge for rooms and a man's dinners in hall; we charge not by the week, but by the term of three months; 16½ guineas for the better rooms, and 14 guineas for the smaller rooms at the top of the house.

13179. And what have you in the way of a club for the non-residents?—They have in the medical school what we call a common room, where they have papers, and can write letters and smoke.

13180. And have luncheon?—We have a luncheon-room where they can lunch and have tea in the afternoon.

13181. But they do not dine there?—A good many of the men dine in the middle of the day, and do use it as their dining-room therefore.

13182. And you find that sort of club accommodation a very great advantage?—A great advantage.

Lord Zouche of Haryngworth.

13183. What is the connection of the general medical council with the College of Physicians or the College of Surgeons; have they any authority over them in any way?—Only over their examinations. The general medical council has one supreme function, to guard the medical register, to guard the entrance to it and to strike off men who are guilty of unworthy conduct.

13184. The membership or fellowship of the College of Surgeons or the College of Physicians is, of course, quite distinct from the degree given by the London University?—Perfectly distinct.

Lord Thring.

13185. Does your school entail, either directly or indirectly, any expense on the hospital?—Yes, it entails directly a very small expense. I will give you the whole figures. It gives a grant of 25 l. a year towards the museum; then the museum is the property of the hospital; 25 l. a year towards the library, and the library too, although the books are bought, with the exception of this 25 l. worth, by the school is the property of the hospital; and it gives a prize of 21 l., competed for annually by the students. Then in addition to that, the school buildings have been paid for by sums of money lent to the school by the hospital; interest at the rate of 3 per cent. is

Lord Thring—continued.

paid upon the loan, and the loan is repaid at the rate of 5 per cent. on our gross total reckoned as complete thousands only. So that with our present income of 5,000 l. we pay off 250 l. of the capital account every year.

13186. Then it is not the fact that the buildings are really an expense to the hospital?—There is another point to be mentioned, that the buildings are kept in repair by the hospital; they do all the repairs, and the school contributes towards it 3 per cent. on gross receipts, about 150 l. a year.

13187. Do the repairs amount to any considerable sum beyond the contributions?—Yes, they amount to 100 l., or, in some years, to 150 l.

13188. But putting it in general words, 100 l. or 200 l. a year would represent the whole expense entailed by the school on the hospital?—Undoubtedly; and then on the other side must be put the amount of work done by the students of the school for the hospital. The nursing and other things would be more expensive if the school were not there.

13189. What control have the governors of the hospital over the school; have they any?—The hospital was there long before there was a school, and the school could not be founded without the permission of the governors originally.

13190. I mean, what is the control supposing any of the doctors misbehave themselves or do not attend?—The hospital, as such, would have no control over the failure of the lecturers to attend; but it has entire control over the staff, over its own honorary staff. If a physician or surgeon failed to attend the wards it would be then the duty of the governors of the hospital to attend to it.

13191. Then, as a matter of fact, the governors have full power over the medical staff so far as they belong to the hospital, and you have full control over the school and the medical staff, so far as regards the internal discipline out of the hospital?—Yes.

Earl of Kimberley.

13192. You were asked whether the London degree is not quite distinct from the Colleges of Physicians and Surgeons, but in one sense it is connected, that is to say, the London degree is a qualification in itself; the possession of a London degree would entitle a man to practise?—Yes.

13193. What is necessary only is that the qualification should be up to the standard required by the general medical council?—Yes.

13194. That is to say, the London degree is sufficient to qualify a man to obtain leave to practise?—Yes; any qualification or any degree that admits a man to the medical register qualifies him to practise.

13195. It is not a mere honorary degree?—No.

13196. It is a degree which carries with it certain results?—Yes; and medical graduates of the University of London in some cases hold nothing else.

13197. A legally

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[Continued.]

Lord Thring.

13197. A legally qualified medical practitioner in the Acts of Parliament means a man who has taken a degree in a certain university or other body which is recognised by the Medical Council?—Yes.

Lord Zouche of Haryngworth.

13198. But a man may become a member of the College of Physicians or Surgeons without

Lord Zouche of Haryngworth—continued.

having taken a degree in the London University?—Yes; they are absolutely distinct.

Chairman

13199. Is your number of surgical out-patients very much in excess of the number you require for teaching purposes?—Not at all in excess.

The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Monday next, at Twelve o'clock.

Die Lunæ, 16^o Februarii, 1891.

L O R D S P R E S E N T :

LORD ARCHBISHOP OF CANTERBURY.
Earl of LAUDERDALE.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.

Lord SAYE AND SELE.
Lord CLIFFORD OF CHUDLEIGH.
Lord SANDHURST.
Lord SUDLEY (*Earl Arran*).
Lord MONKSWELL.

THE LORD SANDHURST, IN THE CHAIR.

MR. RICHARD THORNE THORNE, M.B., F.R.S., is called in; and, having been sworn, is Examined, as follows :

Chairman.

13200. You are an official of the Local Government Board, are you not?—I am.

13201. Will you kindly tell me what your particular functions are in connection with the Local Government Board?—My office is that of Assistant Medical Officer to the Local Government Board.

13202. In connection with a hospital with which we have made some inquiries, St. Bartholomew's, it appears that the authorities had occasion to think that the drainage system was in very bad order; and I think it was admitted that some sort of report was made by an official of the hospital, and at the same time an additional report for the benefit of the treasurer was drawn up by yourself?—That was so.

13203. What was that report?—Perhaps you would allow me just to explain how I came to make that report. The treasurer asked me if I would consent to make an inquiry into the sanitary circumstances of the hospital, in so far as these might have affected an outbreak of diphtheria amongst the nurses. I told him that I could not do so officially, but that as an old Bartholomew man, and having been connected with the hospital, I should be very pleased to do so as a personal matter between himself and myself; and he then told me that I could make any inquiries that I chose. As he was under the impression that some of the sanitary circumstances might have had to do with the outbreak, I naturally inquired into that point first. I have not completed the inquiry, but I have made an investigation into the sanitary state of the two nurses' homes, and of the three principal ward blocks, and I sent Sir Sydney Waterlow a provisional report, telling him that it was provisional only; and I marked even the covering letter "private," in view of the condition under which I had undertaken the investigation.

13204. And did you come to the conclusion that the drainage of the nurses' home was

Chairman—continued.

defective?—The principal nurses' home is so far perfect, that I think it would be hardly possible to find any establishment in London, the drainage arrangements of which, and the sanitary circumstances of which, are better.

13205. What was the next place you mentioned?—The second nurses' home is an old building, where a great many attempts have been made to put the drainage into good order at very great expense, but there were certain faults there which I advised should be dealt with. But I might say, as regards both those homes, I have provisionally expressed the opinion that their sanitary circumstances can have had nothing whatever to do with the outbreak of diphtheria amongst the nurses.

13206. There was a third place you mentioned?—With regard to the three principal ward blocks of the hospital, I had two criticisms to make there. Some 15 years ago, at the cost of many thousands of pounds, the governors erected so-called sanitary blocks at the end of the wards, with the object of getting the closets and lavatories and baths aërially distinct from the interior of the wards. I did not think, on examining them, that this object had been properly attained; but a very small alteration, one mainly affecting the internal wood work, will, I think, entirely remedy that.

13207. You consider, in fact, that the principle was good, but that the detail was faulty?—That is precisely so. The same criticism applies to certain disconnecting shafts, which were made at the same time and into which the drains from these sanitary projections open. There the aërial disconnection, which ought to be made, is by no means attained; but it will be a very trivial matter to put it into perfect order.

13208. But, at the same time, would not this defect that you have mentioned have a very prejudicial effect upon health?—I hardly think so, because all the drains coming down into this

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Mr. THORNE, M.B., F.R.S.

[Continued.]

Chairman—continued.

disconnecting shaft come from the sanitary projection, which has abundant means of cross ventilation quite independently of any air in the wards themselves. Then there was one other defect connected with what are called the nurses' sculleries. In each of those there is a closet which has not been aërially disconnected from the scullery, which I think ought to be done; and that really concludes all the faults that I found in those three buildings.

13209. Then these are the recommendations which were embodied in your report?—Those recommendations as to this matter have been embodied in my report, and I have been informed that instructions have been given to remedy all these matters forthwith.

13210. Now have you been able to form in your mind any opinion as to how this diphtheria could have made such headway in this particular hospital?—I have considered the matter. But I am rather anxious not to express an opinion upon that; and for this simple reason, that in order to do so with any authority one has to know, in the first place, the exact time when the nurses were attacked, how these nurses were engaged, what wards they were engaged in, which home they slept in, and especially whether they had had to do with diphtheria patients. Now this involves a great deal of detailed enquiry in a large hospital like St. Bartholomew's, and a meeting of the senior staff was at once called with a view of getting all these data out. I have not yet received the materials enabling me to form a final judgment on the point; but I have gone so far as to say that I feel absolutely convinced that any of the sanitary defects connected with the ward buildings can have had only the most trivial, if any, influence upon this diphtheria outbreak.

13211. Then with regard to what you said just now, do you suppose, at least is it your deduction, that the nurses did not contract it from the places in which they slept themselves?—I feel absolutely positive of that. I would again say that I speak provisionally. But I might just add one thing. There have been 26 members of the staff who have had diphtheria. Now, 19 of those had actually been engaged in nursing diphtheria patients. If any faulty sanitary circumstance affecting the hospital, as a whole, had brought about this diphtheria, it would hardly have limited itself in this way to an incidence almost wholly upon the few persons who were actually engaged in dealing with the diphtheria patients; there would have been some general diffusion of it amongst other members of the staff, and amongst the patients.

13212. At the same time, is it not very rare that a nurse, with proper precautions, such as are easily taken in a hospital nowadays, contracts diphtheria from a patient?—Not if the nurses carry the children about. In adults, I believe diphtheria is mainly communicated by bringing the diseased fauces of the child into near proximity to the mouth and nose of the person who contracts it. And I may say, again provisionally, that since at St. Bartholomew's Hospital they have had lady nurses, these ladies, to a large extent, out of kindness and compassion for the children, have been in the

Chairman—continued.

habit of carrying these diphtheria patients about, and in that way practically inhaling the exhalations from these children's mouths; and I may add that the experience of St. Bartholomew's is not exceptional. I have not gone into the matter yet, but this morning I opened two reports of the Metropolitan Asylums Board, the hospitals of which, in point of sanitary construction, are perhaps unique in the world, and I find that one Medical Officer gives a list of 27 cases in one year of what he calls super-added throat illness. I refer to Dr. Sweeting's Report on the Western Hospital. He says, at page 33 of the 1889 Report, "No less than 27 cases of scarlet fever developed symptoms of diphtheritic throat illness, of whom 18 died."

13213. Were those patients?—Those were patients. He also adds, that, amongst the staff, one assistant nurse and one ward servant contracted diphtheria, and five of the staff were laid up with tonsilitis. Now, in adults, tonsilitis in connection with diphtheria is probably very much the same disease. So that although the two cases are not quite parallel, yet I think there is evidence that persons, even adults, who come into close contact with diphtheria patients run some substantial risk, and the special risk at St. Bartholomew's I think I have, provisionally at least, explained.

13214. Do you happen to know whether the diphtheria cases were mostly those of children at St. Bartholomew's?—That I could not state definitely as yet; but it always is so. The special incidence of diphtheria is on the age from three to fifteen years, adults only contracting it, as a rule, by such almost immediate contact with the sick as I have referred to.

Earl Cathcart.

13215. Speaking generally, St. Bartholomew's Hospital lies, I think, about north and south. I want to get at the blocks; for practical purposes it is about north and south, is it not?—I daresay it is.

13216. You enter through the west block into a quadrangle formed by this entrance block and three other blocks?—That is so.

13217. Then we will call them the North ward block, the East ward block, and the South ward block; those are the ward blocks?—Yes.

13218. The entrance block is used for administration purposes, I take it?—Yes, I believe entirely so.

13219. With apparently a very large room which occupies the greater part of the upper floor of that entrance block?—Yes, the first floor.

13220. Now which was the block in which you said the nurses' home, which was in a good condition, was situated?—It is in neither block; it is a row of houses fronting one part of Little Britain; behind the south wing.

13221. That is where the nurses' home is?—The principal nurses' home.

13222. And the clerk's house is not far from there, is it?—It is in just the very opposite direction. Your Lordship has not got the points of the compass right, I think. The entrance is through

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through the north wing, and it is this north wing which is the administrative block.

13223. Then the nurses' home, which is you say in a good sanitary condition, is situated towards the west in that line of buildings; there is a brick line of buildings on the west?—I should like to show your Lordship the plan (*describing it to his Lordship on a plan*).

13224. Where is the nurses' home which is defective?—The one that I spoke of as being partly defective, would be immediately to the south of the south wing, abutting upon Duke-street.

13225. And where do the drains gather together?—They gather together to the south-east and again to the north-west.

13226. In which wing are the cubicles situated?—At the top of the south wing.

13227. And where was that infectious diphtheria ward?—On the other side on the same floor.

13228. On the other side of the cubicle block?—On the other side of the same wing in which the cubicle block is situated.

13229. That is to say in the south wing?—Yes.

13230. The cubicle block was situated in one end of the wing and the infectious ward at the other?—Yes.

13231. And that is where the nurses were first of all taken ill?—I could not tell you that. As I explained just now, I have not got those data.

13232. Do you think it was a prudent and judicious thing to put the cubicle ward for nurses on the same floor, and in the same wing as the infectious ward, for the most infectious cases?—If there had been a choice of space I certainly should not have recommended it.

13233. Does it not appear to you rather an error in judgment to have placed the nurses in cubicles on the same floor as a highly infectious ward; on the same level of that wing which is appropriated to the most infectious cases?—I can only say that, given any alternative, I should not have advised it.

13234. But if you heard that these nurses have been hurried out of these cubicles in a great hurry you would reasonably suppose that it was thought not to be a good position for them?—I have no doubt that the spread of diphtheria led to their being hurried out; but I have not yet made out whether there was any special incidence on the nurses who slept in one or the other place; and I do not like to tie myself in advance to an opinion on that point.

13235. Where were these cubicle ward nurses hurried to?—I could not tell you; I have not got that out yet; I do not go into St. Bartholomew's Hospital, at times, for eight months at a stretch, and therefore I am not thoroughly conversant with its working.

13236. But having the great advantage of your presence here, it is natural that their Lordships should wish to ask you a few questions bearing on this matter which you might elucidate. If you have no knowledge of your own you must please say you cannot answer the question. Now bearing on the illustration you have given of what takes place in other hospitals, it was

Earl Cathcart—continued.

stated to us that at St. George's Hospital last year they had had 54 cases of diphtheria, and that they had had no nurse attacked during the year. St. Bartholomew's has not had three times that number, and yet 26 members of their staff have been attacked, 19 of whom, as you mention, were in personal contact with infected patients; now does not that appear to you an enormous disproportion between the state of affairs at St. George's and the state of affairs at St. Bartholomew's?—It obviously is a disproportion.

13237. And would it not suggest itself to your mind that it is not necessary to go to the man in the street, but anybody judging from those facts might suppose that there was something wrong generally with the drainage of St. Bartholomew's Hospital?—Well, I think that any person who is versed in the subject of diphtheria would not agree with the dictum which your Lordship has laid down; and I would say at once, if you will allow me, that diphtheria is most rapidly increasing in England, and in our large cities; and if ever there was a time in the history of England when sanitary improvements have been carried out throughout the country, and especially in our large towns, it has been the very time in which this synchronous increase of diphtheria has taken place. I do not believe that there is any direct relation between these sanitary circumstances and diphtheria.

13238. But in your opinion it is a remarkable fact, is it not, that there should have been an outbreak of that nature in one hospital with 54 patients, and no nurse attacked, while in the other hospital there are not three times that number of patients attacked, and yet a very large proportion of the staff are laid up; that is a remarkable circumstance, is it not?—So remarkable that I endeavoured to explain as far as I could provisionally what I thought it was due to.

13239. And that is a circumstance calling for inquiry?—Certainly; that is what I was called in to inquire about.

13240. If, coupled with that, you have what I will call a guilty sanitary conscience, sending immediately for their surveyor, calling you in, calling their own surveyor in, altering the dietary of the nurses, and all that, would not all that go to show that there was some sort of idea floating about in the minds of those who had charge of the hospital, that there was something wrong in the sanitary arrangements?—Doubtless; they had the ordinary notion which the public throughout England hold, that if there is any infection prevailing it must be from the drains.

13241. Was it you who suggested the alteration of the sinks?—No.

13242. That was done by their own inspector?—That was done before I went there.

13243. Now, these inquiries have lasted nearly three months, or two months have they not?—I could not say; I only know of a few weeks as regards my own.

13244. Did you examine the drain to know the date of it; is it a pipe drain or a brick drain?

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drain?—The architect has examined it; I have not been down into the main drain.

13245. Therefore, your examination has been of an exceedingly partial character?—So far it has been partial; but so much as has been done has been completely done; still, I do not profess to be an expert in constructive matters. My only object was to advise the Treasurer as to whether this diphtheria was due to any sanitary circumstances that I could detect about the hospital. I believe he asked me because I had paid attention both to diphtheria, and to the construction of hospitals, especially those for infectious diseases.

13246. Then I gather from what you told the Noble Lord in the Chair, that you are decidedly of opinion that the diphtheria did to some extent arise from defects in the arrangements; because you suggested yourself that the sanitary blocks were not in a satisfactory state, and that the nurses' scullery was connected with the main drain; you mentioned that in the evidence given in chief to the Noble Lord in the Chair?—I may have seemed to say this. But I feel sure that the Treasurer would not mind my reading to you my conclusions, because after what your Lordship has said, I feel sure I have given a false impression. Whilst I made certain recommendations, I did not regard those conditions which I had discovered, as being related to the diphtheria as cause to effect. If you will allow me I will mention the conclusions I came to: "Since my inquiries have primarily been concerned with the recent prevalence of diphtheria, I would, in conclusion, state first: that the sanitary circumstances of the nurses' home in Little Britain are such as to forbid the belief that they can in any way have been concerned in the production of disease. Secondly, that whilst I am unable to speak with equal confidence as to the Duke-street Home, I have no grounds for believing that diphtheria has been induced by any of the sanitary conditions of that building. Thirdly, that as regards the drainage of the ward blocks, and the internal arrangements of those buildings, conditions do exist, and this notably in the ward kitchens, which tend to unwholesomeness, and which have been known to produce 'sore throat'; and that even if this form of sore throat be not in its beginnings regarded as of a specific character, it is certain that those suffering from it are to an exceptional degree liable to contract diphtheria when the disease is prevalent. This statement is, however, not intended to prejudice the question as to the origin and diffusion of the infection during the recent prevalence as to which the necessary data are not yet forthcoming." I could not go beyond that statement at present.

13247. But coupling the scarlet fever together with the diphtheria, is it not in your opinion probable that any escape of sewer gas into the building might cause those diseases, or one of them?—I think it possible as to the latter, but if it had been so it would not have been limited almost entirely to the nurses who are doing one special duty, namely, attending to the diphtheria patients in one solitary ward.

13248. But we have heard that scarlet fever

Earl Cathcart—continued.

broke out in the surgical wards amongst the patients?—You are going beyond my knowledge; but I may say that we have no evidence in the public health department which would lead us to state that sanitary circumstances are related to scarlet fever in the sense of causing it.

13249. Are you satisfied that there has been no outburst of sewer gas into that building?—If there had been at all it would be by means of the ward kitchens.

13250. The sculleries you mean?—Yes, the ward sculleries.

13251. Do you think it is probable that there was an escape of sewer gas into those sculleries?—The arrangements in those sculleries are about the same as in nearly every private house in London, that is to say, they are so far faulty; but I know there have been complaints of offensive odours in that part of the ward-blocks, and therefore I am bound to admit that both the structural arrangements, and the evidence that one has received go to point to some such danger at that one spot.

13252. That is to say, in the sculleries attached to the wards?—Yes.

13253. Now as a medical man, would not it, in your opinion, be sufficient to account for an outbreak of disease that there was sewer gas?—Your term "disease" does not help me.

13254. I am not a medical man, but I mean an outbreak of such diseases as diphtheria and scarlet fever?—To the extent that I have indicated in my report; that it is well known that drain effluvia cause sore throat, and that sore throat is above all the condition which the diphtheria organism seeks as the soil in which to do its mischief.

13255. People standing over sinks, and doing work at sinks, would be particularly liable, would they not, to be affected by any sewer gas that did escape?—If you were speaking of enteric fever I should coincide with you; but it must be remembered that until comparatively recent years, diphtheria has been a rural disease, and not one of towns, where there is an abundance of sinks and drains.

13256. But if you had a sewer affected with diphtheria matter, that would cause the whole of the matter in that sewer to be diphtheritic?—I believe that that point is one of the most difficult in connection with the ætiology of diphtheria which it is possible to raise, namely, whether the organism of diphtheria getting into sewers is capable of developing there.

13257. But the poison of scarlet fever would certainly ferment there, would it not?—There is an utter absence of skilled evidence to show that scarlet fever is in any way caused by drains.

13258. Now this far you do admit: that in these wards, or connected with these wards, there has been, or was, for some time, a bad smell?—There is distinct evidence of complaint on that point.

13259. And you were told, probably, for how long that complaint of bad smell had existed?—I could not say that. This information I elicited myself, and it was sufficient for me to know that the cause of complaint had existed; and as I have already said, my report is incomplete, and

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I have not even finished the investigation on which it is to be based.

13260. Did anybody complain to you of these smells?—I called certain nurses and sisters together and asked them; and in some wards they did say there had been offensive odours at this one point.

13261. And did they themselves consider that they were in danger, and that they were exposed to risk; did they complain of the condition of affairs with regard to the sinks?—There was no complaint beyond the answering of my question.

13262. They mentioned to you that they thought these places were dangerous?—Oh dear no.

13263. That they thought they were unwholesome?—I think I am telling you everything I can when I say that they answered my question to the effect that there had been offensive odours from the closets in the ward sculleries.

13264. We were told the other day by Mr. Cross that there were no complaints about the closets; he said it was about the sinks?—I can only tell you that I asked them about it, and I have stated the answer they gave me.

13265. They told you that the closets were offensive?—That there were offensive odours from that portion of the ward building.

13266. The closets are not in the sculleries, are they?—Yes, they open out into the sculleries.

13267. Mr. Cross, in answer to my question, told me that the closets had not been complained of, only the sinks; you heard the closets as well complained of?—When I inquired I received that answer which I have given you.

13268. But the fact is that your examination of St. Bartholomew can have been of very little use indeed without having examined what is below ground as well as above?—I have examined matters below ground, except performing the task of going on hands and knees through the main sewer, which I leave to others; but that also has been done.

13269. May we take it from you that that is a sanitary barrel drain, not a brick drain?—I was told by the architect that it is a brick drain.

13270. But you, as a scientific man, know that a brick drain is not a satisfactory drain?—Perhaps I may be allowed again to tell you precisely what I have said about it in my report, though I do not hand in my report for the reasons named.

13271. I think it would save a great deal of trouble if you would kindly put in the whole of that report?—I have not the slightest objection myself; the only question is whether when I have given a gentleman a private document, and labelled it "private," and he is away, I am at liberty to put it in.

13272. It is not a private document in this much that it has been mentioned in evidence, and I apprehend that the people who rely upon that document are bound to produce it, and if they do not produce it, it must be supposed that it is so because it is damaging to them that they dare not produce it. That is what I should have said to a jury?—I should have no objection to their producing it.

13273. Then are you going on with this (24.)

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matter any further?—Yes, I intend to, certainly; the data are being collected for that very purpose.

13274. Thank you very much. I have occupied you at length, but it is a serious question?—I am most desirous to give you all the information I can: but my examination has been so partial that I feel a difficulty in speaking definitely at present as regards the diphtheria outbreak.

13275. And the other gentleman who was employed, the surveyor, is an architect, is he not?—The architect is here.

13276. What is the gentleman's name?—Mr. I'Anson.

Earl of Lauderdale.

13277. Are you in the habit of paying periodical visits to the hospital?—No, not for this purpose.

13278. What is the purpose for which you visit it?—I give occasional lectures on public health to a class of students.

13279. You would not be in the way in the case of receiving any complaint of this kind at all, therefore?—I hardly ever enter a ward, and should not have any knowledge of it at all unless I was informed of it.

Earl of Kimberley.

13280. You have no experience as a sanitary engineer; that is not your profession?—That is not my profession.

13281. You advise upon the medical aspects of the case?—Yes; and in so far as I have had to do with the construction of hospitals, I have advised as to the general principles of hospital drainage.

13282. But still it is not possible, is it, to give any competent opinion as to the construction of drains without experience as a sanitary engineer?—No, it is the proper function of a sanitary engineer to do that.

13283. Do you know whether the architect employed has had any experience of that kind?—I never met him till the other day; but he certainly seems to have had such experience judging from the reports he has submitted to me.

13284. With regard to the question about the connection between diphtheria and bad drainage, is it not the fact that in all these diseases it is exceedingly difficult to specify cause and effect?—Not so with regard to typhoid fever; I think the relation is very definite.

13285. You are convinced on that particular point in common with, I believe, the majority of the medical profession, that it is so?—I am.

13286. But I suppose you know that a good many people entertain a doubt whether that theory holds?—I have never met with anyone who does. I suppose you are referring to milk; but then the milk may become infected by drain-air.

13287. Yes, I refer to milk. Of course you know very well that theories of this kind spring up, and after being believed for a certain number of years, they are entirely disbelieved afterwards; so that one does not feel great confidence in any of the theories. You do not perhaps agree to that?—No, I do not.

13288. Would you not draw this conclusion, at all events, that as there is some doubt about
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some diseases, there can be no doubt that the best sanitary arrangements should always be made, in order that if there be any connection between the sanitary arrangements and those diseases it should be avoided?—That was the principal object of my recommendations in this matter.

13289. And that is the principal ground upon which anyone can strongly recommend that sanitary arrangements everywhere should be made as good as possible; not with a view to say that that can absolutely prevent disease, but that bad sanitary arrangements have a tendency to produce a state of health which leads to disease?—I entirely concur.

13290. And to that extent you would say that even with regard to diphtheria, if at present it is not shown that diphtheria is connected with sanitary arrangements, that would not relieve anyone from the responsibility of seeing that the sanitary arrangements were as good as possible?—I never fail to utilise diphtheria to that end if I can.

13291. Now, I heard it mentioned that there are closets which opened out of a scullery. Can anybody suppose that that is a sanitary arrangement which ought to exist in any establishment?—I have recommended that that should be at once discontinued.

13292. Also I gather that they still enjoy the privilege in this hospital of having the old brick drain?—It is an old brick culvert.

13293. Is it not a fact well known to every one having to do with drains, private or public, that brick drains tend to be defective, and are not to be relied on?—As a general principle I concur with that.

13294. It is not very satisfactory to find that a great hospital like St. Bartholomew's has not adopted the more recent methods which I suppose every careful person has adopted in private houses?—It so happens, as far as I have been able to judge, that this culvert is an exceptional one. There are brick drains and brick drains, and this one does appear to have been laid down in a remarkably efficient manner when it was constructed. I felt confident that this disease was in no way connected with it; and as the question of relaying it would involve very important consequences to the hospital, as regards perhaps closing it for a time, I have gone so far as to say that I do not feel in a position to advise such a step on the information that I have received with regard to it.

13295. You mentioned that the scullery arrangements are much the same as are common in private houses; will you just tell us if you know what their arrangements are for drains and sculleries?—I was not speaking of a scullery, but I was speaking of a house; that is to say, the closets open directly into the ward buildings through the scullery, just in the same way as closets often open into a house without any aerial disconnection. It was from that point of view I spoke.

13296. It was not from the point of view specially of the scullery?—No, not from that point of view.

13297. Did you see any other structural objections to the drainage at St. Bartholomew's?

Earl of Kimberley—continued.

—Not to these three ward blocks, and to the two nurses' homes to which I have as yet limited my inspection.

13298. You said that bad drainage was not the cause of diphtheria, but you also said that it was the cause of sore throat, and that sore throat predisposed to diphtheria. Would it not be logical (I should say so, certainly) to say that, therefore, bad drainage may be the cause of diphtheria?—Yes; I think I used the words "direct cause" purposely in order to cover that point.

13299. Is not a direct cause an equivocal phrase which does not admit of precise definition?—In dealing with the ætiology of disease, one is obliged to use very careful terms.

13300. But is the term "direct cause" a term that will bear examination?—I thoroughly apprehend it myself.

13301. What is the distinction between a direct and an indirect cause; how can a cause be a cause unless it is a cause?—It is a term in very common use.

13302. I am quite aware of that?—It is in very common use, and generally understood.

13303. But do you think it a term which can bear in any way a scientific examination?—I will not press the point, if you object; but my meaning, I hope, was quite clear.

13304. I put the point for this reason, that I apprehend a cause is a cause, and that it does not signify whether it is direct or indirect. What is meant by an indirect cause, I suppose, is that the cause cannot be traced so near to the effect; but, after all, in a chain of causes, it does not signify much where it is?—If I accepted that definition I should be obliged, I think, to say that I do not believe the drainage of St. Bartholomew's has had anything to do with the diphtheria.

13305. You do not think that in this particular case there is proof that the bad drainage did induce the state of sore throat, which induced diphtheria?—I have no evidence of it in this case, rather to the contrary; and it was only in order that I might put before you every view that I mentioned that one point.

13306. At all events, I suppose this is universally agreed upon, that there is extreme difficulty in tracing the cause of diphtheria?—There is no disease the ætiology of which is more obscure.

13307. And your experience in the rural villages, of which I have, unfortunately, some, of severe diphtheritic outbreaks, is, that it is almost impossible to tell why those particular villages were the scene of those outbreaks?—That is often so; but every year we are learning more about it.

Earl Cathcart.

13308. I want to ask you this question; you have observed that the sculleries and the sinks, and their arrangements, were analogous in St. Bartholomew's Hospital to those in private houses. Now, I fancy that you must have overlooked the fact that in private houses now the waste-pipe of the sink is invariably disconnected?—I said that the sink arrangements had been altered before I went to the hospital.

13309. Do you mean that they are disconnected now?—I think they are all finished now.

13310. But

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13310. But you found them connected with the drains?—Not the scullery sinks; I referred to the sinks in the sanitary projections from the wards; but outside there was a so-called disconnecting shaft.

13311. But they dropped into a gully?—They did not drop onto a proper gully; and it was as to that that one of my recommendations was made. These sinks were in a projection that was aerially distinct from the wards.

13312. In private houses and by everybody's lease they are bound now to cut off all connection with the drains, and the sinks have to drop into a gully?—I could take you to many thousands of houses where it is not so. Under modern bye-laws that is so, but modern bye-laws are only very partially accepted as yet.

Lord Clifford of Chudleigh.

13313. Your examination only went to the principle upon which the drains were laid down; not actually to their being in an efficient condition?—Everything that I could see I looked upon myself as competent to judge of; but I have made no inspection of the main drains underground.

13314. I suppose the clerk will tell us what methods of inspection were taken to test the actual condition of the drains?—I have no doubt the surveyor would tell you that.

Chairman.

13315. Is there anything else you wish to add?—Nothing more.

The Witness is directed to withdraw.

MR. WILLIAM HENRY CROSS, is re-called; and further Examined, as follows:

Chairman.

13316. Do you have a periodical examination of the sanitary condition of the hospital?—No, we have not.

13317. You have an architect on the staff of the hospital?—Yes; he is termed a surveyor; and we have a resident clerk of the works.

13318. Are those experts in drainage and sanitary matters generally?—I should say that the surveyor is; the clerk of the works has been with us for the last 20 years, and it is his business to see that everything is kept in a proper state of repair.

13319. But he is under the architect?—Yes, he is under the surveyor, as we call him; the surveyor acts as architect if buildings have to be designed.

13320. You do not know whether the surveyor is an expert in the matter of drains, or not?—I do not know that he is specially expert in such matters.

13321. Has it ever come up before the committee of which you are the acting secretary, whether it would be advisable to have somebody on the staff of St. Bartholomew's Hospital, which is a parish in itself, with some actual practical knowledge?—No, that has never come before them.

13322. The last witness acknowledged that there were some defects also in matters of detail in a certain portion of your hospital; have you any reason to believe that those defects do not exist in other parts of St. Bartholomew's, and possibly to a larger extent?—I think not; I think he has exhausted almost everything.

13323. But he has not inspected the whole hospital?—He has not. But might that question be asked of the surveyor; perhaps he is rather more competent to answer it than I am.

13324. But you told us yourself that you were the eyes of the treasurer?—Yes, I did say so.

13325. Therefore, is it not your business to see to every possible detail of the hospital?—I hardly think that it is my business to attend to these sanitary arrangements in the way I think your Lordship suggests. Anything that comes to my notice, or anything that I see amiss in his absence I report to the treasurer.

(24.)

Chairman—continued.

13326. I will make my question a little clearer: supposing a nurse is ill from some slight cause, would you not consider it your business to make inquiry what was the cause of her illness?—No; the matron would report to the treasurer if the illness were at all serious.

13327. Would the treasurer make it his business to make some inquiry into what was the cause of her illness?—What happens is, that the matron every week makes a report to the treasurer and almoners of various matters in her department, and she always states how many nurses are ill; and the treasurer and the almoners then make inquiry, if there is anything provocative of inquiry.

13328. Who would they make that inquiry of?—First of all of the matron.

13329. We will assume a case: here is a case which you must have every week; a certain number of the nurses disabled from some cause or another; nurse So-and-so is ill; does the matron say what is the matter with her?—Yes, she mentions it in her weekly report to the treasurer and almoners.

13330. She says she is suffering from sore throat, for instance?—Yes.

13331. Does not he then get hold of some medical officer and say, "What is the cause of it"?—He would if there were many of them; but unless the matron said something to call especial attention to the matter, I do not think anything more would be done.

13332. But possibly the main drain may be out of order, or some pipe that comes into the nurses' room; how would you discover that unless there was some constant supervision?—The leakage you mean; the clerk of the works ought to discover it.

13333. Does the clerk of the works go round periodically?—He goes round every three months.

13334. Do you consider that sufficient?—I am only stating the fact; I do not mean that it is not more frequently than every three months, because he is constantly in and out of the wards; he is sent for to attend to small repairs, leakages, breakages; it is not an infrequent thing, for instance, to have to unstop a water-closet which

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had

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Chairman—continued.

had got stopped up by things being thrown down; he is constantly in and out, and in addition he makes a periodical inspection every three months.

13335. Supposing any thing is wrong in a ward, like the stopping of a closet, would the nurse in that ward send to the matron?—The sister would send to the clerk of the works; there is a slate hung up in his workshop upon which she would make a memorandum of what was required in the ward, and he would attend to it at once.

13336. Would he report to you?—No; if the thing were done no more would be said about it. If he thought it was anything extraordinary he would report to the surveyor.

13337. Who has to judge that the work is properly done?—He is under the surveyor.

13338. And how often does the surveyor come?—At least once a week.

13339. Is the surveyor an honorary officer?—No, a salaried officer.

13340. And does the clerk of the works go round with him and point out the various arrangements that are defective?—If there is anything that he thinks it necessary to call the attention of the surveyor to; but I have no doubt the surveyor himself will tell you exactly what happens in these cases.

Earl Cathcart.

13341. I have no doubt you will answer my questions with the utmost candour, but last time you told me there was nothing the matter with the water-closets?—May I give this explanation. I was examined here on the 29th of January, and speaking on that day I stated, as was the fact, that no water-closets had been objected to. I heard nothing about these water-closets until Dr. Thorne's Report, which was not written until the 3rd or 4th of February.

13342. It was defective information, therefore, that led you to make that answer?—It was according to the information I then possessed.

13343. I am much obliged to you for the explanation. All the witnesses have answered me with the utmost candour, and I was under a wrongful impression, I find, that you had misinformed me?—I should be very sorry if there were any ground for your Lordship imputing to me anything of that kind.

13344. I do not for a moment; it was quite right that I should ask the explanation; it seems that I was under a misapprehension and that you had not known the fact till afterwards?—Not till afterwards. And may I further observe that it was said just now by your Lordship that I had referred to the report of Dr. Thorne in my evidence. That is not the case.

13345. I beg your pardon. Will you refer to Question 10,506, Lord Monkswell's question?—That was our surveyor, not Dr. Thorne, I was speaking of then.

13346. Will you kindly read the question; I was under the impression that you referred to Dr. Thorne?—No; I knew nothing whatever of Dr. Thorne's Report or opinion (except as I will tell you presently), when I was at this Committee on the 29th of January; I was speaking then entirely of the report of our surveyor, Mr. P'Anson.

Earl Cathcart—continued.

13347. That would lead to the impression that you were referring to Dr. Thorne?—Question 10,506 is: "With regard to this outbreak of diphtheria you say that your surveyor inspected the hospital two months ago; what was, generally speaking, the nature of his report?" I do not think there is any reference to Dr. Thorne there.

13348. I do not wish to delay their Lordships?—Perhaps I may say that in 10529, a question of Lord Arran's, there is a reference.

13349. Then it is 10529; what does that say; you have the document and I have not; that is a question of the Lord Arran's I understand; what does it say?—The question is: "You have no reason to suspect the existence of any old bad system of drainage that has not been properly destroyed?" and my answer was: "I should say not." Then I volunteered this: "In addition to this report from their surveyor, the governors, in order that there might remain no doubt about it, have called in a well-known expert to advise them generally upon their system of drainage. As the result of the inquiries made so far, there is no ground for believing that drainage has had anything whatever to do with this outbreak."

13350. You refer directly to Dr. Thorne there?—I refer to Dr. Thorne, but not to his Report, which did not then exist. What I had in my mind was a conversation which I had had with Dr. Thorne.

13351. We cannot tell what you had in your mind; we will change the subject. This is a paragraph taken from the "Medical Press": "We have the formal assurance that it is not true that nurses had been sent to sleep in a room at one time reserved to infectious cases; but the hypothesis that the nurses contracted both diphtheria and typhoid from the patients is hardly one that will commend itself to medical readers; even if this were so it would have to be construed unfavourably, for such an unusual proclivity to infection would justify the inference that there was a want of care in the selection of the nurses, that they are overworked or underfed, or finally that the general sanitary conditions of their environment were not what they should be." Now there is nothing that can be said in regard to a want of care in selecting the nurses; the nurses are well selected?—Well, I should be afraid that perhaps we have sometimes admitted nurses who had not the physique and the constitutional fitness for bearing the strain inseparable from their duties, I may be wrong, but I think it has been so. But may I say that the governors, about two months ago, instituted a more searching medical examination of all candidates for appointment as nurses, in order to make sure that we do not admit anyone constitutionally unfit.

13352. Then they say in the "Medical Press" that perhaps they are "overworked." We went into that carefully the other day; they are not more overworked than other nurses perhaps?—Their hours are unquestionably very long; and no one can deny that their work is laborious.

13353. This is what it comes to, "or that they are underfed"?—I will only say that I have two daughters at this moment working as nurses in the hospital.

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hospital. They fare as others do, and they tell me that they are very well fed and very well cared for. I do not believe that there is any ground for complaint on account of their food.

13354. Then the question which I was leading up to is this: Have you not very recently in consequence of this outbreak increased the food given to the nurses?—The matron suggested, I think about the middle of December, that it would be desirable to give the nurses temporarily a glass of port wine, those who chose to take it, every day; and that some soup should be provided at about 10 o'clock for those who chose to come down and have soup.

13355. And what was the reason that the matron gave you for asking for permission to do that?—It was on account of the illness prevailing.

13356. So generally was the illness prevailing that it was thought necessary to give port wine as an unusual extra thing to the nurses?—It was thought desirable.

13357. And you sanctioned it?—The Committee sanctioned it.

13358. Now to follow the case of the young lady, your daughter, who was unfortunately afflicted with this complaint, where was she; was she living in your own house?—She slept in my own house.

13359. How did she contract it; from being with a patient?—She contracted it from a girl, a ward-maid, who had diphtheria; at least that was her opinion; and I have no doubt whatever that it was so.

13360. Then the ward-maid would be a sort of girl that was always stooping over the sink, I suppose?—No; this particular ward-maid had been in the hospital only four days, and the general belief is (I cannot say more than that) that she was already infected with diphtheria when she came to us. It was my daughter's business to help to pack her up, as the term is, when she was removed from the ward she was working in to the diphtheria ward. She, in doing that duty, bent over her, and had the belief that from a whiff of her breath which she got at that moment she contracted diphtheria.

13361. And I hope the young lady has recovered?—Yes.

13362. One of the medical staff was affected with diphtheria, it is mentioned; who was that?—No one that I know of. A statement made that one of our physicians was so affected is not true.

13363. And that "numerous cases of diphtheria had occurred among various patients admitted for other complaints or diseases"?—I do not think that that is true; there have been a very few cases, one here and one there; but to say that they were numerous—

13364. In the surgical wards?—In the surgical wards I can tell you exactly from a return in my hands extending over the year 1890, and including January 1891; it would not come so much to my knowledge in the medical wards, but it would come to my knowledge in the surgical wards.

13365. What diphtheria was there in the surgical wards?—There was a case on the 14th of December in a surgical ward; that is the last case in that return; there was a case in a medical ward on the 27th of October. I have no surgical

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Earl Cathcart—continued.

ward case between those two. I have not any return from the medical wards.

13366. But the broad fact is that you have had an outbreak of diphtheria in the surgical wards, where the nurses are not in contact with the diphtheritic patients?—That is not the case. On the 14th of December there was one case of diphtheria from a surgical ward. Now if your Lordship will allow me, I will see whether there were any other cases.

13367. It is quite enough for me if you say you had some cases of diphtheria in the surgical wards?—They were very rare.

13368. Then had you not typhoid cases in the surgical wards?—There was one case on the 7th of last month, and there were two cases in another surgical ward, on the 29th and 30th of September; those are the only cases I have got down during the past 13 months.

13369. Is it not a surprising thing to have cases of typhoid in a surgical ward?—It is a surprising thing.

13370. It is almost an unparalleled thing?—It is an unaccountable thing.

13371. It is a thing beyond your own experience, is it not?—No, not that they should occasionally happen.

13372. It is excessively rare?—Excessively rare.

13373. And did the nurse who died of diphtheria belong to a surgical ward?—No nurse died of diphtheria; the nurse who died had been nursing typhoid, and she died of typhoid.

13374. It is said that, "in one ward alone (that is to say, one of the wards reserved for other complaints), no less than five cases of typhoid occurred"?—All I can say is that I have tried to trace those alleged cases, and been utterly unsuccessful, and that I do not believe it.

13375. And that three were amongst the nurses and two amongst the patients?—No, that cannot be true.

13376. I want you to contradict it; that is all?—May I tell you of the cases of typhoid that have occurred among the nurses during the past year?

13377. If you wish?—I think it would clear this point up.

13378. You mean in the year 1890?—Yes; there have been none in 1891 so far. We have had four cases of nurses suffering from typhoid during the year 1890; one on the 17th of August; one on the 3rd of October; one on the 8th of November, and one on the 15th of December, and all these four nurses had been nursing typhoid patients.

13379. And, it is stated, "that there have been at least three cases of scarlet fever in one ward"?—I do not know of three in any one ward.

13380. "Amongst patients admitted for other diseases, the last having occurred only a fortnight or so ago," that is about three weeks ago at the present time?—You see it is not said within what time those three cases occurred; it may have been within three months, or three years.

13381. This is what is said by the man in the street; I want to give you the opportunity of contradicting it?—I do not know of it.

13382. "That there have been some cases of
U 3 erysipelas

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erysipelas in the same ward"?—I do not know which ward is referred to; there are occasionally cases of erysipelas in the surgical wards.

13383. Have you had any fatal cases of erysipelas?—Not amongst patients removed for that cause from a surgical ward.

13384. But erysipelas would be caused by bad drainage?—I am not competent to express an opinion upon that point. We have a ward for erysipelas, to which cases developing erysipelas are moved whenever the disease occurs.

13385. And that in addition to the 25 people down with diphtheria, you have had a very great amount of tonsillitis sore throat?—I do not think there is authority for saying a very great amount. We have had some cases. I have not any return before me.

13386. How did the matron manage to get the complaint?—The matron, in order to relieve a sister, who was very hard worked at the time, who could not leave her patients, and yet wanted change, actually took duty as a sister, and nursed a diphtheria case, and she herself attributes (she told me so) her infection to that cause.

13387. How came you to put the nurses into this cubicle place alongside of this infectious ward?—I can only reply, as Dr. Thorne did, that if there had been a choice of other places, I do not think that they would have been put there; there was no idea that they would run risk of being affected, and I do not think anything has transpired since to justify such an idea.

13388. Then, looking back, you do not think it a want of judgment to have used for the nurses a cubicle ward on the same floor as this infectious ward?—I would hardly go as far as that. Sometimes in looking back, after an event has occurred, you determine that you would not have done what you did.

13389. Had that cubicle ward ever been used as an infectious ward?—"Ever" is a very long time.

13390. Within recent memory, I will say?—May I give you the history of that ward?

13391. If you please. The history of that ward would be very interesting?—It was a ward which, a good many years ago, was reserved for typhus; it was disused for a very long time.

13392. What is, in your mind, "a very long time"?—I may say that although it was reserved for typhus it was very rarely that typhus cases were there; because typhus in London has come to be an almost extinct disease.

13393. My question simply is: how long was the room disused for infectious purposes; how long is it since it was used for any infectious purposes?—Certainly seven years, and it has been disinfected since that time, and more than once thoroughly re-painted.

13394. Where did you hurry the cubicle nurses to, when you hurried them out of the cubicles?—I do not think that one can say that they were hurried out; they were taken away from that ward, as I think I explained last time, because a case of scarlet fever had occurred.

13395. In that cubicle ward?—In that cubicle ward; and when it was discovered that somebody who had been there had had scarlet fever it was

Earl Cathcart—continued.

thought desirable to remove the nurses, and disinfect the whole place.

13396. Where did you move them to?—We moved some to the nurses' home (there were only eight of them) and some to a house which had been in process of enlargement, and which by that time was ready to take them in.

13397. And you did not think of the treasurer's house, which has not been occupied for five years?—The treasurer's house, at that time, was not fitted up for the purpose; but it has been since adapted, and is at present occupied.

13398. It could not have been used, you mean, at that time?—I do not mean to say that it could not have been used.

13399. In the interests of the poor, is it not a pity that that house should have remained unoccupied for five years?—That was a matter for the governors. I do not think it would become me to express an opinion upon that point.

13400. Quite so; but is it not natural that that should suggest itself to one's mind?—It was at one time used for nurses.

13401. That house is part of the administrative block?—It is.

13402. At the right hand end as you go in?—Yes, it is on your right as you go in.

13403. Then, evidently, all of you felt that there was something wrong with the drains, because you called in your own surveyor, and then the treasurer called in Dr. Thorne, and you served out extra rations to the nurses; and to any unprejudiced person who has gone into this inquiry it is clear that in your own minds you had a sort of guilty sanitary conscience?—I do not think that follows; but we were bound to investigate every possible cause of the disease. It did not follow that because we turned our ideas to the drains we therefore felt sure that it was the drains.

13404. The impression is strong on my mind, from all the facts taken together, that you had an impression from the first that there was something wrong with the sanitary arrangements?—We should have been neglecting our duty if we had not inquired into that possible cause. I think that is as fairly as one can put it.

13405. Now about this intention to buy land at 100,000 £ next door when you can get it, that is a matter that has been a great deal considered by the governors, is it?—There has been no question of price.

13406. But buying the extra land at a great price?—No doubt it will be at a great price. The fact is, we are hemmed in by the streets on all sides, except on the side where Christ's Hospital abuts on the hospital, and we are much hampered in our work by want of space.

13407. Now that it has grown to so large an establishment, and one so much shut up by houses, and in a situation where land is so vastly expensive, has it never occurred to the governors, when the matter has been discussed, whether they should not go into South London and form a branch establishment?—They have never discussed that. We started a convalescent home in the country with 70 beds some six or seven years ago.

13408. I notice that the salaries make a large lump sum; now has it ever occurred to you that some

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some of those salaries might have been greatly reduced?—I do not know that it has. That is a question entirely for the governors to determine.

13409. It seems a large lump sum; that is why I asked the question. Now you bank with the Bank of England?—That is so.

13410. And what do you do with your large current balances?—Until the last two or three years our balances have been so small, as a rule, that our account has been scarcely worth keeping.

13411. Have you not saved some 15,000 *l.* a year lately?—No. Our savings towards the special purpose indicated in my answer, No. 10348, were 6,000 *l.* in 1888, 11,000 *l.* in 1889, and 6,000 *l.* in 1890, until the last two or two and a-half years our balances have been very small.

13412. What has been done in the last two and a-half years with your current balances; how much would they be generally?—They might be 4,000 *l.* or 5,000 *l.*

13413. What is done with that?—It remains at the Bank of England.

13414. It is dead there; you have not a deposit account there?—No; you cannot have a deposit account there.

13415. Have you any banking account whatever beyond your general hospital account?—We keep the account of the college separate, and that we bank at the London Joint Stock Bank; that bank is conveniently near. We bank our Samaritan fund account at the Union Bank of London; but they are very small accounts.

13416. The hospital account you keep with the Bank of England?—Yes.

13417. And the college account with the London Joint Stock Bank?—Yes; and the Samaritan fund account at the Union Bank.

13418. There is no sort of advantage or anything to be gained by anybody who is a trustee of the hospital beyond a house, or is there any advantage whatever?—Do you mean the treasurer?

13419. Yes?—No; none whatever.

13420. No rations?—No.

13421. Merely the house?—Yes.

13422. With gas?—Yes; but as I think Sir Sydney Waterlow explained to you, and your Lordship knows, he has not occupied the house for a long time.

Earl of Arran.

13423. Is the clerk of the works in daily attendance?—Yes, he lives in the hospital.

13424. And would any complaint as to any defect in the sanitary arrangements be immediately attended to, or would it stand over for two or three days?—I am sure it would be immediately attended to, because the sister would complain either to the matron or steward, or the matron to me if she did not get it attended to.

13425. And do you think the clerk of the works would act immediately?—I have no doubt he would; I cannot say more.

Lord Monkswell.

13426. Is there any external sanitary authority at all that has power over the hospital; I am told that it is a parish by itself, so that it cannot be interfered with by any other body?—I

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Lord Monkswell—continued.

imagine that the medical officer of health of the City of London could interfere with it.

13427. He never does?—He never does, but I imagine he could.

13428. As far as you know, there is absolutely no jurisdiction over you; you can do as you like in sanitary matters?—Excepting what I say, that I think the medical officer of health for the City of London may have some jurisdiction over us.

13429. He has never made any inquiries at all?—I would not say that he has never made any inquiries, but he has never taken any action.

13430. On another matter; supposing the treasurer was to want to live near the hospital, could he get any convenient place other than the house that was reserved for him?—I do not think he would; there is not much residential property in the neighbourhood if your Lordship means quite near; if you mean within a mile, of course there is plenty.

13431. Then supposing that Sir Sydney Waterlow was to give up, and supposing you had to have a treasurer in succession to Sir Sydney Waterlow, possibly you might want the house again?—I have no doubt we should, and we should have to make other arrangements for the use to which the house is now put.

13432. I wish to direct your attention to an answer given by Sir Henry Longley, at Question 3233. He there asserts that you came before him *in formâ pauperis* with St. Thomas's and Guy's Hospitals to ask that he would enable you to take paying patients, and that he sanctioned it?—I am much obliged to your Lordship for calling my attention to that. I have a memorandum to ask the Committee to allow me to correct that statement of Sir Henry Longley's. We have never applied for permission to take paying patients; it is a mistake on his part. As a fact we do not take paying patients.

Chairman.

13433. You are what is termed the chief clerk?—The clerk.

13434. In other institutions of a similar nature would that answer to the post of secretary?—No doubt it would; but as your Lordship knows St. Bartholomew's is a very old institution, and, as it is the case with the City Companies that their secretary is termed the clerk, so it is with the Royal Hospitals.

13435. I am not quarrelling with the term?—I am only endeavouring to explain it.

13436. And your salary is 1,000 *l.* a year and a house, you said?—Yes.

13437. Was it an increasing salary?—Yes, it has been several times increased; it began at 400 *l.*

13438. And your service is now 24 years, you told us?—Yes, 24 years.

13439. Now you have referred to your own position as practically being the eyes of the treasurer?—Yes, in his absence.

13440. And there is a committee which meets weekly of the treasurer and almoners?—Yes, that is so.

13441. At the same time you explained to us that you had no definite power to suspend any official in the hospital?—That is so.

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13442. You

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Chairman—continued.

13442. You have no absolute power?—No, I have not.

13443. At the same time you have an official called the steward, who is in a sort of semi-responsible position irrespective of your authority altogether?—That is so.

13444. There are two sorts of heads, as it were. Now, in the case of a difficulty you told us that you sent for the treasurer?—Yes, I think I said something to this effect: that I should not hesitate to assume a responsibility, which is not committed to me by the terms of my duties, adequate to the occasion; I should act, and I should trust to getting a bill of indemnity afterwards.

13445. You would suspend an officer?—If I thought that the necessities of the case justified me in doing so.

13446. But does not the fact of your not having the power weaken your hands very much?—I have not found any practical difficulty. I have found that the officers about the place are quite willing to defer to any authority I may exercise.

13447. But you have never suspended any one?—I have done it in the case of a subordinate who was drunk.

13448. But that is what is termed a servant?—Yes.

13449. Where is the treasurer now?—I believe the treasurer is at Monte Carlo; he is away for a few weeks on account of his health.

13450. The treasurer is in the south of France?—In the south of France.

13451. When do your almoners meet?—They meet every Thursday, but I may say that during the absence of the treasurer one of them often looks in; the treasurer has been away now for a week, and five days of that week I have had one of the almoners come in to know whether I wanted anything.

13452. To whom you could refer?—Yes.

Chairman—continued

13453. Do you know where he lives?—I know where they all live, and I think I could make sure of getting some one within an hour.

13454. But now, as a matter of administration (I am not referring to your own position; I think you gave me an answer to this question before), would it not be much better to have an official as a permanent head in the absence of the committee?—I think I said "Yes" in reply to that before, but that I felt myself in somewhat an invidious position in being asked by your Lordship to answer that question.

13455. I only want your opinion?—If I may dissociate myself personally from the answer, I would say, "Yes."

Earl Cathcart.

13456. Will you leave Dr. Thorne's report?—Of course I am in the hands of the Committee; I will do whatever the Committee directs.

13457. Dr. Thorne has no objection; it was agreed that Dr. Thorne should hand it to you, and you were to hand it to us?—If you thus direct me, of course I shall do so.

Chairman.

13458. I understood that that was the case?—If your Lordship says so; I only want to acquit myself of responsibility in the matter.

Earl Cathcart.] Your responsibility is gone.

Witness.] If your Lordships tell me to do so, that relieves me of responsibility (*handing in the Report*; see *Appendix*). There was something said also about handing in surveyor's reports.

Chairman.] We shall have the surveyor.

The Witness is directed to withdraw.

MR. EDWARD B. PANSON, is called in; and, having been sworn, is Examined, as follows:

Chairman.

13459. You are the Surveyor to St. Bartholomew's Hospital?—I am.

13460. Will you please tell us exactly what your duties are?—My duties are to exercise a general supervision of all the buildings in the hospital; to report anything that I observe wrong either in sanitary or constructional matters; to survey between 300 and 400 houses personally every year, and to report on their general condition.

13461. That is the property of the hospital?—Yes, outside. Then I hear reports from the clerk of the works every week, and oftener if necessary. Then, if there is anything special beyond the unstopping of a closet, or something of that sort, I always go and look at it myself the moment my attention is called to it.

13462. Are you a sanitary engineer yourself?—No, I am not what is called a sanitary engineer; I do not go by that name, but I understand drainage matters; at least I think I do; I have had a good deal to do with them

Chairman—continued.

13463. But you are not a sanitary engineer?—No.

13464. You are a salaried officer of the hospital?—I am.

13465. May I ask your salary?—300 guineas; but I have a private practice. That is not my only duty; I have a practice of my own.

13466. That is your private practice?—Yes, my private practice.

13467. Then do you receive any commission on any work that has to be done as well as your salary?—On new buildings.

13468. At what rate?—2½ per cent., half the usual commission.

13469. 2½ per cent. on any buildings built, over a certain sum?—No, on new buildings. Sometimes I have to do a great deal of work on what are called alterations, which I think I ought to have a commission on; sometimes they lay out 3,000 l. or 4,000 l. on alterations; on that I get no commission; but if I put up a new building costing,

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Mr. P'ANSON.

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Chairman—continued.

costing, say, 200 l., I should get a commission on that

13470. Now with regard to this report of yours, dated the 2nd February 1891?—That is my second report.

13471. When was the first one?—The 11th of December; you have that before you also.

13472. Then, previous to that, when had you made a report?—I had never made a report on the sanitary condition as a whole.

13473. How long have you been surveyor?—I have had the appointment for nearly three years.

13474. Then in the three years had you made no report of any description to the governors?—Yes; I have reported to them generally on the state of the buildings and on the property.

13475. And is that an annual report?—Yes.

13476. To whom do you report?—To the house committee.

13477. And after you have made that report you do not know what becomes of it?—It is printed.

13478. But do they criticise it at all?—Yes, if they think proper.

13479. Do they criticise it?—They very often ask questions, and then I explain.

13480. You are in attendance when that document is considered?—I am.

13481. Can you tell us how often that occurs?—Once a year, in February.

13482. That is with regard to the condition of their property and the hospital buildings?—Yes, and the houses that have been left and everything connected with the hospital.

13483. With regard to this report of 11th December, was it made in consequence of the diphtheritic outbreak?—It was.

13484. Did you inspect the whole of the hospital then?—Not every building in the hospital.

13485. What buildings of the hospital were they that you included in your examination?—All the wards, Duke-street Nurses' Home, and the matron's house.

13486. That was what you inspected?—Yes.

13487. What does that leave uninspected?—That leaves the houses which the officers live in, and the Nurses' Home in Little Britain. I thought there was no necessity for examining the Little Britain Home; I felt sure about the sanitary arrangements of that.

13488. Why were you so sure about the Nurses' Home?—Because it was one of the most recent things done, and I knew it was well done.

13489. At the same time, if you were making an examination of the whole hospital to report to your employers, would it not have been well to inspect the whole building?—My time was somewhat limited, and therefore I took those parts that I thought might require it most.

13490. Why was your time limited?—I was instructed on the 4th of December, and I had to report by the 11th; and the hospital is a very large place, especially if you do not know all the ins and outs of it.

13491. Then you do not know all the ins and

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outs of it?—It is impossible to know everything.

13492. But have you not got plans of the drainage, and of every sanitary matter connected with the hospital?—Yes; there is a plan, but, of course, the drains have been laid down for many years; long before I had anything to do with it.

13493. Quite true; but still you had to complete your examination by 11th December, I understand?—Yes.

13494. Did not you make any statement that that was your report only as far as you had gone?—I did. I stated so at the end of my report: "In conclusion, I must ask you to accept this report rather in the light of a preliminary report, as time has not permitted me to go further into details."

13495. Is this report of 2nd February an amplification of that?—You may term it an amplification. By the 2nd of February I had had time to go down the main sewer; that I wished to inspect personally, because I thought it my duty to do so, though it is not very easy to get along in some parts.

13496. The first is a report, of which this later one is an amplification?—Yes.

13497. Then these two reports are the result of that inquiry which you made?—They are.

13498. And what was the conclusion as regards the buildings of the hospital?—The buildings were in very good condition.

13499. I mean the sanitary condition of the buildings?—With the exception of what I have stated in these reports, I consider them to be good, though not up to date in all respects. That I state.

13500. You know the report better than I do; would you read us what the exceptions were?—I will begin with the sculleries.

13501. Would you mind reading your report?—Which one?

13502. Read the first one?—The first, that dated 11th December, is as follows: "Gentlemen,—Since meeting you on Thursday last, the 4th instant, I have made an inspection of all the wards; also of the Duke-street Nurses' Home, and the Matron's House, and, so far as I have been able to ascertain, there is nothing in the sanitary arrangements which will account for the cases of illness to which attention has been more particularly called; but, as may be imagined, all the arrangements are not of the newest type, and there are some matters to which I would call your special attention. In the surgery wing, the soil pipes ought to be properly ventilated, and I would recommend that this be done. In this block the water closets of the Lucas and the ophthalmic wards unite in one soil pipe on the ground floor level, but provided this is properly ventilated, I see nothing wrong in this. The wastes of lavatories on the surgeons' side of the surgery, also the sink in the surgery dispensary, should all be made to deliver on to a drain intercepting trap with open grating. This also applies to the lavatories in the instrument room. The lavatory in the operating theatre is taken into a trap outside, known as a bell trap. This trap should

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should be removed, and an intercepting trap substituted. The drains in this block are disconnected from the sewer by means of a syphon trap, and are also all well ventilated. In the front area of this block three inspection chambers should be provided, and three in the back area. In the east, west, and south wings, I tested, in all the sculleries, the soil pipes of the water closets and the sink wastes with oil of peppermint. When a large volume of water was thrown down from the top of the scullery waste pipes the traps of the sinks in Kenton and Luke wards became unsyphoned and there was a smell of peppermint. The waste pipes from these sinks are iron and ventilated at the top. These pipes are also entirely cut off from the sewer by means of disconnecting traps, so that if any smell came up these sinks it would not be from the sewer. These sinks have very large D traps which do not easily cleanse themselves, and have a very small outlet into waste pipes. Although there was no smell from the waste pipes of these sinks, I think it would be preferable to substitute a lead pipe and to put in a ventilating pipe in addition, to prevent the unsyphoning of the lower sinks, as per sketch in margin. I would also suggest that the large D traps be removed and replaced with Dent and Hellyer's anti-D traps, which are much more easily cleaned out. The soil pipes of water closets in the sculleries of the west wing are iron, and although I did not detect any smell from these pipes, I think it might be desirable to substitute lead pipes. The pipes now deliver into a dip trap, as do all the soil pipes from the water closets in the sculleries of the east and south wings. There was no smell from the soil pipes, which were of lead in the sculleries of the other wings. I would recommend that all dip traps be removed from these pipes in all three wings, that inspection chambers be formed and that the drain be disconnected from the sewer by means of a syphon trap. There should be a fresh air inlet introduced into this chamber so as to create an up draught. The water closets, stop sinks, baths, and lavatory wastes in the sanitary blocks of these three wings all deliver into what are known as basin traps. These traps retain a quantity of foul water, and I should do away with them. I should trap every drain with a syphon trap before it enters the brick sewer, and put an inspection chamber so as to be able to cleanse the trap if necessary. The water closet adjoining linen room ought to be removed, as it is a pan closet, and one of modern type substituted and taken into a separate drain, which should be cut off from the sewer by a syphon trap. I would also suggest that the sink in the basement in connection with this part of the building should be removed and placed in the water closet and made to deliver into an open pipe which will deliver into an intercepting trap before entering the sewer. *Nurses' Home, Duke-street.* In the Duke-street Nurses' Home I had the drains opened in two places in the basement, and they appeared to be clean, and, as far as I could detect, there was no smell. I applied the smoke test and the smoke at once ascended the soil pipe

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and also the waste pipes from the sinks on the third floor. I would recommend that the dip trap in basement be removed, and that an inspection chamber be formed outside the building, and a syphon trap be put to cut off these drains from the sewer. In the matron's house the drains are all outside and appear to be perfect. In the house occupied by Mr. Streeter" (that is the clerk of the works) "there is a soil pipe which also acts as a rain-water pipe. There should be a new rain-water pipe. I have not carefully examined the main sewers in the hospital leading into the public sewer, as this would probably be a matter of some months, but where I had the manhole opened the sewer was clean. Throughout the hospital the gully traps for taking off the surface drainage are all brick. I would recommend that earthenware gully traps be substituted. All bell traps in kitchen area should be removed, and stoneware traps substituted. All rain-water pipes, which do not already do so, should be made to deliver on to gully traps. In conclusion, I must ask you to accept this report rather in the light of a preliminary report, as time has not permitted me to go further into details."

13503. Now is that part of an annual report?—No.

13504. It was an exceptional report?—It was an exceptional report.

13505. Do you know when diphtheria broke out?—No, I cannot say; I think shortly before that time.

13506. But it was owing to the outbreak of diphtheria, at any rate, that this inspection was made?—Yes.

13507. Then if there had been no outbreak of diphtheria, these faults would have been allowed to continue; this is not the annual report, you say?—No, this is not the annual report.

13508. Then there is no reason why this state of things should have been entirely altered and should not have continued?—It possibly might.

Earl of Kimberley.

13509. You have been three years surveyor?—I have.

13510. And you had never made an inspection, I understand, of these drains?—Not a sanitary inspection throughout.

13511. Therefore, as far as you were concerned, you were ignorant of the state of them?—Yes, except where complaints were made.

13512. Now, in your report yearly to the governors, did you report that the hospital generally was in a satisfactory condition?—Yes, but I do not think I touched on sanitary matters at all.

13513. But if you reported that the hospital was in a satisfactory condition, how do you justify that when you knew nothing of the sanitary condition of the drains?—I justify it in this way: whenever there has been anything wrong, it has been complained of, and, so far as I was acquainted with the drains, they were in good order. No complaint of the drains was ever made to me.

13514. Is it not rather unsatisfactory that a report should be made to a body of governors that

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that their buildings are in a satisfactory state, when that report is not founded upon knowledge?—What I reported on was founded on knowledge.

13515. But I understood you to say that you did not know the condition of the drains, because you had not inspected them, and knew nothing except of those particular matters which had been complained of?—I could speak positively only of the condition of those drains which were put down since my appointment.

13516. Do not you think it is the duty of any one entrusted with such duties as you have, not to wait until complaints are made, but to see for himself that things are satisfactory?—Well, that is rather a difficult question to answer, because I do not think it is my duty to go and stir up everything to find out faults.

13517. Why?—Because the hospital authorities are always making additions and improvements from time to time, both structural and sanitary.

13518. Now, your duty is to make a report yearly to the governors of the hospital, as to the condition of the hospital?—Yes.

13519. And I must ask you again how can you make that report unless you have inspected the hospital?—Well, I had inspected the hospital.

13520. But you made a report that the hospital was in a satisfactory condition, which in point of fact was not true. I do not mean that you intentionally made an untrue report, but that report was not founded on such knowledge, I understand, as to justify you in making it; how do you justify it?—As regards the whole system of drainage, I admit that it was not founded on personal knowledge.

13521. Then how could you say that the buildings of the hospital were in a satisfactory condition; on what ground did you say that?—The buildings were structurally in good condition.

13522. You did not know whether they were in a satisfactory condition?—I had never heard any complaint from the clerk of the works. It is the clerk of the works' duty to report to me.

13523. You depend upon him, then?—Only partly.

13524. Do you think, if I employ a surveyor to see that the arrangements of my house are satisfactory, and make a yearly report to me, you can say that that surveyor has discharged his duty if he makes a report without having made an examination beforehand?—Not if you put it in that way.

Chairman.

13525. Will you read the other report?—This is dated February 2nd, 1891:—"Gentlemen,—Since reporting to you in last December, I have continued my investigations with regard to the sanitary arrangements and drainage of the hospital, and some portions of the above I have examined in conjunction with Dr. Thorne, and I beg to report as follows:—I purpose in the first place to deal with the sanitary arrangements of the hospital apart from the drainage, and by this I mean the arrangements of the buildings set apart for sanitary purposes, or those that should

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in my opinion be added in order to make these arrangements more complete. I purpose first of all to deal with the ward sculleries in the south-east and west wings. In my report of December last I recommended that the present iron waste pipes and lead D traps from the sinks in these sculleries should be removed, and that lead waste pipes and anti-D traps should be substituted. In the east and south wings the work to these waste pipes is now being done, and they are being fixed outside the buildings. In the ward sculleries I further recommend that the nurses' w.c.'s be removed, and that a separate building be erected for the w.c.'s, connected by a narrow cross ventilated lobby with the sculleries. The w.c.'s themselves also to be cross ventilated. In the sanitary blocks in these wings I recommend that the bathrooms be ceiled over at a level of about nine feet above the floor, and that the top side panels of the w.c. enclosures be removed so as to obtain cross ventilation to the w.c.'s. I also recommend either that the slop sinks be removed and placed in separate enclosures and cross ventilated, as described for the w.c.'s, or that the w.c.'s be made to answer the double purpose of w.c. and slop sink. In the latter case a swivel tap would have to be placed in the rear of the w.c. to be used for cleaning the bed pans. *Drains.* There are two courses open to you, either to retain the present main drains, making good the few slight defects there may be, or to lay an entirely new system of drainage. When I made my preliminary report in December last I stated I had not been able to examine the main drains which are of brick. These I have now had examined and have also personally examined them for the greater part of their length, and I found them to be, although they have subsided slightly in some places, in a good condition structurally, and clean, although some time has elapsed since they were flushed. There was very little foul matter in the main drain and the water flowed freely. There was no evidence of rats having in any way damaged these drains although they have easy access to them from the sewer in Duke-street. On the whole I see no reason for removing these drains unless it be your wish to have a system of drainage quite in accordance with modern sanitary views. The present main drains vary in size from 2 feet by 2 ft. 6 in. to 3 feet by 6 feet, and are in section thus (*showing a figure with sides vertical and the top and bottom rounded*). If the present main drains are retained I recommend that they be cut off by traps before they enter the public sewers and be properly ventilated. If you decide to adopt an entirely new system of drainage, then the existing brick drains must be removed, and glazed, tested stoneware pipes substituted. These pipes should be bedded on Portland cement concrete. The new drains are indicated on plan by thin red lines. It will be observed that they are as nearly as possible in straight lines between manhole and manhole. I have also indicated on the plan how I would deal with the branch drains to which I referred in my report of December last. All these would deliver into trapped and ventilated manholes which would cut them off from the main drains.

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This should be done whether the present main drains are retained or not. With regard to the drainage of the nurses' home in Duke-street, beyond what I advised in my report of December last, I recommend that the sink in the servants' sitting-room be removed to an external wall and made to deliver with an intercepting trap. Also that the sink in kitchen be taken into an intercepting trap, this trap to be flushed by an automatic flushing tank. If these suggestions are adopted there would then be no drains under the floor of this building. In the Little Britain Home I recommend that a ventilation pipe be placed at the cross on plan to complete the ventilation of the drain. In conclusion I beg to state that the works, which you authorised me to proceed with after my report of December last, are now being executed, but the frost has caused some delay.

13526. These two reports, which have just been read, ought to be taken in conjunction one with the other?—Yes.

13527. They are special reports?—Yes.

13528. When will your ordinary report be made?—In February.

13529. That will be made this February?—Yes, the second Thursday in February.

13530. On the second Thursday in February 1890 you made a report?—I did.

13531. What form did that report take?—That is the report (*handing it in*).

13532. Will you first check me and see if I am correct here. This is a report which has to do with the properties of the hospital, as well as any alterations in the hospital buildings you considered necessary?—Yes, or that I had been ordered to do.

13533. But had you suggested, previous to making this report, as to work done that certain alterations were necessary before then?—I believe not.

13534. In fact, do you believe that to be part of your business?—No, unless it is anything very special.

13535. Then this report has to do with certain undermentioned houses which are the property of the hospital, in the New Kent-road, Rahere-street, President-place, President-street, and so on?—Yes.

13536. And then you say that certain other premises "have been surveyed, valued, and let," at certain rents stated. Then you report that the surrender of a certain number of leases and agreements of certain premises was accepted during the year; and then "the two corner blocks of premises in Powell-street and Central-street" you say you have pulled down; these are all outside the hospital?—Yes.

13537. And then there are certain "dilapidations"?—Yes.

13538. Then certain alterations in this property, exclusive, of course, of any in the hospital itself; then certain premises damaged by fire are stated; certain leases and repairs; then there is something about a communication from the board of guardians, and so forth; and a paragraph having to do with the Gaslight and Coke Company; and then we come to what you said on the 11th of February 1890 as regards

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the hospital. Perhaps you will be kind enough to read it. The other matters have to do with the property outside the hospital, and we need not go into them?—"In the hospital itself the following special works have been carried out, in addition to the ordinary works of repair and maintenance:—Two hydraulic lifts have been erected, one in the south wing and one in the west wing. These are now in full working order. The sanitation in Dr. Moore's house has been improved. New lavatories have been erected for the house surgeons at a cost of 64 *l*. Owing to the surgery being insufficiently warmed, an estimate has been obtained for heating the same with hot water coils, at a cost of 190 *l*. 10 *s*. This work is now being carried out. For the purpose of carrying out the scheme lately approved by the house committee, tenders have been obtained for an enlargement of the surgery accommodation, and for the provision of rooms for the surgery nursing staff, by means of additions to the house lately occupied by the curator. The better ventilation of the surgery has also been provided for. The lowest tender for the whole of the works, amounting to 1,915 *l*., was accepted, and the alterations are now commenced. Filter tanks have been erected at Swanley at a cost of 375 *l*."

13539. With that report the governors, or whoever they were, to whom it was addressed, expressed themselves satisfied?—Yes.

13540. And a year afterwards you made a special report upon the sanitary condition of the hospital, which you have just read?—Yes.

13541. And you have mentioned various things which you considered defective, requiring alteration?—I say that they are not up to date in sanitary arrangements.

13542. Not efficient?—No, I beg pardon, I do not mean that.

13543. You say here, "I recommend that they" (that is the main drains, I suppose) "be cut off by traps before they enter the public sewers, and be properly ventilated." Does that mean that they were in this condition in 1890?—Yes.

13544. And do you consider that satisfactory?—No, I consider they ought to be altered.

13545. You consider now that they ought to be altered?—Yes, and have reported accordingly.

13546. But did not you consider it within your province to discover this state of things and report it to your governors?—Except on special instructions, I do not know that I am bound to go into the main sewers.

13547. But you are a salaried servant of the hospital?—I am.

13548. And is it not part of your business to know the system of sanitation?—Yes.

13549. And is not this about as bad as anything can possibly be which you recommend to be altered, when you say that the main drains should be cut off by traps before they enter the public sewers, and be properly ventilated?—No, because the drains from the buildings are trapped before entering this main drain, and all waste pipes and soil pipes are open at the top.

13550. Would you like to have a house of your own in that condition?—If you will allow me to explain, this main drain is equivalent to an ordinary

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dinary street sewer, and provided your house is cut off from that street sewer, which answers in our case to the main drain, you have all that is requisite.

13551. What does this cutting off in that report of 2nd February relate to?—(*The Witness explains it on a plan to the Committee.*) This drain went as far as there, and at that point is one of the places where I recommended it should be cut off from the sewer; but if you say, "Would you like this in your own house?" you can hardly apply that test, because *this* drain is really what would be the street sewer as regards a private house.

13552. Then I will supplement that by asking this question: whether if you had been aware of the state of things that existed you would not have embodied this in the report of February 1890?—I do not know that I should unless anything special had occurred.

13553. Then you would have been content as sanitary officer with the condition of things which you understood existed?—Not if the governors wished to bring everything up to date; in that view alterations were desirable, although in my opinion not absolutely necessary.

13554. Is it not obviously necessary that the sanitary conditions of the hospital should be as good as anywhere else?—Yes, and I think the year.

13555. You think they were?—Yes.

13556. When they were in the condition which you have now recommended to be altered?—This (*pointing to the plan*) is really the main sewer to all intents and purposes, just like the street sewer.

13557. They were in the same condition, were they not, as you found them when you made your special report?—They were.

13558. And now you recommend them to be altered?—I do.

13559. And therefore they are deficient?—So far as they are not up to date.

13560. But they were in the same state in 1890?—Yes.

13561. And were they not deficient then?—Yes, but only in the sense that they were not modern and up to date.

13562. Are you an expert in hospital sanitation; I believe that some people are more expert in hospital sanitation than others?—Yes, I believe some are; I believe I am thoroughly acquainted with everything that is necessary to hospital sanitation.

13563. And to that you probably owe your appointment as hospital surveyor?—No, not entirely. You see my duties are various.

13564. I only wish to know on what basis you were appointed?—I was appointed I suppose because I was thought to be generally suitable for the appointment. You require to have a considerable knowledge of property and also of architecture, besides sanitary matters.

13565. But supposing (I am not alluding to your own position now at this particular hospital) you had a great institution with most extensive buildings, would you not prefer to have two separate officers, one for the property and another a thoroughly efficient expert as regards the drains?—Well, I do not think it would be necessary to divide the offices.

(24.)

Earl Cathcart.

13566. Has it never struck you that there are about a thousand people in that hospital, that a good many of those people, namely, 600, are sick people, and that the hospital drains are therefore peculiarly liable to fermentation; did it never occur to you as one of your chief duties to regard the sanitary state and the condition of the drains in that hospital when you were appointed?—I certainly considered it my duty to attend to the sanitary condition of the hospital.

13567. But do not you consider that it is the most important part of your duty?—I consider it a very important part.

13568. Were you alive to the fact that you had the sanitary supervision of the drainage arrangements and sanitary matters relating to these 600 sick people. You are aware of that?—Yes.

13569. Did you receive from your predecessor drainage plans?—No.

13570. Did you not ask in an old building of that sort for a drainage plan?—I did.

13571. And you found that there was none?—There was a very old one.

13572. Of what date?—I cannot tell you.

13573. Too old for the memory of man?—I do not say that. I do not recollect the date.

13574. Finding that there was no drainage plan within any reasonable time, did it not occur to your mind that it was your very first duty to set to work to make a drainage plan?—It occurred to me that a drainage plan ought to be made.

13575. Then if it occurred to you that such a plan ought to be made, and you had it on your own conscience, why did you not do it?—I have from time to time done so.

13576. Have you a complete drainage plan now in your hand of every part of the building?—I believe the plan now before you is complete.

13577. Those I am accustomed to are made out in a much more elaborate manner than the one you have produced, showing every trap and arrangement there is. It is quite obvious that you know what is necessary. From reading that report it is obvious you knew what your duties were in regard to the alterations required, but it appears you neglected that duty; because you have been there three years, I understand?—I have been in office nearly three years.

13578. And why did you not recommend these things to be altered which you knew to be wrong three years ago, or two years ago, or even one year ago?—With regard to the sanitary blocks, those were put up some 15 years ago.

13579. I am speaking of matters within your own time, if you will confine yourself to your own time. The obvious answer is that you had not made any particular inspection; it is obvious that you had the knowledge?—No, I did not make any special inspection.

13580. I take it from you that the reason nothing was done immediately upon your appointment was that you did not really make an efficient inspection of the drainage works until your attention was called to it by this outbreak of diphtheria?—I did not make such an inspection as I have now made.

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13581. But did it not occur to you ; it must have occurred to your mind that something of the sort ought to have been done upon your appointment, as you found no efficient drainage plan?—It takes some time to prepare such a plan.

13582. Did you suggest that such a plan ought to be made?—I spoke to the clerk of the works about it.

13583. But the clerk of the works is an officer subordinate to yourself, is he not?—Yes, but he has been there 20 years.

13584. He may have been there 20 years, and he may have been there too long, and got careless about the matter ; did you ever report this to the treasurer or to the clerk?—No, I did not report these things either to the treasurer or to the clerk.

13585. With regard to what you have done now, do you consider it sufficient and satisfactory to make it safe for the present?—I do.

13586. I will ask you a question which every practical man in London will understand at once : Will your sanitary arrangements stand the smoke test and the water test all over the building?—Those I have tested have done so.

13587. That is not an answer to my question. My question is, would all the different apparatuses which ought to be tested all over the hospital, bear the smoke and water test?—So far as I know, I believe they would.

13588. And it is your belief that these appliances which you have lately been working at will all bear such a test?—I am sure that they will.

13589. And that you may reasonably suppose that that will last over a reasonable time?—I am certain of it.

13590. I will take that as your answer?—I shall be very pleased for anyone to test them. I may say that I tested the Duke-street Nurses' Home with the smoke test.

13591. And the other with the peppermint?—Yes.

13592. The smoke test is the more effective? Sometimes.

13593. My question is, will all your appliances all over the hospital stand the smoke and water tests if it were to be applied at this moment?—All those that I have inspected I believe would.

13594. Then I may take it from you that you have not inspected all the appliances to this day?—Not in some parts ; in what I call the hospital proper I have, but not the officers' houses.

13595. Every practical man will agree with you that the appliances you have mentioned in your report are old fashioned?—They are.

13596. Did you ever hear of the Derby experience, where the patients and doctors last year, or the year before, were all driven out by the rats?—No, I did not.

13597. Your main drain is a brick drain?—It is.

13598. And is that brick drain parged inside?—No, it is not ; they are a very hard stock brick.

13599. Good old bricks?—Yes.

13600. But the very best brick drain is liable to all sorts of inequalities which will stop the flow of the fluid?—It may be so.

Earl Cathcart—continued.

13601. And it is round on the section?—At the top and the bottom it is round on the section.

13602. If you put in a modern drain it would be ovoid on the section?—Certainly.

13603. And that is very advantageous in getting off the drainage matter?—Yes, it is.

13604. Your main drain of all you mention as going into Little Britain ; is that ventilated?—No.

13605. Why was it not ventilated by you, as you had it in your power?—We could not ventilate it in its present state.

13606. Why not?—Because we should ventilate the whole of the city ; it is the highest point in the city.

13607. Did it ever occur to you that it ought to be cut off?—I have recommended that it should be.

13608. Would you be surprised to hear that that is the first thing I should have suggested, cutting off that drain?—I have suggested it and it is under consideration.

13609. You have only suggested it since this epidemic broke out?—That is so.

13610. Ought you not to have suggested it on your arrival at the hospital?—If I had gone into the sewer.

13611. Or employed other people to go into the sewer?—I do not believe in employing other people.

13612. If you had exercised your imagination, anything would have been better than standing still. Can you fix the age of this brick drain?—I cannot ; I believe it was made in 1829, but I am not certain.

13613. Then there is a matter of the very greatest importance which must not be overlooked ; I gather from you that many of the drains of the hospital run underneath the building?—No, not a great many.

13614. There are some that do?—Yes.

13615. Now from the sanitary point of view, and speaking as an engineer, is not that absolutely wrong that any drain should be within the building?—Yes.

13616. It ought to be outside?—Yes, it should be.

13617. Why did you not recommend that it should be taken outside?—With regard to this one drain—

13618. There is more than one ; there are a good many?—Pardon me ; I do not think there are a good many (*referring to the plan*).

13619. There is a big main drain that runs underneath the building?—Yes.

13620. But I am talking now of the ward drains?—There are no ward drains underneath the building ; they are all outside the wards.

13621. On your reputation as an engineer, you would say it is a wrong thing to have drains running through a building?—Very undesirable.

13622. And a wrong thing to have a main drain like that running down underneath the surgery ward?—No, it is under the surgery, not under a ward.

13623. And that is connected with the surgery ward, is it not?—No ; it is close by.

13624. You admit that that is a gross defect?—I do not. But I should not so construct it.

13625. Why did you not point out that gross defect when you came into office?—I was not aware of it.

13626. Was

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Mr. F'ANSON.

[Continued.]

Earl Catheart—continued.

13626. Was it not your duty as the sanitary officer to have made yourself aware of it?—It is only during this inspection I found it out. May I mention this fact, that drain is 10-ft. 6-in. below the basement of the surgery; and therefore, in my opinion, it is not at all dangerous.

13627. What is the soil above it; what is the nature of the soil?—It is made earth I should think; but it is under a cellar that it runs; it is 10-ft. 6-in. below the floor of that cellar, which is brick vaulted.

13628. But what is the nature of the soil upon which the hospital is built?—I do not know.

13629. Now I ask you as an engineer, if you are a competent man, to tell me what sort of soil it is; is it a pervious or an impervious soil, on which the hospital is built?—I really cannot answer that question.

13630. Do not you think that that is a question on which I ought to have an answer from you? The first question I should ask if I were going to make a house is, what is the nature of the soil?—Yes, if you built a new house.

13631. Has it never occurred to you during the three years you have held your appointment to inquire what was the nature of the soil on which the hospital is built?—No, it has not.

13632. Now in your opinion (I will take it now for such as it is; I do not know that it is worth while asking you) ought it to be an entirely new system of drainage if it was not a question of money?—If you wished to bring it quite up to date it should be re-drained.

13633. But my question is, considering that you have 600 sick people collected on that piece of ground, is it your opinion that that system of drainage ought to be commenced *de novo*?—I think it would be desirable, though I can discover nothing wrong with the brick drainage.

13634. In your opinion as an engineer, ought that system of drainage to be begun again *de novo*?—Yes, I should prefer to do so, though I do not consider it absolutely necessary.

Lord Zouche of Haryngworth.

13635. Do we understand that at, or soon after, the date of your appointment, you did suggest to the clerk of the works that either a plan or an inspection of the drains should be made?—I asked for a plan of the drains, and I asked what condition the drains were in.

13636. And what was the reply made to that?—I was told that they were good, and a plan of the drains was produced to me.

13637. But what plan was produced, a modern one?—No, a very old plan.

13638. Did you suggest that a more recent plan should be drawn out?—I said it would be most desirable to get a better plan of the drains.

13639. And that was refused, was it?—No, I never communicated that officially.

13640. You suggested it?—I said to the clerk of the works that it would be most desirable if we got a proper plan made.

13641. You said it was old?—It was before the present clerk of the works came there.

13642. And he has been there 20 years?—Yes.

13643. We do not understand that you have suggested that this new plan should be made?—I said in my report that if it is the opinion of the

(24.)

Lord Zouche of Haryngworth—continued.

authorities that the drainage should be brought quite up to date, a stone-ware drain ought to be laid.

13644. But my question applied to before the date of your report?—No, I did not do so before.

13645. You made no suggestion whatever?—I did not.

Earl of Lauderdale.

13646. Is this a complete plan of the drainage now?—I believe so.

13647. There may be drains still existing that you know nothing about?—Possibly; you see it is a very old place.

Earl of Kimberley.

13648. It is quite possible, is it not, that the plan of the thing is not quite carefully done; may be imperfect?—It is possible; but I believe it to be so, as far as I can tell.

Earl of Lauderdale.

13649. But you have not examined the drains sufficiently to be able to say that it is a perfect plan?—I could not do so without taking up the whole place. I think I have made every investigation required for the purpose.

Lord Clifford of Chudleigh.

13650. I see in your report on the 2nd February of this year, you begin the part which deals particularly with drains: "There are two courses open to you, either to retain the present main drains, making good the few slight defects there may be, or to lay an entirely new system of drainage"; do I gather from that that your opinion was that the existing state of the drains, with the exception of the few slight defects, was good as far as the system went?—Yes.

13651. And that there was nothing really prejudicial to health in the existing system?—That is my opinion.

13652. But that it would be a more perfect system, and it would be better to take the whole thing out, and put a system more in accordance with modern ideas?—Certainly, we should never think of laying a drain like that now.

13653. And you thought that question was not a question of necessity, but a question really of the expense and improvement?—Well, that I left to the governors to determine.

13654. But I mean to say you meant to point out to them that the state of the case was one for improvement and not for an absolutely necessary alteration?—Well, I do not consider it absolutely necessary to pull up that bricksewer.

13655. There is a great deal of difference in the representation that is made by a surveyor upon any thing that requires alteration as to whether it is a thing that is a necessity or simply an improvement that he recommends?—Pulling up all the brick drains would be a very serious matter.

13656. What I mean is this, you might have found in the system defects which you considered it your duty to recommend should be immediately obviated?—Yes, and I have done so.

13657. But that was with regard to what you call the "slight defects"?—Yes.

13658. But with regard to the system of drainage

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Mr. I'ANSON.

[Continued.]

Lord Clifford of Chudleigh—continued.

drainage you thought it was in workable order but not in the most approved modern plan?—That is so.

13659. Does not the clerk of the works inspect the drains, and from time to time clean them out, or do anything to them?—His man does.

13660. And therefore I suppose he reported to you from time to time that the drains were in good working order?—Yes; I was constantly asking about it, and I had no reason to suppose they were not in good order.

13661. How often do you suppose he would do that?—They would be flushed I think about every three weeks, or oftener in the summer time.

13662. Would he ever use any test to see if there was leakage?—His man would report if there was leakage.

13663. How would he find out?—The drain would be defective and it would not hold water.

13664. But are there not defects in drains that you cannot tell without some smoke test, or something of that sort?—You could not possibly apply the smoke test to the brick drain.

13665. It is not to the brick drain that I mean?—You are talking of the other drains; they are not brick drains.

13666. But are they tested by any means to know whether there is any leakage or not?—You could block them up and test them with water.

13667. But do they?—No; and some you could test with smoke but not all.

13668. As a matter of fact they do not test them?—I am not aware that they have.

13669. As regards this brick drain which you recommend should be ventilated, and which you compare to an ordinary street drain, is not an ordinary street drain ventilated?—Yes, sometimes.

13670. In most cases?—In the case of a street sewer you ventilate it into the street.

13671. And this drain in the case of the hospital differs from the main drain of a street inasmuch as it is not ventilated in the same way that a street drain is?—No, it is not; it would probably ventilate into the hospital buildings if it were so treated.

Earl of Kimberley.

13672. Are any of these drains at present ventilated in the hospital; I am not referring to your recommendation?—Certainly; all the soil pipes I may say are open at the top, and all the drains of the Nurses' Home are ventilated, and in the surgery wards also.

13673. By pipes going to the top of the roof?—Yes (*producing a plan*). There is an outlet ventilation there (*pointing*).

13674. Is that above the roof?—Yes, right above, with a cowl on it. Then there is a man-hole there (*pointing to the plan*); the other side of that is a syphon trap or U trap, and there is an inlet there, and there is a pipe, and I believe that drain (*pointing*), to be thoroughly ventilated. It is a stone ware drain and *this* also is stone-ware.

13675. Does the rain water communicate with the drain?—It is carried into the drain.

13676. Have you made a separate system for the rain water?—No, that has not been done.

13677. And for the drinking water; is that cistern quite separate from the other cisterns?—Quite.

Earl of Kimberley—continued.

13678. Are the cisterns in which the drinking water is kept cleaned from time to time?—Yes; I believe so.

13679. Whose duty would it be to see that they were cleaned?—The clerk of the works.

13680. Could you tell me how often they are cleaned?—No, I could not.

Earl Cathcart.

13681. Are the water tanks for the supply of water inside or outside the building?—They are up at the top of the building, but covered in.

13682. No means of germs or anything of that sort getting to them?—No, I should say not.

13683. What water company is it?—I do not know. (Mr. W. H. Cross.) The New River Company. And the water tanks are cleaned out every half year.

Lord Monkswell.

13684. (To Mr. I'Anson). When did you begin the present drainage plan; you say directly you were appointed you thought there ought to be a drainage plan; you found an old one which you thought of very little use, but did you begin to make a new one?—This plan I have now, I have made lately, but it is taken from plans in my possession and the old one.

13685. When did it occur to you that there ought to be a new plan?—It occurred to me some time ago.

13686. When did you first begin working upon it?—Only two or three months ago.

13687. After this outbreak of diphtheria?—Yes.

13688. And you say that you would not have made these recommendations unless something had occurred; then I suppose it would not have occurred to you to investigate the main drain unless something had happened?—No, not unless some complaint has been made to me by the clerk of the works, or by any one else.

13689. You knew, I suppose, that this main drain was a brick drain?—I did.

13690. Would it not occur to you that it would be very liable to get out of order and that it might be very dangerous unless it were of peculiarly good construction?—I was informed that it was of peculiarly good construction.

13691. And you took that on trust?—I did till lately; but now I have confirmed it by personal inspection.

13692. Did you not ask the clerk of the works or his man to tell you about it?—Yes; they told me it was in good condition; but then I went down myself.

13693. After the outbreak?—Yes.

13694. Do you know how old this is?—You must not take this as quite correct, but I believe it is since 1829. I know that there were considerable sanitary alterations in the hospital at that time; I believe up to that time they had cesspools.

13695. Among other things which you found out to be wrong, and which Dr. Thorne found out to be very wrong, was the proximity of the water-closets to the ward sculleries, and you reported very properly that those water-closets ought to be removed; but do not you think you ought to have made that recommendation at all events

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Lord Monkswell—continued.

events before, even if you did not suggest any alteration in the main drain?—Possibly I ought; but no complaints of any kind were ever made as regards the water-closets to me. Of course it is not a nice thing to have a water-closet next to your room, but there are many houses in this country that have.

13696. I suppose you have gone round and noticed yourself that there have been bad smells?—No; on the contrary, I have never smelt them.

13697. Have you gone round?—Yes.

13698. And never smelt anything in the sculleries?—Only when I tested the sinks; but they were entirely disconnected from the drains in every way, and the smell arose from the accumulation of dirt in the large D traps; they were peculiarly large.

13699. So that, though they might be unpleasant, you saw no reason to suppose they might be dangerous to health?—No, the sisters have never complained to me of any nuisance at all.

13700. Or anybody else?—No; the sisters would be the people, or the nurses.

13701. Or the doctors?—They would not complain to me, but to the treasurer; but the doctors, as far as I know, made no complaint.

Earl of Kimberley.

13702. Is not an old brick drain as old as this one, which is probably 50 years old, liable to become soaked with sewage?—Not if the bricks are good.

13703. But, as a matter of fact, is it not very often the case that sewers, which were constructed by good builders, do become soaked with sewage after a certain time?—They are liable to it if the bricks are soft. Of course, every brick is more or less porous, even the hardest brick; I do not know whether black bricks are, but almost every brick, certainly bricks of that period, would be more or less porous.

Earl of Kimberley—continued.

13704. In your experience, have you not seen brick drains that, when taken up for the purpose of having a pipe drain substituted, have been found to have been saturated in that way?—I have. The public sewer in Duke-street, Little Britain, is not in nearly as good a state as that of the hospital; that also is a brick drain.

Earl Cathcart.

13705. The great danger in the barrel system of draining is that the superfluous room causes the sewer gas to get a greater volume of power, and it becomes a sort of pop-gun, in fact?—I do not think it would have time to accumulate in this sewer, it is flushed too often.

Chairman.

13706. You are the subordinate official of the court of almoners and treasurer are you not?—I am.

13707. And you present that report of yours annually, such as we have seen your 1889 and 1890 reports to be?—I do.

13708. No unfavourable comments have been made upon those reports?—No.

13709. And therefore that being the case, do you consider that you have carried out your duty to your employers?—I thought I had done so.

13710. That your responsibility had ceased as regards the works of that year if they approved of your report; is not that it?—I should think they were satisfied, but, unfortunately, my responsibility never ceases.

Earl of Lauderdale.

13711. Is the 1891 report out also?—Yes (*handing in the same*).

Chairman.

13712. Is there anything else you wish to add to your evidence?—I think not.

The Witness is directed to withdraw.

MR. ROBERT BARNES, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

13713. You are a general practitioner in London, are you not?—A physician.

13714. And will you tell us the various qualifications that you hold?—I am Fellow of the Royal College of Physicians and Fellow of the College of Surgeons, and I have been Censor of the College of Physicians; I have been physician to the Metropolitan Free Hospital, the London, St. Thomas's and St. George's; and I am now consulting physician to St. George's Hospital in my department of obstetric medicine.

13715. These are all general hospitals, are they not?—Yes, these are general hospitals. I am also consulting physician to the Chelsea Hospital for Women, and I have held several other appointments.

13716. I will read them out and ask you to say whether they are correctly stated. You are consulting physician to the Seamen's Hospital?—Yes.

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Chairman—continued.

13717. To the East London Hospital for Children?—Yes.

13718. To the Hospital for Epilepsy, Paralysis, and other Diseases of the Nervous System, in Regent's Park?—Yes. I served 15 years as physician to the Seamen's Hospital, the "Dreadnought."

13719. With regard to these last, the Hospital for Epilepsy and those diseases, the Hospital for Women, and the Hospital for Children, those would be what are termed special hospitals?—Yes.

13720. I should be very glad of your opinion as to the respective merits of special and general hospitals?—I should say generally that they supplement each other; you cannot do exclusively with general hospitals; the special hospitals are necessary to make up the deficiencies which the general hospitals cannot supply.

13721. As a rule are you in favour of all special hospitals?—I should say there may be
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[Continued.]

Chairman—continued.

good and bad. I am quite prepared to admit that that there may be special hospitals that are not necessary, but I should not be able to name them. Most of those that I have known arose out of the force of circumstances. Will you allow me to hand you a list of those special hospitals which I have drawn out from the "Medical Directory"?

13722. Will you read it?—In the first place, there are six, what I call, supplementary general hospitals without medical schools: the French, the Italian, the German, the Great Northern Central, the Metropolitan Free, and the West London Hospitals. These are general hospitals that have no schools attached; they may be considered to be supplementary, providing for the needs of outlying districts. Then there are 10 special hospitals for children with 505 beds, and one for children for hip disease with 50 beds; four special hospitals for the diseases of women, with 225 beds; for consumption there are four hospitals with 615 beds. Then the fever ones are distinguished in a particular manner. There is the Fever Hospital at Islington, which has 200 beds; then there are five metropolitan fever hospitals; they are under public management, that of the London County Council, or a public body; those five hospitals contain 2,141 beds, which are necessary as a sanitary provision; the Small-Pox Hospital, with 108 beds; one for heart disease, in Soho-square, with 26 beds; three hospitals for incurables, with 301 beds. Then there is a hospital of a similar kind, St. John and St. Elizabeth, with 50 beds; the Lock Hospital for syphilis has 240 beds. I am not aware that there is any more than that one. Then there are three hospitals for lunatics, especially, Bethlem, St. Luke's, and the City of London, which is situated in Dartford; but it is a London hospital. Those two hospitals carry 656 beds altogether without the Bethlem. There are six lying-in hospitals for women, with 175 beds; and a large number of women are delivered in the workhouse lying-in departments of infirmaries. That would not count in the hospitals. Of ophthalmic hospitals there are five, with 195 beds; orthopædic hospitals three, with 118 beds; the one for stone, with 24 beds. Then there is the Seamen's Hospital, to which I was attached; the Greenwich Hospital, the main one, has 225 beds. They have opened a branch in the Albert Docks to supplement it, to be on the spot where accidents occur. It provides 14 beds. Then there is a hospital for accidents in the neighbourhood of the Docks at Poplar, which is an extremely necessary one, with 51 beds. For the throat and ear there are four hospitals with 52 beds; three for skin diseases, with 55 beds; one for cancer, with 120 beds; and for fistula two, with 42 beds. Now I do not pretend to say that that is complete, but as far as it goes it is fairly correct. Those special hospitals and the supplementary general hospitals without schools, and the lunatic hospitals, give a total of 6,494 beds.

13723. Do all those hospitals apply for voluntary contributions to the public?—I think Bethlem does not; it has funds like St. Bartholomew's; the Metropolitan Fever Hospitals are maintained out of the rates.

Chairman—continued.

13724. Do you know whether a greater number of these hospitals have sprung up of late years?—They mostly have, I should think, within the last fifty years. The lunatic asylums are much older than that, and the Small-pox Hospital is of long standing; two or three of the lying-in hospitals have been in existence over 100 years certainly. With regard to the consumption hospitals, one or two of them have been in existence for a good many years now; the Seamen's Hospital is of 70 years' standing; and one ophthalmic hospital, the one in Moorfields, has existed for over 80 years certainly.

13725. Now, do you consider that the majority of these hospitals treat their cases better, or I will say, have better facilities for treating their cases, than the large general hospitals?—That is the reason why they were founded undoubtedly.

13726. But does that reason apply as much now as it did 30 or 40 years ago?—I think more strongly.

13727. Could you give your reasons for that opinion?—The general hospitals have not built special wards and appliances for special diseases; they cannot admit more than a certain number. Take the case of diseases of women; they cannot possibly devote space enough to them to admit any number; and all the school hospitals have established departments for that for the sake of teaching; the examining boards require it, and the students must have some instruction in the matter; but it is imperfect. The number of beds devoted to the purpose by the surgeons and physicians is very small, not at all sufficient, and therefore it must find more outlet outside.

13728. Then the special hospitals, according to you, are owing to the want of accommodation in the general hospitals?—Very much for that reason; and also because the physicians to whom these special departments are entrusted have not sufficient authority; they are under the command of the staff of surgeons and physicians who exercise their authority in rather an arbitrary manner. An obstetric physician, for example, I know can hardly have a choice of cases; he must accept what they choose to give him in the way of beds for those cases; he has not free scope and hand.

13729. Even of the special cases that ought to go to him; he can only get a certain proportion you mean?—He is not allowed to treat them in some hospitals; the moment it comes to an operation they are to be handed over to the surgical staff; therefore he cannot pursue the practice with anything like success or satisfaction. In my own case I undertook office at St. George's on express condition that I should be allowed to operate.

13730. Are these obstetric physicians members of the staff of the general hospitals as well?—They are members of the staff. The obstetric physician stands alone in helpless minority; in some cases there is an assistant, not always.

13731. Is he at the same time on the staff of a special hospital sometimes?—Very often; almost always. That applies to all specialities.

13732. Is he allowed to operate in the special hospital?—Yes, they do that; outside, the staff of a general hospital have no authority over what a man does.

13733. But

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Chairman—continued.

13723. But if he is not allowed to operate in a general hospital, is not that because he is not supposed to be sufficiently competent?—That may be so in one or two cases. I presume that the surgeons at Bartholomew's would seek justification on that ground.

13734. Would a man be allowed in a special hospital to operate?—In a special hospital they do operate; the same man who cannot in a general hospital.

13735. Do you mean that in a special hospital they would allow a man of inferior capabilities to operate?—No, not by any means. I can give some striking examples to the contrary.

13736. And why are they not allowed to do so in the general hospitals?—The general hospitals were founded upon an old principle; they adhere to the idea that medicine is general and surgery is general; and specialities have been springing up of late years, and they have not yet got a sufficient footing in the general hospitals, and the staff of the general hospitals are really rather jealous of them.

13737. Then do you think that the real business of a general hospital is more dealing with accidents and such urgent cases as present themselves?—I think it must be so; at the same time I quite approve of having special departments in them, with some little instruction in those departments: but it can never be complete or quite satisfactory.

13738. You consider that the special cases are more skilfully treated in the special hospitals than in the special wards of general hospitals?—Certainly, that they are more freely treated and better conducted there.

13739. Some of these special hospitals are very small indeed, are they not?—Some are small.

13740. We will take several of them that I have here, taking this return of the Charity Organization Society for what it is worth. Here is a hospital in Vauxhall Bridge Road for fistula, with seven beds?—That I know nothing about.

13741. Then there is an ophthalmic hospital with 14 beds?—Yes.

13742. Then there is a skin hospital with 10 beds, and another with 12 beds. Then there is a miscellaneous hospital, called Lady Gomm, with six beds, and a good many hospitals with about that number of beds. In your opinion are those useful?—I think some of those might be dispensed with.

13743. So that although you favour special hospitals in principle, you think at the same time there are no doubt some that we should be quite as well without?—Quite; I quite admit that.

13744. Have you ever thought of any method by which we could check the growth of new ones?—No, I have not; it must be left to the public judgment.

13745. Have you any fear of special hospitals springing up as speculative undertakings?—There are two or three examples, I think, pointing that way, but I think they do not go very far; they are very soon pulled up by public or professional opinion; they do not go very far in the way of abuse. I have heard of massage-hospitals.

13746. At the same time, is it not a fact that a certain amount of good money which would

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Chairman—continued.

find its way into general hospitals, or good special hospitals, finds its way to them?—To a very small extent; I do not think that applies to the vast majority of these special hospitals here.

13747. Do the special hospitals, as a rule, take payment for patients?—Not as a rule, but many do, and so do some of the general hospitals.

13748. Now, which of these do you consider the most useful; for instance, a hospital for hip disease, what do you say as to that?—Those chronic cases cannot be treated in a general hospital; they would encumber the wards and crowd out more urgent cases.

13749. Then a hospital for hip disease is a sort of home for incurables?—Yes.

13750. Now the Children's Hospital, do you consider that a good kind of special hospital?—I do not think those hospitals could be done without. There is the greatest possible use in them. The East London, for example, is a great institution.

13751. You prefer the special hospitals for children to having wards in the general hospitals for children?—They could not accommodate enough in the general hospitals. They have a ward for children at St. Thomas's over the way, and a very admirable one it is; but if the work extended they would exclude more important cases, grown up cases. In the east of London, where the only hospital of any importance is the London, they must supplement it by other hospitals, and the Children's Hospital there was founded by a pupil of mine, Mr. Heckford, out of pure philanthropy. He went to live in it and spent all his money on it.

13752. Now, special hospitals for women you said were necessary?—Quite necessary.

13753. Do you consider hospitals for cancer quite necessary?—I can hardly say. You see cancer cases are chronic, and all chronic cases would encumber the general wards of big hospitals, and some special arrangement is desirable. Then, again, one of the reasons for these special hospitals is to afford men of ambition an opportunity of studying the diseases more carefully than they can in the general hospitals. By that means medical science is improved, and humanity is certainly somewhat succoured. That is at the root of many special hospitals.

13754. You think they are useful for education?—Yes.

13755. Supposing a new general hospital is built, should you be in favour of a large general hospital, or one within certain limits?—One of moderate size. Large hospitals are open to great danger from crowding, and difficulty in drainage and ventilation, and arrangements of that kind. The proper plan for a large hospital is to have it in blocks spread over a very large area, and that becomes almost impossible in London.

13756. You mean with the wards on only one storey?—Only one storey, or two storeys at the outside; that involves an enormous spread.

13757. Have you ever considered the advisability of removing some of the large general hospitals into the country?—I have often thought of it. It was discussed very earnestly about this place over the way, St. Thomas's, at one time; but the difficulty is that hospitals must be available for the casualties and the emergencies of a large

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large dense population, and that could not be carried out in the country; it would be only cases comparatively chronic, or on their way to convalescence, that could be accommodated outside. Take St. George's Hospital, to which I am attached as consulting physician and life governor; it is a fashionable neighbourhood, but at the same time of extreme importance for accidents; it could not be carried into the country; Hyde Park supplies a considerable number of accidents there.

13758. Would it not be possible to have a sort of out-patient department there on a larger scale and have the more permanent cases in the country?—You must have some provision for urgent cases in London; but I think a larger out patient department might be useful; but there is a strong feeling against that at St. George's, and a feeling that it ought to be restricted; they want to restrict the out-patient department, and they do restrict it to 15 new cases a day, I believe.

13759. We have had that explained to us. Then do I gather this from you, that you would like to see the big hospitals in the country, were it not for the urgent cases?—If it were not for the urgent cases, excepting for another strong reason indeed, that you cannot have the education of pupils in medical schools carried on away from their clinical work; and chronic cases in the country would not answer their purpose.

13760. Then would there not be difficulty also in securing the medical attendance in the country?—That is a difficulty, undoubtedly; although, of course, with the facility of locomotion now, it is less than it would have been. I, myself, would not not have gone into the country to attend a distant hospital on any account.

13761. Have you ever been able to compare the attainments and knowledge shown by the medical men in the special hospitals with those shown by those in the general hospitals?—I think they can more than hold their own at the special hospitals. Good men have been excluded from the general hospitals out of feelings of jealousy, or something of that kind; and some of the most able men have been driven to fight for their reputation outside. I might mention three or four striking names if it is thought desirable.

13762. Yes, if you please?—When this new building over the way, St. Thomas' Hospital, was building, they were waiting to fill up the vacancies that were occurring on the staff; it was known that they wanted a staff, and three surgeons were to be appointed. The men who were rejected were Sir Spencer Wells, Mr. Lawson Tait, and the late Mr. Edward Bellamy.

13763. What became of them?—They went and fought their fight outside. I think we all know what Sir Spencer Wells has been, and Mr. Lawson Tait is now, I suppose, the foremost and most enterprising surgeon living. He went to Birmingham and special hospitals.

13764. Are there any facilities for teaching in special hospitals?—Yes, they can teach their own departments; not general medicine, of course. The Ophthalmic Hospital especially, the lying-in hospitals and the women's hospitals have students attending,

Chairman—continued.

13765. As to some of these small hospitals, which you say we might be just as well without; they are of no use to education?—They are of use in supplementing what the general hospitals cannot teach. A number of men who have been house surgeons, distinguished pupils at the general hospitals, where their education is supposed to be completed, will go and spend some time either as assistant or house physicians in these special hospitals; they are glad to get these appointments, and so to get experience, which they cannot get in the general hospitals.

13766. Can the general hospitals keep pace with medical science now-a-days?—Not alone in the present day. In gynecology and ophthalmology progress is almost entirely the work of men attached to special hospitals.

13767. And that is one of the advantages of the special hospitals?—Yes.

13768. But is not observation easier in a general hospital?—No; take a very large hospital like St. Bartholomew's with a large number of students; the beds in a special department would be too few to admit of students approaching the beds, or to enable them to get the experience; the students would be too crowded. They want to be detached, as it were,—to go off into detachments, to take certain cases at special hospitals more carefully where there is more opportunity for following them.

13769. Now, are you in favour of hospitals for the throat and ear?—I think that kind of hospital has been of great service.

13770. To the public or to the profession, do you mean?—Certainly for those who are attached to it, the officers; but also for the public. It has enabled them to follow up a system of observation which they could not do in the general hospital. Now, take the London Hospital; Sir Morell Mackenzie, for example, was physician to the London Hospital, but he did not find scope enough there and went elsewhere; so with others.

13771. And you do not, as I judge from what you have said just now, seem to fear any abuse from the springing up of these hospitals?—There may be abuses here and there undoubtedly; I cannot dispute that for a moment.

13772.—Would you like to see any controlling body who should determine whether the building of an additional hospital should be sanctioned or not?—I have often considered the question of central control. I was educated in Paris, and saw that all the hospitals there were under central control; and my opinion is that it worked badly, and I think strongly that the very essence and spirit of English philanthropy in hospital work is independent free action. It answers infinitely better and does more good, and I should trust to the general public opinion pressing upon that.

13773. But it goes so far in Paris that you cannot buy any stores except at the central dépôt, and all the doctors come from the central dépôt, and the beds are allocated from the central dépôt?—Yes, the beds are distributed from a central bureau,—not absolutely; they can in case of accident go in directly.

13774. But suppose you had some sort of body in London whose duty it might be to recommend or hinder the building of these hospitals, and supposing

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supposing that some sort of license had to be obtained for the for the building of a new hospital, granted by the Local Government Board or some council, and that there was a committee or central body exclusive of all Government interference, who could say whether they considered this hospital necessary, and could audit all the accounts of the hospital, and lay some basis on which they could be drawn up, and who could do many other things connected with hospital work, would you think that good?—Yes, I should think that would be very desirable.

13775. Beyond Government interference?—Yes.

13776. You would not like to see Government officials in the London hospitals?—I should like as much freedom, free, independent action as possible; but I think some general control and supervision would be useful.

13777. I understand you to mean by a body outside the Government?—Yes, outside the Government.

13778. You would be afraid of Government interference, because you would fear that if allowed it would stop the flow of philanthropy?—Yes; and outside the medical profession. I think the general public ought not to be controlled in their philanthropy in that way.

13779. You said that jealousy on the part of the staff in general hospitals now and then interfered with the freedom of action of medical men; ought that to occur in a well-managed institution?—Institutions go on acting on old traditions as it were. You have heard about St. Bartholomew's to-day; they will not admit anything like free action on the part of the obstetric physician; they will not allow him to operate; when it comes to an operation they call in a surgeon who knows nothing of the case. Medicine cannot improve under those conditions, and that is why men of true spirit seek work outside.

Earl Cathcart.

13780. I think you mentioned that you knew the lock hospitals very well?—I knew one of them many years ago.

13781. There are only two?—I was not aware of more than one.

13782. There is a male and a female?—Yes, just so.

13783. And you are aware that the male hospital only has about 13 beds occupied, and the female hospital only 141 beds; that can hardly be adequate to the treatment of those cases in London?—By no means equal to it; but I think all the hospitals in London take in syphilitic patients.

13784. We are told that they do not take in primary cases, except in the out-patient department?—Yes; I do not see how they can accommodate them as in-patients, and many do not require in-patient treatment.

13785. Are you aware that they have just built a new hospital at Liverpool, in connection with the new hospital there, for syphilis, with 100 beds?—I have heard of that.

13786. And they attribute the greatest importance to their treatment?—Yes, no doubt; (24.)

Earl Cathcart—continued.

but that is a seaport, and a number of cases come there.

13787. You mentioned your having a connection with the Seamen's Hospital; were you a medical officer of that institution?—I was physician for 15 years.

13788. You know Mr. Michelli?—Yes; I know him well.

13789. You consider him an able man?—Yes.

13790. Would you consider that the system of accounts laid down in his book would be a useful thing to study for anybody interested in hospital accounts?—I have not gone into the accounts.

13791. Are you aware that that new institution of which you spoke just now has 14 beds; you were not quite sure of the number?—I am obliged for the information.

13792. The one in connection with the Albert Dock, I mean?—Yes, I was at the opening of it.

13793. You do not agree with what was told us here that an enterprising doctor, a speculative solicitor, and, if they could obtain one, a member of the Royal family, would easily set up a flourishing special hospital?—I do not think that.

13794. But do not you think that many of these institutions are rather founded for the good of the doctors; so it has been suggested to us?—I have no doubt that some of them are started by the doctors.

13795. In their own interest?—In their own interest.

13796. And they have been called private adventure hospitals?—That may apply to a very few cases.

13797. The Lady Gomm Hospital of which you spoke, we were told is a handy cottage hospital, doing good work near a dock where it is much wanted for cases of accidents?—I can quite understand that.

13798. A hospital of that sort attached to a dock might be exceedingly useful?—Yes, like the Poplar, for accidents.

13799. Sir Morell Mackenzie told us that the Throat Hospital takes payment according to what the patient likes to give?—Yes.

13800. You were asked about the teaching in a special hospital; that teaching we were rather led to believe could only take place after the student had passed an examination; that the people who went to the special hospitals were people who had finished their curriculum and would go there to get special instruction?—That is generally the case.

13801. But a young man working at St. Thomas's would not have time to run up to Soho Square to a special hospital?—He could not.

Earl of Kimberley.

13802. You said that you were favourable to some central body which should have a general control over the London hospitals; how would you constitute that?—I am afraid that question is beyond my capacity to answer off-hand.

13803. You also said that you should not wish it to be connected with the Government; but something was said as to the county council; should you approve of that?—I should not be inclined

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Earl of Kimberley—continued.

inclined to trust the county council at first entirely.

13804. Practically the county council is the municipal government?—Yes.

13805. You have not considered whether such a body might be elected by the different hospitals?—That might perhaps be better.

13806. So as to keep it free from any connection with the Government?—Some little control of that kind has been exercised by the Hospital Saturday and Sunday Fund by distributing, according to their judgment of merit; and I have understood that they would like to exercise more direct control; but how far that would work I cannot say.

13807. Might it not be possible to lay it down as a law that no hospital should be opened in London without a certificate that it was properly equipped and fit to be used as a hospital?—If that law had been in operation 30 years ago it would have stopped the development of many very useful institutions.

13808. Why?—The control might have been arbitrary; one cannot tell in what way and on what principles they would have exercised that power.

13809. Supposing there were to be a limitation as to the number of beds, do you think that would be well?—It might be useful; no hospital should go beyond a certain number.

13810. But taking the other end of the scale, would it be useful to say that no hospital should be opened which had not a certain number of beds?—Everything must have a beginning, and a small number of beds may be usefully devoted to a necessary object with a view to development. No hospital starts at once fully equipped or is started by the public with funds enough. All the special hospitals have begun as small buildings, and have then been enlarged by building special hospitals for them. The Samaritan, and the Chelsea Hospital for Women, have both been extended by building new hospitals; they could not have been started on that scale; and that applies to the others.

13811. Have you turned your attention at all to the poor law infirmaries as at present constituted?—I have been trying to look into them, but I have not been able to do so much. I think they might be very usefully applied to purposes of education; they are very necessary indeed, and, generally speaking, from what I have heard, I think they are admirable institutions, and well conducted, and the mortality in them is remarkably small.

13812. Is not it the fact that with regard to the poor law infirmaries the tendency for them to become the hospitals for a large portion of the population?—That comes to a question of the poor law; one does not like to mix up pauperism and ordinary hospitals.

13813. But looking at the matter rather from a broad point of view, you would say if you were making arrangements for the hospitals, that there ought to be a given number of beds for a given population?—Yes.

13814. And is it not logically wrong that the population should be left to depend upon the chance of voluntary effort to supply their wants?

Earl of Kimberley—continued.

—That depends upon how far voluntary efforts meet the demand. On the whole they have done it remarkably well, perhaps better than in Paris, where that does act; the poor persons go into general hospitals there.

13815. At present, does it not seem as if the infirmaries were taking the place and supplying the vacancy left by the voluntary hospitals?—To a great extent, no doubt they do.

13816. And would not that have a tendency to bring about a system in which the infirmaries will occupy a very much larger and more important part than they now do?—I think that it is growing that way, and that they are usefully employed.

13817. There might be, however, this danger, that the population would regard itself at last as entitled to have hospital treatment at the expense of the community?—And that is a dangerous principle; I think it tends to create among the mass of the population a belief that they must be supported independently of their own labour.

13818. Therefore you would be quite in favour of whatever would limit the hospital treatment to those who really require it from their circumstances, either from urgency or from their poverty?—I think so.

Lord Monkswell.

13819. Upon medical education, have you any suggestion as to how the system of medical education may be improved; have you thought about that?—That is a very wide question, which has rather taken me by surprise. I think one thing, I have seen distinctly is this: There are only three or four hospitals in London on a sufficient scale to provide all the necessary means of education; for example, in physiology, chemistry, and some of the scientific subjects. It can be done over the way at St. Thomas's, it can be done at St. Bartholomew's, and at Guy's, the London, and University College. On the other hand University College Hospital, with only 200 beds, is too small for liberal clinical study. The smaller hospitals have not the space or the means of having large enough laboratories or appliances for it; and there I think some central body, or one or two central bodies, separate schools for what we call the scientific department, would be very useful to take the students of the smaller hospitals.

13820. Then you would still continue the whole of the teaching in some schools attached to hospitals?—Yes.

13821. Or would you take away the preliminary teaching altogether from all of them?—That I cannot say. If they can satisfy the professional want, and are doing it well, I should say leave it as it is. I know it cannot be done at the smaller hospitals; and when I was a student, that was acknowledged to be the case. In chemistry, for example, all the students at St. George's, and Middlesex, and Charing Cross, and I think one or two others, went to the Royal Institution; we went there for chemistry, under Faraday and Professor Brande. It was only afterwards that they established these chemical lectures at the other hospitals; but I think we ought to go back to that plan.

13822. Sir

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[Continued.]

Lord Monkswell—continued.

13822. Sir Andrew Clark thought that two or three central schools for those preliminary subjects would be better than having them attached to the hospitals; do you agree with that view?—Yes, I do.

13823. Mr. Gould, the dean of the Middlesex Hospital school, said that he thought it would be better to have a medical faculty, as proposed by the scheme of the University of London; do you agree to that?—Yes.

13824. And do you think that the medical council might in any way be remodelled to make it more representative than it is at present; would there be any advantage in having hospitals represented on it?—I am unable to answer that.

13825. One question about infirmaries. It has been generally thought by the witnesses examined here, that the doctors in infirmaries were not so good as the doctors in hospitals?—They are not of the same standing; they are mostly general practitioners. What makes a good physician is teaching or working under the observation of other persons; and possibly infirmaries might be open to that extent; they might have attached to them a physician or surgeon to the students; then they would work under professional observation, and that would, no doubt, attract able men to go to them.

13826. Then, in fact, you would put the permanent paid infirmary officials under some very celebrated physician or surgeon, just as they do at the hospitals?—That I think very desirable. At one time it was done at the Marylebone Infirmary; there were two excellent physicians there at one time, and students attended.

Chairman.

13827. Some time ago, last Session, Sir Henry Longley, the Charity Commissioner was before us, and we asked him a question as to a central body for organisation of matters in regard to hospitals, and he said, giving his own private opinion, and not speaking as Charity Commissioner, that he thought the best body would be the central governing body established under the City of London Parochial Charities Act. At Question 3251, we asked him how he would shadow out his idea of an organising body; and he said, "It has sometimes struck me that, perhaps the central governing body established under the City of London Parochial Charities Act, which will be a very important body, might be charged with such a function. (Q.) Would you kindly explain what that central governing body is?—(A.) It is constituted by a section of that Act, the 48th Section. It is established in order to administer by one hand all these charities, when they are regulated by schemes that we make, instead of the numerous hands by which they have been regulated hitherto; and it is to be constituted in this way: It is to 'consist of 21 persons, of

Chairman—continued.

whom five shall be nominated by the Crown, four by the Corporation of the City of London, and the remainder (four of whom shall, in the first instance, be chosen from among the persons who are now trustees of the parochial charities of the City of London) in such manner, or by such persons or bodies as the Commissioners shall by scheme provide;" and he goes on to say, "And what we have done in our scheme in that respect I think I happen to have here. In our scheme the body stands thus: Five by the Crown, four by the Corporation of the City of London, four by the London County Council, two by the Ecclesiastical Commissioners (that is only a temporary provision, they will cease to have an interest after a time), one by the University of London, one by the Council of University College, London, one by the Council of King's College, London, one by the Council of the City and Guilds of London Institute, one by the Governing Body of the Bishopsgate Foundation, one by the Governing Body of the Cripplegate Foundation; and when the Ecclesiastical Commissioners cease, as they will in a few years, to appoint, the London School Board are to appoint those two vacancies." Now should you feel inclined to favour some such body as that?—I think the broader the constituency the better. I should be very sorry to see any absolute power put in anybody's hands, to arbitrarily control and check free action.

13828. You would like to keep it entirely outside any municipal or other Government interference?—I think it would be better; leaving free scope for that spirit, which is very strong indeed in this country, both professionally and among the general public, free action to develop institutions as may be necessary.

13829. And you would like to maintain as much as it is now maintained, the individuality of these hospitals?—I should. They do good by rivalling each other. One thing has struck me very much; when the University College and Hospital was founded it was the first hospital that was quite free from all old traditions, and they took their professors and teachers from anywhere that they could get them.

13830. And that improved all the others, you mean?—Very much; they all found the benefit of competition; at all the other hospitals they became a little more liberal in their choice of officers. It did away with some other old prejudices. At St. Bartholomew's a man could not be a surgeon, for example, unless he had paid a handsome fee of 500 l. to one of the old surgeons; he came in on that right by purchase. Those things have been abolished greatly by the influence of University College.

13831. Have you anything you wish to add to your evidence?—No.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 19^o Februarii, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.
Earl SPENCER.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.
Lord SANDHURST.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. FREDERICK CLARE MELHADO, is re-called ; and further Examined, as follows :

Chairman.

13832. You desire to make some corrections on one or two points in the evidence you gave when you were examined here before?—Yes.

13833. If they are actually as to matters of fact, you can give the corrections now in evidence?—They are as to matters of fact. In my reply to Question 12640, I stated that the sisters had passes for two hours on four days a week ; I should have said five days a week. In reply to Question 12656, I stated that in the year 1870 we lost a sister who died of typhoid fever in the cancer wards ; I should have said that in the year 1870 we lost the sister of a male medical ward, who died of typhoid fever, probably contracted in attendance on a patient. In reply to Question 12675, I stated that there was always one senior nurse made responsible during the night on each floor before the sister went off duty ; I should have said that two staff nurses on each floor are made responsible. In my answer to Question 12700, I appear to have stated that the institute nurses received commission at the rate of only 5 per cent., 10 per cent., and 15 per cent. ; I should have said 10 per cent., 15 per cent., and 20 per cent. Then, in reply to Question 12794, I am afraid I rather led the Committee to understand that patients have always had to provide their own tea, sugar, and butter. This I understand is not the case. Some years ago the hospital supplied these articles experimentally, but I am informed that so many complaints arose, and such dissatisfaction was created, that it was decided to allow all patients that could afford to do so to provide their own tea, sugar, and butter ; and it is, I believe, looked upon by them and their friends as a privilege. I may perhaps add in regard to expense, that if the minimum allowance was made, viz., 1 s. per week to, say, 260 patients, it would cost the hospital at least an additional 676 l. per annum. Then, as to Ques-

(24.)

Chairman—continued.

tion 12806, I find that we have employed male nurses from the Hamiltonian Institute once or twice, and should do so again in case of need ; but we prefer those who are near at hand, and have been frequently employed, and to a greater extent trained by ourselves. At Question 12810, mention was made of a nurse who died of pyæmia. The nurse who died of pyæmia in the year 1870 was an elderly woman, exceedingly stout, and in the habit of imbibing freely ; a bad subject for disease of any kind. She pricked her finger in dressing a patient, and died of a poisoned hand.

13834. There is only one question I should like to ask you in addition to what you said the other day, and that is, are your accounts audited by members of the Chartered Accountants' Society?—Yes ; we employ a firm of public chartered accountants, who examine the accounts twice a year, and give a certificate to the weekly board. They are also examined annually by three auditors, who are appointed by the Court of Governors in the month of February.

Earl Cathcart.

13835. Are the patients, before they are taken in to the operating theatre, rendered insensible outside in some ante-room?—Yes ; we have a separate room for the purpose.

13836. Is that invariably done?—Always.

13837. Is that the general custom in all the London hospitals?—That I am not prepared to say.

Lord Thring.

13838. I want to ask you another question about this tea, butter, and sugar. I understand you to say that the patients prefer to provide them for themselves?—Yes.

13839. But why?—Because I think that in a great

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Mr. MELHADO.

[Continued.]

Lord Thring—continued.

great number of cases, at least so I understood, when it was provided some years ago, complaints were made by the patients about the tea and the sugar; they did not think that it was good enough, and some thought that the tea was inferior; and it led to constant complaints.

13840. But then do I understand you to contend that the hospital did not supply as good tea, butter, and sugar as these poor people could supply out of their own means?—Well I suppose the hospital supplied at that time the quality that they considered suitable for such patients; but the patients themselves were not satisfied.

13841. It is scarcely worth going back upon a thing that is so long passed; but it would seem a discreditable thing to the hospital if there were complaints of tea, butter, and sugar, that those complaints were not redressed, and if they were just, it is impossible to conceive but what the hospital could have supplied as good tea, butter, and sugar as these poor people could supply for themselves. The question is why they differ from any other article of food supplied by hospital. You might apply the same argument to meat or pudding, or anything else, might you not?—I am not prepared to answer the question any further.

13842. Then I should like to ask you why the poor people like to supply those articles for themselves?—Their friends like to bring in things to them, and the articles are so limited which they are allowed to bring in that they are very glad to have the opportunity of bringing in tea, butter, and sugar.

13843. You mean that the friends like to bring in little delicacies not supplied by the hospital?—Yes; and these articles are looked upon in that light.

13844. But surely tea, butter, and sugar are not delicacies; they are as much necessities of life as bread, are they not?—I cannot answer the medical part of that question. I do not think the

Lord Thring—continued.

doctors look upon them in that light, especially in some cases.

Earl Spencer.

13845. What happens in those cases where the patients do not supply tea, butter, and sugar for themselves?—It is supplied out of the Samaritan Fund of the hospital.

13846. Are any large proportion of the patients provided in that way?—I should think that on an average there are about 20 patients a week who are so provided.

Earl Cathcart.

13847. Have you got a complete drainage plan of your hospital?—Yes.

13848. Most complete, showing everything?—Yes.

13849. You could lay your hand on any defect in a moment?—Yes.

13850. You have it hung up?—I have one in my office. The resident medical officer is better acquainted with that subject than I am.

13851. All I want to know is that you have such a thing hung up?—Yes.

13852. And that is kept posted up, is it; if there are any alterations made in drains they are made on the plans, too?—Yes.

13853. And, in your opinion, is that necessary in a building like a hospital, where a great many people are collected together?—Most certainly.

13854. And you would be surprised to hear that there could be a great hospital which had not a plan of that sort?—I can hardly understand that such a thing could exist.

Chairman.

13855. Is there anything else you wish to say?—Nothing.

The Witness is directed to withdraw.

MR. ARTHUR EDWARD READE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

13856. You are the Secretary of the Charing Cross Hospital, are you not?—Yes.

13857. What is the date of the foundation of the Charing Cross Hospital?—It was founded first as a dispensary in 1820, in Villiers-street; it was then moved to its present situation in the year 1831, and was opened in 1834; that is the first record we have.

13858. Is it a free hospital?—Quite free.

13859. And have you anything in the way of letters there?—Yes, letters are issued for in-patients and for out-patients; but it is not compulsory on a patient to have a letter; of the in-patients, out of 2165 last year, about 150 only brought letters; I cannot give you that figure certainly.

13860. What is the test of admission?—The patient being a suitable case, and being one suitable for hospital relief, a poor person.

13861. And a patient having a governor's letter has no preference?—None whatever.

Chairman—continued.

13862. To whom are you responsible as secretary?—To the council of the hospital; they are the paramount authority in the hospital.

13863. How often do they meet?—They meet once a month, the second Wednesday in every month.

13864. Is there any intermediate body between you and the council?—No.

13865. By that I mean any weekly committee?—There is a weekly board. They consist of members of the council; and it is an open board for governors. Might I just read the definition of their duties.

13866. Yes, will you please do so?—"The weekly board shall meet every Tuesday at two o'clock, and it is their duty to regulate the admission and discharge of patients, to superintend the proper performance of the duties of the various departments, domestic and professional, conformably to the rules of the institution, and to give directions, and make temporary arrangements

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Mr. READE.

[Continued.]

Chairman—continued.

ments for the comfort and advantage of the establishment, and its officers and servants, subject to the sanction of the council."

13867. That is practically the Executive of the Hospital, is it?—Yes, I should say so; but they could not do anything very important without the sanction of the council; they could not sanction any great work, or pass large bills.

13868. Do I understand, from what you read, that that is the body to which the weekly reports are made?—Yes.

13869. Those of the matron and steward, or whatever the officials may be?—Yes; all the books are presented to them.

13870. Are the books laid on the table of that meeting?—Yes.

13871. Do they check all the small books at that meeting, such as the petty cash-books?—No, there is a finance committee that does that, which meets after the weekly board. That is a copy of the agenda (*handing it in*).

13872. This weekly board is an open meeting, you say?—Open to any governor of the hospital.

13873. Any governor may come who likes?—Yes.

13874. About what is the general number who do come?—Very few; not more than six or seven.

13875. Out of several hundreds, I suppose?—Yes; they are all members of the council who do come; we very seldom have a governor outside the council.

13876. Then how are the council elected?—They are elected at the annual general court. Each member of the council is elected for three years; they retire at the end of three years, and if they choose to offer themselves for re-election they may be re-elected. Any vacancies are filled by persons elected by the council themselves.

13877. Then, as I understand you, the authority of the council is independent of the authority of the annual court?—Yes, it is the paramount authority in the hospital.

13878. Does that council appoint and dismiss the high officials in the hospital, such as the matron, or the secretary?—Yes. Might I just read the provision in the laws with regard to that?

13879. I think your answer is sufficient for my purpose. Now, in the case of the dismissal of a nurse, we will say, or a subordinate servant, would that be in your hands as secretary, or in those of the council?—All the male servants are engaged and discharged by myself. The nurses and probationers are engaged and discharged by the lady superintendent; but the sisters are engaged by the council, in consultation with the lady superintendent. In the event, however, of the dismissal either of a male servant or a nurse, the matter is always reported to the weekly board, or to the council. There is always an appeal to a superior authority. We never discharge any one without reporting it; they are discharged practically by the weekly board.

13880. Does it come to this, that you and the lady superintendent have the power of suspension?

Chairman—continued.

sion?—Yes, we have the power; but we consider that the matter should be reported, and practically confirmed. There is no absolute rule to that effect, but as a matter of custom, we report to the weekly board.

13881. Then you have a finance committee, you said?—A finance committee; they meet after the weekly board on Tuesdays. This is our agenda (*handing it in*).

13882. Who composes that committee?—The two treasurers and three members of the council. The treasurers are *ex officio* members of all committees.

13883. Then is there a nursing committee?—Yes.

13884. And they have to do with all questions of nursing?—All questions regarding nursing.

13885. And would they investigate any charge against a nurse before dismissal?—Yes.

13886. Then the whole financial control is under the finance committee?—It is under them, subject to the authority of the council. They report once a month to the council.

13887. Where do you get all your funds from?—We get our funds partly from subscriptions, also from donations and legacies. We have a little property; but our income, including annual subscriptions, is about 6,000*l.* a year.

13888. What do you consider your most reliable source of income: annual subscriptions?—Yes.

13889. And legacies?—Our legacies are a very unknown quantity. Last year we only had a little over 1,000*l.* in legacies; the smallest sum we have had since the hospital assumed its present proportions.

13890. Have you any idea of the average of your legacies for the last 10 years?—I could not give it you from memory.

13891. Then your main reliable source of income is the annual subscriptions?—Yes. The donations vary; sometimes we get a good year of donations; at other times a bad year.

13892. How much were your annual subscriptions last year?—£. 1,838.

13893. Is that sufficient to pay for the cost of the nursing staff, and the administrative staff of the hospital?—No.

13894. So that, taking your most reliable source of income into consideration, it is not enough to defray the cost of the staff?—No; we have a little money from rents.

13895. I will come to that. You have rents, you say; is that from landed property?—No, from leasehold houses in the vicinity of the hospital.

13896. Have you any landed property?—None whatever.

13897. Then, of course, this 6,000*l.* a year is insufficient to pay the expenses of the hospital?—Very insufficient.

13898. Is the hospital full?—Yes, very full.

13899. That is to say, all the available beds are occupied?—We always keep a few vacant, in case of a rush of accidents, three or four in the accident wards, and special wards; but the majority of the working beds are nearly always full.

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13900. With

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[Continued.]

Chairman—continued

13900. With the exception of the margin usually left in hospitals, your hospital is full?—Yes.

13901. And how many beds are there?—There are 175 beds, of which we might call 165 working beds; the other 10 are our margin.

13902. And your 6,000 *l.* is insufficient to meet the expenses of those 165 beds?—Yes.

13903. How do you make up your deficit?—By appealing for donations; and in prosperous years we lay by. The last two years have been what I may call lean years, but with what we lay by in prosperous years, we have been able to meet the deficit.

13904. You have, like other places that we have had before us, to meet your deficit out of your capital, I suppose?—Yes.

13905. There is a limit to that capital?—There is.

13906. Have you any fund that acts as an endowment of your hospital?—They are all set forth on the back of the balance sheet I gave your Lordship.

13907. Which is the foundation to which you refer?—The Golding Fund, the Levy Fund, the George Sturge Fund, and the Llewellyn Fund. The general fund is the only fund we could possibly use for the purpose of uncertain deficits.

13908. But if you are unlucky in legacies, and also in the way of donations, it might be the case that you would have to shut up a part of your hospital?—It might.

13909. In the present condition of things, do you have to turn patients away from your wards because you have not room for them?—Very seldom; we generally send them on to other hospitals.

13910. Is it only in a time of epidemic, or does it constantly occur that you have to turn patients away?—It does not constantly occur. We have sometimes to defer their coming in; we send them away rarely I should say.

13911. Would it be too much for you to say that, from your experience, the medical relief in your part of London is sufficient for the demand? I should say it was sufficient.

13912. Are you in the midst of a nest of hospitals and dispensaries?—I think there are one or two dispensaries round about us; King's, or Westminster, is the nearest hospital to us; they are about equally distant I should say. Then there is St. George's Dispensary; I think that is up somewhere in Soho. We are not exactly in a nest of them. There may be some of the shilling dispensaries that are kept by these private doctors, but no public dispensaries.

13914. You have no idea of the number of dispensaries there happen to be within a certain radius of your hospital?—No.

13915. Now you contract for your supplies, do you not? Yes; I have brought down our last contracts for you to see.

13916. Who makes the contracts?—The finance committee; and they are confirmed by the weekly board.

13917. Do they advertise for tenders?—Yes, once a year.

13918. Then the secretary or the steward has nothing to do with making the contracts at all?

Chairman—continued.

—Nothing whatever; the finance committee makes them all.

13919. Who takes in the stores?—The housekeeper; and my clerk keeps a store ledger; he accounts for all the stores, and we take stock every month.

13920. You have no steward?—No; nobody called by that name. The executive staff consists of myself, and an assistant secretary and a clerk; and we do the work between us.

13921. Does the housekeeper inspect all the food when it comes in?—Yes.

13922. And does she weigh it?—She weighs the meat and bread, and sends back anything that may not be quite good.

13923. Do you find much difficulty in keeping the food supply up to sample?—Not the food. We have had a difficulty this year with coals; and I think there might be a reason for that in bad weather and the strikes.

13924. Suppose the patients make complaints of their food from time to time; how do those complaints get to the proper quarter. They complain to the nurse, I suppose, in the first place?—They complain to the nurse or to the visitor for the month.

13925. Suppose they complain to the nurse, who is the person always in the ward; what step would she take?—She would tell the lady superintendent, and the lady superintendent would inform me.

13926. And so you would get to the bottom of it?—Yes.

13927. Do you find that the patients complain much?—I cannot now remember a single complaint about the food. There has been a complaint, I think, on the part of one or two of the resident doctors, who have said that the beef tea has not been what it ought to be; but that has been owing to a fault in making, rather than a fault in the material supplied; and we have gone into the matter at once.

13928. When a complaint is made, say, for instance, about beef tea, which is, of course, a very important article in a hospital, do they have a sub-committee of the weekly board to inquire into it?—It is done at once by myself.

13929. Are all such complaints reported to the weekly board or the council?—No. This is one instance; the medical registrar came to me and said he did not think the beef tea was up to the standard; that was about three or four years ago.

13930. Have you a medical committee?—Yes.

13931. Would the beef tea be passed by them, as it were?—No; the beef tea always comes under the inspection of the medical officers who are going round the wards, and if they saw anything wrong like that they would at once report it to me. The complaint about the beef tea was not sufficient to justify anything like a report upon it.

13932. But at the same time the council think that the administrative staff is competent to deal with these things; they do not require a report to be made to them?—No.

13933. Have you got a resident medical official officer?—No.

13934. Then who is the head medical authority in

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[Continued.]

Chairman—continued.

in the hospital?—There are five medical officers resident in the hospital; two house physicians, two house surgeons, and a resident obstetrical officer.

13935. Do they admit to the beds?—They admit to the beds. In the case of all patients bringing a governor's letter the letters are brought to me.

13936. Then are those resident surgeons and physicians the only authority that do admit?—The weekly board admits on Tuesday, and the medical officer and the surgical officer attend the weekly board as officers for the month, and advise the board; but that practice of admitting Tuesday patients at the weekly board has gone out a great deal, because nearly all urgent cases that come to the hospital are admitted at once.

13937. But still, on the recommendation of these two officers, I understand you to say?—That is only on the Tuesday; but on any other day one of these resident officers admits.

13938. Now, in the case of an accident being brought in, the resident house surgeon would be sent for?—Yes, and if the case is bad enough he would send the case upstairs at once.

13939. And if not, he would treat him?—If not, he would treat him and let him go.

13940. You mean that he would be an outpatient. Who are those gentlemen, the resident house surgeons under?—They are under their respective surgeons, on the senior staff; and as regards discipline, they are liable to myself in regard to keeping the rules of the hospital.

13941. Supposing, to take a very rare occurrence, one of these officers misconducted himself very grossly, would you have the power of suspension till you could get hold of the senior officer?—I should report him straight to the board.

13942. But the board might not meet for a week?—I should send for the treasurer if it were a very gross thing. It has never happened in my nearly nine years' experience there; but I should do that if it did happen.

13943. But you have not authority to suspend an officer under those circumstances?—No.

13944. Have you a chaplain resident?—Yes.

13945. And does he make any inquiries about the patients as well as carrying on his spiritual duties?—Yes; he has a great deal to do with the patients; he administers the Samaritan Fund, and helps them in various other ways.

13946. What salary does he get?—He gets 150 *l.* a year and his board and lodging.

13947. I have not yet asked what salary do you get?—£. 400 a year now; I began at 300 *l.*

13948. And lodging?—No; I have my luncheon at the hospital; and, if detained by any duties, I am allowed to dine there.

13949. The chaplain is the highest resident officer?—Yes.

13950. And has he power of suspension?—No; not any more than I should have.

13951. He would send to the treasurer if a case requiring suspension arose?—He would send to the treasurer and would report to me the next morning if anything gross happened.

13952. Is the secretary of the institution

(24.)

Chairman—continued.

always to be found in case of fire?—Yes; when I go out I always say where I am going to.

13953. Your address is in the hospital?—Yes, my address is in the hospital; I should be sent for at once in case of fire.

13954. The nurses are under the lady superintendent you have told us?—Yes; under the lady superintendent.

13955. And what salary does she get?—£ 100 a year, board and lodging and uniform.

13956. And then the nursing staff consists of what?—There are 51; 10 sisters; 17 nurses and 24 probationers.

13957. Does that include any night superintendent?—It includes everybody.

13958. Are any of those 24 probationers what are termed lady pupils or lady probationers?—Yes; six of them.

13959. On what terms do they come; do they pay the hospital?—They pay a guinea a week and get their board and lodging.

13960. Do you train your own nurses?—Yes, but I should add that we have only taken up the nursing at our hospital since the 25th of March 1889.

13961. Where did you get your nurses from before?—We were supplied with nurses from St. John's House.

13962. Why was that given up?—There were constant troubles amongst themselves, and their sisters were always resigning, and the nursing staff was constantly changed. Our medical staff thought this injurious, and that it would be much better to have our own nursing establishment; so we gave them notice and terminated the contract. Practically, St. John's House had ceased to exist then, and had become amalgamated with the sisterhood of nurses which nurse University College.

13963. Do you find any difficulty from the sort of double authority that existed in the hospital when you had nurses from outside?—There was unpleasantness.

13964. The nurses were not under you?—No, they were not under us at all. If there were complaints they were made to the council of St. John's House; it was a dual authority.

13965. And that dual authority was found prejudicial?—Undoubtedly.

13966. Will you give us the hours of your nurses?—The sisters have eight-and-a-half hours a day on duty; one Sunday five hours and the next Sunday nine hours; that is 58 hours a week. The nurses have 10 hours a day, and the probationers 10 hours a day; one Sunday they have nine hours, and the next six hours; they have 67½ hours a week. These are the hours on duty.

13967. At what time do the staff nurses go into the wards?—At 7 a.m. Their dinner is at 12.45 p.m.; exercise, 3 to 5 p.m. on three days in the week; tea, 5 p.m.; wards, 5.30 p.m.; exercise, 6 to 8 p.m. three days in the week. Then prayers at 8.25; supper at 8.35; and on Sunday they are off duty from 10 a.m. to 1 p.m., or from 1.30 p.m. to 10 p.m. Then, in addition to that, they have half an hour about 9 o'clock just to tidy

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Chairman—continued.

tidy themselves if they want to change their caps or aprons.

13968. Do they have their breakfast before the go into the wards at seven?—Yes; at 6.30 they breakfast.

13969. How long is allowed for dinner?—Half-an-hour.

13970. What does "exercise" mean; what kind of exercise is it?—They are always sent out to take fresh air.

13971. Where do they have their tea?—In the dining room.

13972. Do the sisters have their tea there too?—Yes.

13973. And do the sisters dine practically off the same food as the nurses?—Yes.

13974. They cannot all dine together, of course?—No, the nurses have dinner at 12.45., and the sisters at 1.15. The lady superintendent always dines with the nurses.

13975. Where do the lady probationers dine?—They dine with the nurses.

13976. Then as regards the night nurses, what are their hours?—They come on duty at 9 o'clock. Of course they go off duty at 7. They go to prayers at 8.25 p.m.; breakfast at 8.35 p.m.; wards 9 p.m.; home 9 a.m.; dinner 9.30 a.m.; exercise 10 a.m. to 12.30 p.m.

13977. Then your night nurses and day nurses do not overlap at the time which we are told is very heavy in the wards, that is to say, between 7 and 9?—I am now told by the lady superintendent that they do overlap.

13978. Have you any ward maids?—Yes, we call them ward maids; they come in from the outside; they are what are known as charwomen.

13979. Do they do housemaid's duties or scrubbing?—They do scrubbing and housemaid's duties as well; they do all the cleaning. The nurses do nothing but absolute nursing.

13980. Do the nurses have to perform any menial duties?—None whatever, unless making beds can be called "menial duty."

13981. Do your nurses have any pension after a certain length of service?—The council are now considering that subject. We only started with our own nurses a little under two years ago, and the question of pensions has not come before the council yet as one requiring immediate decision.

13982. Are all your wards pretty much the same size?—We have six wards of the same size. Then there are four smaller wards, and then there are two special wards, and one ward of three beds, which is close to the great landing, in which accidents are put when they come in at night, instead of taking them up to the general ward and disturbing the other patients when they are asleep. Patients who are put in there for the night are moved up the next morning to the general ward.

13983. At night is there a nurse in each ward?—A nurse in each ward, and two in the children's ward.

13984. But as to these special wards where you have special cases going on?—There are special nurses provided for them.

13985. Where do they come from?—We have spare nurses, just a few, so that we are always able to supply a spare one.

Chairman—continued.

13986. You never have to get one from outside?—No, we never have had to do that.

13987. Do the nurses have a separate kitchen?—Yes, they have a separate home.

13988. Does the lady superintendent live in that separate part?—Yes; and the nurses sleep in dormitories above the hospital, right at the top.

13989. What is the pay of the nurses?—The nurses get 22 l., going up to 25 l.; they get indoor and out-of-door uniform; and they are allowed 2 s. a week for washing.

13990. And the probationers, what do they get?—The probationers get no salary for the first year: 15 l. for the second year, and 20 l. for the third; they all receive out-door and indoor uniform, and for washing 2 s. a-week.

13991. Then the third year do you certificate them as nurses?—Yes, they have a certificate.

13992. Then before they become certificated nurses, what is the arrangement? They are engaged by the lady superintendent in the first instance?—Yes.

13993. Then, supposing they want to break their contract, can they go away at the end of the month if they find the work not suitable for them?—Yes, at the end of a month.

13994. It is terminable by either party?—Yes.

13995. If they remain they are apprenticed, as it were, and then at the end of two years, supposing the nurse wants to go away, what happens; is she allowed to go?—She would be allowed to go.

13996. Have you got what is termed, at some other hospitals, an institute, from which you send out nurses as private nurses?—Yes, we have a few private nurses; we began that last April.

13997. That is an increasing concern, I believe?—It would be if we had room for them, but we are so cramped for room that we only have half-a-dozen.

13998. And what number of years do they serve in the ward before you consider them qualified to go out?—Two years.

13999. And then do you advertise them?—Yes.

14000. Do you get any money from the Hospital Sunday Fund?—Yes; 1,010 l. was what we got last time.

14001. And from the Hospital Saturday Fund too?—Yes, 261 l. last year.

14002. You have to make up your accounts according to the Hospital Sunday Fund system, in order to receive a grant from that fund?—Yes.

14003. Is that the same way as you keep them for yourselves?—As near as possible the same.

14004. Therefore you consider that a good system, I presume?—A very good system.

14005. Would you like to see a similar system of accounts at all hospitals, so that people could judge whether they were extravagantly managed or economically managed?—I should, so far as it is possible; but I do not think that it is possible to bring them to be exactly alike.

14006. Why

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Chairman—continued.

14006. Why?—Some set out details differently from others. My brother secretary at Westminster, for instance, objects to the heading "Sundries." I do not object to it; nor do our finance committee. We cannot detail "cab fares," telegrams and similar petty disbursements. It would make an interminable account to put them separately.

14007. We have had the estimated cost of beds furnished to us in a memorandum drawn up by the Charity Organisation Society, which memorandum you have seen, no doubt?—Yes.

14008. You are put down at 66 *l.* 13 *s.* per occupied bed; St. George's is in the same list at 75 *l.* 14 *s.*; Middlesex, 81 *l.* 15 *s.*; then we come to University College, 59 *l.* 11 *s.* We do not know what that term "Cost per occupied bed" includes in those different cases?—If you look at my annual report you will find the whole thing tabled out there.

14009. But the public have no idea what may be included in St. George's to make it appear a good deal more than yours; there is no similar basis?—I think that is another question; I was thinking of the way the accounts were submitted to the Hospital Fund. We show forth amply in our annual report how we calculate our cost per bed.

14010. Have you ever tried to make an estimate of the cost of an out-patient?—Never; I could not do it.

14011. You think it practically impossible?—It is. There were over 10,000 out-patients last year, and 11,170 in the casualty room; so many patients come in there with trifling wounds, stomach ache, and similar slight ailments.

14012. I will ask you a question about that out-patient department; is it a free department?—Entirely free.

14013. And have you any restrictions as regards numbers at all?—None; we do not find ourselves overdone.

14014. And yet the part of London that your hospital is situated in is a very populous one, is it not?—It is.

14015. Can you give any reason why you are not so overcrowded as some other places are?—No, I could not.

Earl Cathcart.

14016. Speaking roughly, throughout England and Scotland, I think, they take 1 *s.* a week as what ought to be taken for the expense of an out-patient?—We take 1 *s.* 6 *d.*; I think the Hospital Sunday Fund take 2 *s.*

14017. I thought it was 1 *s.*, but we have had it estimated as high as 1 *s.* 9 *d.*?—We always take 1 *s.* 6 *d.* in deducting the cost.

14018. Supposing there was a uniform system thoroughly understood throughout the London hospitals about as to how the cash-books should be posted, there would be no practical difficulty if the deduction for out-patients was uniform in arriving at standard of comparison in regard to the cost of beds?—None whatever.

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Earl Cathcart—continued.

14019. We have always been told that the great difficulty is as regards the out-patient dispensary, that it would necessitate two dispensaries, but that might be got over by having a uniform allowance throughout for the cost of out-patients?—Yes.

14020. The speciality of your hospital is that it is an accident hospital?—Yes; a good many accidents come to us.

14021. And that is a grand feature of your hospital, having this reception ward, of which you have told us, for people brought in in the night?—Yes.

14022. Which tends to quietude in the general wards?—Yes.

14023. And you have had in your hospital some people of eminence and position who have been brought there, and you have been the means of ministering to them with advantage to themselves; at all events, much to the comfort of their friends and relations?—Yes.

14024. And your fire arrangements are good?—I hope so.

14025. And you have a fireman on duty at night, have you not?—All night.

14026. Is that usual in all metropolitan hospitals?—I do not know.

14027. And you consider your hospital theatre to be a very good and modernised theatre, do you not?—Yes.

14028. And you administer anæsthetics before you take the unfortunate patient into the operating theatre?—Yes, always.

14029. That is a great mercy and kindness to a patient, especially to a female patient?—Yes.

14030. Is it the universal practice at the metropolitan hospitals to render the patients insensible before they are taken into the operating theatre?—I do not know; I could not answer for other hospitals.

14031. Your kitchen arrangements were specially good, especially in regard to the plan you have of a steam jacketed case for carrying up the dinner hot into the wards?—Yes.

14032. Is that an invention of your own?—Not mine.

14033. Or of your hospital?—It has been in practice ever since I have been there.

14034. Is it generally used in the metropolitan hospitals?—I do not know.

14035. Have you ever seen it used anywhere else?—I have not seen it.

14036. The beef tea is good and is made in the wards, is it not?—Some of it, the best beef tea; other beef tea is made down in the kitchen.

14037. You have specially good reason to be content with your meat supply, I believe; will you explain why it is specially good?—We get it from one of the best butchers in London, Mr. Grant, of King William-street.

14038. There is some other reason; you might get it from one of the best butchers, and yet it might

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Earl Cathcart—continued.

might not be good?—I think he is a man who is very much devoted to the hospital, and always sees that we get it good.

14039. But, at all events, you are satisfied?—Yes, and we pay a good price for it compared to other hospitals.

14040. It is good economy, in your opinion, to have good meat?—Certainly.

14041. Your sanitary arrangements are in good order?—Yes, very good order.

14042. And you have an excellent plan of your sanitary arrangements?—Yes, one prepared by our architect for the information of the council.

14043. And you consider it absolutely necessary, I presume, at metropolitan hospitals that there should be posted up in the office a proper sanitary plan of the hospital?—Certainly.

14044. So that in case of anything going wrong means might be taken at the right place to remedy any defect?—Yes.

14045. You have a Jews' ward, have you not?—Not for Jews; a ward for Jewesses only.

14046. Have you any difficulty in regard to your kosher meat and unleavened bread?—No, we get the meat from a Jewish butcher in the neighbourhood of the hospital.

14047. And the benevolent lady who left you money for that ward was so good, was she not, as to say, in her bequest, that that ward might be applied to Christians as well as to Jews?—It was not a bequest; I am happy to say that the benevolent lady, Miss Levy, is alive now.

14048. She was good enough to say that the ward might be applied to Christians also?—Yes.

14049. Jews have the preference, and if it is not filled by them Christians may be put into it?—Yes.

14050. And when they are there together, Jewesses and Christians, they get on well together?—Yes, very well.

14051. You have a school attached to your hospital?—Yes; one of the articles of the foundation of the hospital was that we should have a school.

14052. And your school consists of 134 students, does it not?—It is over 200 now.

14053. It was returned formerly at 134; then that school will increase?—It will.

14054. You have nothing in the nature of a residence for the students?—No.

14055. And no club?—No club at present.

14056. How do you arrange with regard to maternity cases?—People apply for assistance, their names are registered, and they are given a letter. As the time of confinement draws near they bring this letter in, and the doctor goes out and attends them.

14057. You have a limit, I suppose, to the number of such cases that you treat; otherwise you would be overwhelmed?—We are not overwhelmed. We should have a limit if we found ourselves overwhelmed, but we have not been yet overwhelmed that I am aware of.

14058. Do you consider that you are at all injuring the poor practitioner in the neighbourhood?—I should think not judging by the appearance of the places to which our men go.

Earl Cathcart—continued.

14059. You have heard no complaints of that nature?—No.

14060. Have you any limit in the way of a radius?—No.

14061. You would go any distance?—No, we should not go very far from the hospital.

14062. And you do not consider that you are short handed in nurses?—No.

14063. Your accommodation is limited for them owing to the site?—Yes.

14064. You have done your best to make the most of that site?—Yes.

14065. And you would be glad if it could be extended?—Yes.

14066. Your nurses are young and active?—Yes.

14067. All of them?—Yes.

14068. They are cheerful, contented, and a happy family?—I think so.

14069. You would not be surprised if they told me that they were a happy family?—Not at all surprised.

14070. And your matron is young and active, and she is the sister, is she not, of the lady we had the pleasure of seeing here the other day, the matron of St. Thomas's?—Yes.

14071. Altogether your nursing establishment is a very satisfactory one?—I think so.

14072. A noble Lord here present and myself paid you a surprise visit yesterday evening, and went over the whole of your establishment, and you will not be sorry to hear that, in the opinion, I believe, of the noble Lord, certainly in my own opinion, everything we saw, considering the limited nature of your site, was most satisfactory?—I am very pleased to hear it.

Earl of Arran.

14073. What is your system for receiving night patients; is there a doctor always in readiness?—Always in readiness; he is always within hail. They very seldom go to bed much before two o'clock. The night porter is always on duty.

14074. And he would at once call down some one?—He would at once call down the resident on duty: we do not have a resident sitting up all night.

14075. Have you ever had any difficulties in that way; have there been cases which have not been perfectly clear at the first instance?—You mean cases which have been brought in of people supposed to be drunk, and who have had a fractured skull for instance.

14076. Yes?—Those cases have arisen.

14077. But the medical gentleman who would be in attendance at night would be perfectly competent to deal with such matters?—Yes, I have only known two in the eight years I have been there; in one case the man wished to go home, he would not stay; and in the other case it was so very slight that the coroner, Dr. Danford Thomas, said he was not at all surprised that the fracture was not detected.

14078. Do you prefer separate children's wards to having them mixed up with the others?—Certainly.

14079. Would you approve of their being taken into the grown-up patients' ward during the day?—There would be no harm in it; but if there are children

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Earl of Arran—continued.

children crying, especially in the female ward, where there are sometimes patients who are very ill, the noise of children would disturb them. That is one reason why we have the children's ward put next to the male ward.

Lord Zouche of Haryngworth.

14080. Could you tell us what are the duties of the medical committee?—They examine candidates for the resident appointments, settle drug tenders, and advise the weekly board on all purely medical questions.

14081. And all that would be entirely under their control, subject to the general council?—Yes.

14082. But they would be allowed as free a hand as possible in all those cases?—Yes. I ought to say that the medical officers, the senior physicians and senior surgeons, are members of the governing body.

14083. I notice in your account here a rather large amount under "Salaries and Wages." The expenses of the "Engineers, porters, &c.," amount to 936 *l.* a year; does the engineer look after all the drains of the hospital; all the sanitary appliances of the hospital?—Yes, everything.

14084. Then he would take under his management the duties of a surveyor to a great extent?—Subject to the architect.

14085. And do you find that although that creates a very large expenditure it is fully worth it?—He does a lot of work in the hospital which would cost a great deal more if we had to put it out. For instance, repairing beds and making new appliances, foot-warmers, for instance; and all gas-work he does. Though we pay him a good salary, 156 *l.* a year, I think he is cheap at the price.

14086. Then with regard to the difference between that sum and the 936 *l.*, how do you account for that?—There is a stoker and an assistant engineer.

14087. And the rest would be porters?—Male attendants and porters. We have to pay commissionaires, and extra male attendants, when we have them in for delirious patients.

14088. That is all included in that 936 *l.*?—Yes, that is all included in that amount.

14089. And that you find is a better plan than having in a surveyor from outside occasionally?—We have an architect; but he is only called in to look at great things; the engineer is always there.

14090. And how is the architect paid, by fees?—He is paid by a commission.

14091. Then I think your medical school pays a small balance to the general fund of the hospital?—It does. We receive as the hospital share one-fifth of the fees from the school, and in addition we pay the ground rent, rates and taxes, and insurance, repairs, and a certain amount of wages. The school is practically part of the hospital. The Medical School Committee could not do anything very important without referring it to the council.

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Lord Zouche of Haryngworth—continued.

14092. In the case of a death in the hospital, do you usually have a post-mortem examination?—We do always unless there is an objection.

14093. You do not ask leave first of all?—The patient's friends are told that there will be a post-mortem examination.

14094. If there is no objection made you have a post-mortem?—Yes.

14095. The post-mortem examinations take place on the other side of the street from the hospital, do they not?—On the other side of the street, at the school.

14096. I suppose one reason for your not being incommoded by the number of out-patients that come, is, that there are so many other hospitals within a short distance of you?—Well, that may be the reason; but a good many of our out-patients come from Kent, and from the country. The out-patient is a very extraordinary person; he goes where he thinks he will. You will find, probably, a great many Drury-lane patients going to St. Thomas's. It all depends on the doctor, I think. Sometimes, if they get a favourite doctor, there they crowd in to see him.

14097. As far as my experience of your hospital goes, I should like to endorse all that Lord Cathcart has said about it?—I am glad that you were satisfied with what you saw.

Lord Thring.

14098. Do I understand you that in your nine years' experience there has been on complaint made by the patients of the food?—I do not remember one.

14099. And yet they are perfectly free to complain?—Certainly.

14100. Do you boil your milk?—No, we have it fresh.

14101. I do not quite understand about the weekly board; what is the line of demarcation between your powers and those of the two treasurers?—The treasurer is practically the head of the hospital; I should refer to him in a case of emergency.

14102. Why are there two treasurers?—In case one is out of town.

14103. They have both got the same power?—Yes. Mr. John Biddulph Martin is the senior treasurer, and Mr. George Drummond is the other.

14104. They are above you in the hospital?—They are above me.

14105. Practically, they do not interfere in the management so much as yourself?—No, but I should refer to them any case of emergency.

14106. The practical daily management of the hospital lies in your hands, I understand?—Yes.

14107. When you go to the weekly board are these six or seven gentlemen usually the same, or different people every time?—They are usually the same.

14108. You mean six or seven of the governors; they are governors, are they not?—Yes.

14109. Six or seven of the governors virtually constitute the weekly board from year to year?—Yes, with the physicians and surgeons.

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14110. There

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Mr. READE.

[Continued.]

Lord Thring—continued.

14110. There are not physicians and surgeons on the weekly board, are there?—Yes; as governors of the hospital they always come.

14111. Then do I understand that the weekly board are not laymen, but medical people?—They are a mixed committee; there are laymen as well.

14112. But I want to know what is the official management, as it were; does the weekly board consist really and truly practically of the medical officers of the hospital or concerned with the hospital; or does it consist partly of medical officers concerned with the hospital, and partly of outside governors?—Partly governors and partly medical officers, who are governors of the hospital.

14113. The medical officers then govern themselves; because, I presume, if anything went wrong with the medical staff, it ought to go to the weekly board, ought it not?—Yes, it would go to the weekly board.

14114. Then what proportion are there of non-medical persons on the weekly board, as a general rule?—I should think about three to one.

14115. You say the attendance is six or seven?—I am talking of lay governors; there are always one or two medical governors; I should think six or seven lay governors; sometimes we only have two or three.

14116. I think you must misunderstand; I understood your answer to the Chairman to be, that the weekly board usually consists of six or seven members?—Yes.

14117. And that of the six or seven members, taking the average, there are two medical men and five laymen?—Something of that sort.

14118. Then coming to the council, they meet once a month, you say; how many meet?—About eight to 14; eight is a small number; 14 is a large council.

14119. I presume that from month to month the same members attend really and truly?—Yes.

14120. Then are the members of the council also members of the weekly board; or, I will put it the other way, are the members of the weekly board also members of the council?—Not necessarily; the weekly board is open to any governor or benefactor who may be inclined to come.

14121. But practically I mean do the weekly board attend at the monthly meetings of the council?—Yes.

14122. Then at the monthly meetings of the council there are really and truly, besides the weekly board, only about seven men at a good meeting?—Yes.

14123. Then it comes to this: the weekly board are very nearly the only superintending authority of the hospital?—If you look at it in that way it is practically so.

14124. I only want to get at the ordinary management; that is what it comes to?—That is so.

14125. Then who do I understand that the weekly board are elected by; they come in as they like you say?—At the weekly board they come in as they like; it is an open board.

Lord Thring—continued.

14126. Then, in truth, the management of the hospital is by seven or 14 gentlemen who practically elect themselves?—No; the council are elected by the Annual General Court.

14127. Then it is a management by 14 gentlemen who have been elected on the council?—That is it.

Earl of Lauderdale.

14128. I see in this account for 1890 there is a sum of 4,280 *l.* put down as expended for “New medical school”?—Yes.

14129. Has that recently been constructed?—No; that is an addition to the medical school which has been necessitated in consequence of the increase in the number of students.

14130. And in order to meet that you have had to sell Consols to the amount of 1,800 *l.* and Railway Stock to the amount of 2,000 *l.*?—Yes.

14131. And, therefore, you have to sustain the loss of interest on those two amounts?—We get it back in this way: the more students there are the more we get in fees; we look upon it as an investment.

14132. That is the question I was going to put to you; what is the total amount of Consols and Stock that you have in hand at the present time?—You will see it in the last sheet.

14133. This does not give the total?—£. 261 9 *s.* is the amount of Consols.

14134. But I mean the whole of your stock and investments of different descriptions?—They are all on that page.

14135. They are all here separately; I want to know your total; have you got the total?—No.

14136. What is it about, do you suppose; 100,000 *l.*?—I think it is about 2,000 *l.*; that is all, just about 2,000 *l.* That would not, of course, include the value of the leasehold property and the value of the hospital as a freehold property.

14137. Then, in the statement of liabilities, you have “Outstanding accounts, 2,319 *l.*”?—Yes.

14138. What does that mean?—That includes the quarter's accounts ending the 31st of December; we pay our accounts quarterly.

14139. It is an amount due for that quarter but not paid?—Not paid yet.

Lord Clifford of Chudleigh.

14140. Judging from this account, supposing that you carried the hospital on on the same basis as you have done for the last year, how long do you suppose you could carry it on as it is?—For about two years.

14141. And what was the nature of the fund which enabled you to put by a reserve fund in previous years?—A big year in legacies; we had 28,000 *l.* one year.

14142. Therefore, unless you were to get some big legacies in succeeding years, it would be impossible to carry on the hospital for any length of time as it is?—Without a special appeal to the public it would be impossible.

14143. You say you get a good many cases at your hospital from Kent?—Yes.

14144. Do you get them sent up by doctors at all?—

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Mr. READE.

[Continued.]

Lord Clifford of Chudleigh—continued.

all?—Some are sent up by doctors. You see Charing Cross Station is quite close to the hospital.

14145. It is the most convenient hospital for them to come to?—Yes.

14146. But it is not a great proportion of them that are sent by medical men?—No.

14147. What is the size of the larger governing body, the council?—It consists of the vice-presidents, 24 governors, and the three senior physicians and three senior surgeons, and the physician accoucheur.

14148. Would it be about 30 in all?—A great deal more than that; there are about 80 vice-presidents.

Chairman.

14149. Do you often appeal to the public for funds?—We are always appealing, and, besides, we have a festival dinner every three years.

14150. You mentioned a special appeal; you have made a special appeal, I suppose, from time to time?—Not since 1880; not what we call a special appeal.

14151. That was before you were in your present position?—Yes; that was when we had to shut up 30 beds.

14152. Do you have to bury many people at the expense of the hospital?—Not many. You can tell how many from the Samaritan Fund account.

14153. £. 35. 5 s. is the amount stated under the head of "Funerals"?—Yes; each funeral of an adult costs the hospital about 4 l.; and a child's, 2 l. That amount therefore represents about eight funerals.

14154. Are those people of whom you can find no belongings?—No, those are buried by the parish; but there are people whose friends are too poor to provide a decent funeral, and it is these we help from the Samaritan Fund. The chaplain generally provides that.

14155. Has the chaplain full control over the Samaritan Fund?—He has full control over the Samaritan Fund.

14156. Subject to the weekly board, I suppose?—Subject to the finance committee.

14157. Now, I think you said that the out-patients were about 20,000 in a year?—The out-patients are something over 10,000; the casualties are about 11,000. The total last year was 21,640; if you take 11,070 off that, that gives you the out-patients; but that includes midwifery cases as well.

14158. I think you did not tell us how many midwifery cases you had last year?—Two hundred and seventeen.

14159. In the out-patient department, everybody begins by being a casualty patient, I suppose?—By no means.

14160. Will you tell us what the system is?—The door of the out-patient room is open at 1 o'clock, and the patient is supposed to attend at 1 o'clock; the door is open from 1 o'clock to 1.30. The casualty patient is a patient who comes in an urgent case, or who comes in after the

(24.)

Chairman—continued.

out-patient room is closed or before it is open. Most of the casualties are cases of injury; some, very few, are medical cases; sometimes people come in with faints, for instance, or indigestion, and such trifling ailments.

14161. But then a person coming in as a casualty patient and then being discovered to have some disease which necessitates his coming back three or four times, is sent to the out-patient department?—He is sent to the out-patient department, certainly.

14162. Can you tell us what number out of the 11,000 casualties are new cases?—They are all new cases.

14162*. And what about the 10,000?—So are the 10,000; they are all new cases; there are not any renewals included in them, they are not attendances; the attendances may be half a dozen or more in any one case.

14163. Then you practically had 21,000 new cases, taking the casualties and the out-patient department?—Yes.

14164. And about what number of attendances would that represent?—I do not know; I could not tell that.

14165. You do not keep any record of that?—No; we do not keep any record of attendances.

14166. Still the number of new cases is, of course, a small proportion of the amount of work that is done by the out-patient department?—Certainly. I should like so say with regard to the patients that come in with scalp-wounds, or other trifling injuries, they are, after they have been attended to, told to go away and come at 9 the following morning, when they are attended to by their own particular dresser.

14167. Then you attribute the ease with which you work your out-patient department, not to the want of out-patients, but to your organisation?—I hope so.

14168. You spoke of the meeting of the governors that takes place once a year; and then you have also a weekly board; that is an open court for the governors?—Yes.

14169. The whole body of governors might come to that if they choose?—Yes.

14170. Then what is the annual general court; is that an open court?—The governors are summoned by agenda notice and public advertisement.

14171. But it is open to all governors?—It is open to all governors.

14172. Therefore it is practically the same body as the weekly board, is it not?—Only the governors are not summoned to the weekly board. It is perfectly optional for them to come to the weekly board; and, of course, it is optional, too, for them to come to the annual court; but in the case of the annual court they have an agenda sent them, and are requested to attend.

14173. But they are practically the same body, an open court of governors?—Yes, practically, except that the weekly board have not the powers of the annual court.

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14174. Do

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Mr. READE.

[Continued.]

Chairman—continued.

14174. Do you take all classes of cases into your hospital?—No, we do not take scarlet fever, and we do not take, as a rule, diphtheria; we only take diphtheria in very urgent cases; if, for instance, a child requires tracheotomy, and it is the only chance of saving its life, then it is taken in.

14175. You take the most urgent cases?—Yes. We take typhoid fever cases.

14176. And typhus?—No, not typhus.

14177. And have you any lock cases?—No, we do not take lock cases; we send them to the Lock Hospital.

14178. You have no lock ward?—No.

14179. I forgot to ask, have the nurses any holidays?—Yes; the sisters have one month in the year, and the nurses three weeks, all at one time; and any probationer can have a week if she wants it, and anyone can have a day or half a day off without any difficulty.

Earl of Kimberley.

14180. Do you make any inquiry as to the circumstances of the out-patients?—Very often.

14181. In order to see that they are proper subjects of the charity?—Certainly.

14182. Is that done by an inquiry officer?—No, but if any one comes in whom either the out-patient medical officer, or the registrar, who takes the name, suspects of being a person who is not a proper recipient of the relief, he refers the case to me, and I inquire. But I should like to point out that in many cases the patients come there and use the hospital as one goes to a consulting physician; they say: "I cannot afford to pay two guineas to a physician, therefore I come up to the hospital to get a skilled opinion."

14183. And you regard that as a legitimate use of the hospital?—Yes.

14184. Do you find the out-patient department in many cases abused?—No.

Earl Spencer.

14185. Are those cases generally sent by the local practitioners?—No, they come up of themselves.

14186. Are a great many cases sent to the hospital by other medical men in London?—Yes poor persons as in-patients. Many of our old students, if they have got a case among the poor that wants hospital treatment send it up to the hospital, and we take it in.

Earl of Kimberley.

14187. And do they also send cases up to you for consultation?—Very often.

Lord Clifford of Chudleigh.

14188. From London a good many are sent to the hospital for consultation?—Yes.

Lord Thring.

14189. With regard to these patients who come from Kent, does a poor man come up on the mere expectation and chance that you will take him in?—Sometimes they are foolish enough to do that, but as a rule some governor, or friend, or minister, who is interested in the case, writes and asks if the person can be admitted.

Then I think you hardly apprehended Lord Clifford's question which he put a little while ago.

Lord Clifford of Chudleigh.

14190. I meant to ask whether they were sent up by medical people; doctors who knew something about them, or whether they come up on their own account?—It varies; some come up on their own account, and some are sent up.

Earl Cathcart.

14191. You have a specially decent way of presenting the dead people to their friends and relations?—Yes.

14192. Will you explain that to the Committee?—We have a mortuary chapel, in which the body is placed, when friends of the deceased wish to view it, instead of remaining in the mortuary with other bodies.

14193. That was the gift of a benevolent person, I believe?—Of the late treasurer of the hospital, Mr. Robert Few.

Chairman.

14194. And who looks after that?—A porter. The chaplain often reads the first part of the burial service there for friends.

14195. Is there any nurse who looks after the dead bodies?—There is a female attendant there.

14196. In the out-patient department, is there any nurse?—In the out-patient department there is a sister on duty, and a female attendant; and if any women come in to the casualty rooms, a sister, or a nurse, is always present.

14197. Have you a night superintendent?—Yes, a night sister; she is the night superintendent.

Earl of Lauderdale.

14198. Are your treasurers salaried officers? No, they are all honorary.

Chairman.

14199. Will you put in a list of all your employés, with their remuneration?—Yes, I will do so.

The Witness is directed to withdraw.

MR STANLEY BOYD, is called in; and, having been sworn, is Examined, as follows:

Chairman.

14200.—You are the dean of the medical school, are you not, at Charing Cross Hospital?—Yes.

14201. Are you a physician or surgeon?—Surgeon to the hospital.

14202. Do you hold the qualification of the London College of Surgeons?—Yes.

Chairman—continued.

14203. Would you give us a general account of your school; how many students are there?—The number of students, at present in attendance, is 228. Last year we had 31 general students, that is to say, students who were going to take the ordinary medical qualifications.

14204. Were

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Mr. BOYD.

[Continued.]

Chairman—continued.

14204. Were those 31 new students?—Thirty-one new students. We had 35 dental students. The position of Charing Cross Hospital is rather singular; it is close to the Dental Hospital of London, and by far the majority of the dental students come to us for their anatomy and physiology; and we had 16 occasional students, taking one class or another, making altogether 82 entries.

14205. Was that more or less than in preceding years?—About the average.

14206. Do you find your school increasing?—Increasing slowly, but steadily, I think.

14207. Then as to the fees these gentlemen pay; what are they?—The general students pay either 90 guineas in one sum, or 100 guineas by five instalments.

14208. That is for the whole curriculum?—For the whole curriculum, for the Conjoint Board diploma.

14209. How long does that curriculum take; four years?—Four years. The dental students pay 54 guineas in one sum, or 60 guineas by two instalments.

14210. The total gross revenue of your school last year was what?—It was 4,070 l.

14211. Out of that you had to meet the expenses of the school?—Yes. The way in which that is arranged is this: one-fifth is taken off all fees for the hospital, that amounting to 814 l. last year; one-fifth is taken off for school management; three-fifths are then divisible among the staff and lecturers.

14212. As regards the first item, the one-fifth for the hospital; is that to defray a debt, or what is the object of paying the hospital that money?—That is in the way of rent, because the governors of the Charing Cross Hospital are as much responsible for the school as for the hospital. According to the charter, the place was chartered to give education as well as to treat the sick.

14213. The school itself is quite apart from the hospital, is it not?—A separate building entirely.

14214. A separate building on the other side of the street?—On the other side of the street, connected by a subway.

14215. Then three-fifths, you say, is divisible as premiums among the staff and the lecturers?—Yes, the hospital staff, I mean, and the lecturers at the school. There are certain hospital fees which go entirely to the staff, hospital fees for clinical teaching.

14216. Are those paid to the hospital, apart from the school?—They are paid by the students for teaching given by the hospital staff at the hospital clinical fees, as opposed to fees for general teaching.

14217. Then there are the clinical fees and there are the fees for the lecturers?—The school fees.

14218. Those are comprised in the three-fifths?—In the three-fifths.

14219. Would you tell us on what basis the division is made. I do not want to ask what any particular individual may get, but the maximum and the minimum?—You mean the principle on which we divide them?

(24.)

Chairman—continued.

14220. Yes?—The school fees are divided like this: each man gets what is paid to his chair by the students, less two-fifths. For teaching anatomy, for instance, the lecturer will receive the anatomy fees, less two-fifths; and so on with chemistry and all the others. The hospital staff divide among themselves the hospital fees, less one-fifth. That is divided in this way: it is split up into 82 shares; 60 shares go to six senior officers, the three surgeons and three physicians, whilst the remaining 22 shares go to the three assistant physicians and three assistant surgeons, the obstetric physician, the dental surgeon, and the skin physician.

14221. These are what you call the hospital fees?—Those are what we call the hospital fees.

14222. What is the maximum amount that might be derived from fees for a course?—The winter course, I suppose, averages about 160 l. to 170 l.; the six months winter course. Sometimes they may reach 190 l., but the average would be I should think, 170 l. for the winter classes, whilst for the summer classes they go from 60 l. to 80 l.

14223. That is the minimum of the higher officials?—These are school fees, they have nothing to do with the hospital at all.

14224. Then what is the minimum that a teacher or lecturer might earn?—If he had a summer course only he might not earn more than 60 l. by his course of lectures.

14225. Do not some lecturers get more shares than others?—No; I am speaking of school fees now. The clinical fees are divided according to shares; the school fees are divided thus: after two-fifths has been taken off the remaining three-fifths is handed to the man. If he has a chair which there are a large number of men attending he will have more; if few, he will have less; if it is a long course it will be more; if short, it will be less; the winter course being six months and the summer, three months. That is the way the school fees are divided. The hospital division is according to the share, by which every senior officer gets five times as much as one of the many juniors.

14226. In fact it depends, as regards the lecturer, upon the number of students attending his course of lectures?—Yes, and the length of his course, the number of lectures.

14227. As a matter of your own opinion, are you satisfied with the present system of medical education in the hospitals?—Very fairly.

14228. Could you point out, giving us your own opinion, any direction in which improvements could be made?—I think it would be a very great advantage if the hospitals could be relieved entirely of the teaching of botany, zoology, and physics, and a certain amount, just of the rudiments, of chemistry. If students were made to pass those before they began their medical education, I think it would be a very great advantage.

14229. Where would you have that course given; would you have some central lecture halls?—That does not seem to me to be necessary. There are plenty of places where they can go; there are excellent science departments in so many colleges all over the country.

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14230. You

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Mr. BOYD.

[Continued.]

Chairman—continued.

14230 You would make it merely a necessity for entrance into your medical school that they should have acquired that preliminary knowledge before they were allowed to enter?—Precisely.

14231. Then where would you have your examination to test their qualifications?—It ought to be part of the preliminary examination; the preliminary examination I mean, that everybody must pass before he can be registered as a medical student by the general medical council.

14232. Then as they have to be examined in certain subjects for registration by the general medical council, you would just add to the examination these three or four subjects which you have mentioned?—Yes.

14233. What is the preliminary examination now?—There are so many of them; each one with a different syllabus. I mean to say that you can get a very easy one, which is admitted by the general medical council, or you can get a university degree, which, of course, they are very glad to accept. They will accept down to a certain level; I forget whether you must have Greek; but you must have Latin and one modern language. Chemistry is one of the subjects which they will take; physics is another which they will take.

14234. Have you ever considered whether it would be advantageous to have a central education board for medical students?—Yes, I have thought a great deal on it.

14235. Will you give us your opinion?—I think that there would be great danger about it. In the first place the absence of competition would do away with the strong desire to teach. In the next place it would probably be the case that men who taught nothing else but their own science, and who did not practice, would be the teachers. I am supposing that you are including anatomy and physiology, not simply physics and chemistry. I think it is a distinct disadvantage to the ordinary medical man to be taught anatomy and physiology by a man who never applies either; a very distinct disadvantage.

14236. That system does exist, does it not, abroad; do you know what happens abroad?—Yes, undoubtedly in many cases there are pure anatomists and pure physiologists teaching the subjects.

14237. But you prefer the system as it exists here?—I do. I think that the entirely scientific men have of course their great value, because they are the men who, to a large extent, advance the knowledge of their science; they devote their whole time to it; but I do think there are great advantages to the ordinary medical student in being taught by a man who always makes the subject bear on what he has to do afterwards as the work of his life. Of course we have illustrations of both in London. At the different colleges you will find pure anatomists and pure physiologists. At University College, for example, you will find Mr. Schäfer, who is a pure physiologist, and Mr. Thane, who is a pure anatomist.

14238. Do you think by having a branch of a central university for such studies you would not secure better lecturers?—You might, and you might not. You might get a very able man, a man who knew his work extremely well, and yet

Chairman—continued.

was not a good teacher. That is often the case in those special chairs. You find a man, an extremely able anatomist, who knows everything that is known about that subject, but he is not a good teacher at all, and the work goes to his demonstrators; it is not at all uncommon to find that; he will have half-a-dozen demonstrators working it.

Earl of Cathcart.

14239. The subway which you mentioned is not in the nature of a passage, where people could pass, but simply a subway to get over small trucks?—It is for the purpose of conveying the bodies of patients who have died in the hospital to the school, where all post-mortem examinations are now performed.

14240. Was any difficulty experienced in getting permission to make the subway?—I cannot tell.

14241. Have you any private practice, or is your whole time occupied as dean?—No; I have private practice as well, and I am surgeon to the hospital as well.

14242. If there was a uniform preliminary examination, including the subjects you mentioned—elementary botany, zoology, and chemistry—then crammers and schools preparing for this preliminary examination would come of themselves?—Yes; I suppose so.

14243. Then there is, at present, no uniform system for this preliminary examination?—No. There are ever so many bodies examining for it.

14244. It would be much better if there was a uniform system?—Very decidedly.

14245. You want a preliminary examination, as you have of subjects required for the Army, carried out on a uniform principle?—Yes.

14246. So that young men might come from colleges and public schools all over England prepared to pass this preliminary examination on a uniform system?—Decidedly; that would be the greatest reform you could have.

14247. And that is what you really want?—Yes.

14248. So that boys might come from Durham, or any college or school, and pass an examination in those preliminary subjects?—Yes.

14249. And, afterwards, their whole course of education would be in the hospitals?—Yes.

14250. Have you any trouble with the students as to discipline, and that sort of thing, by reason of your not having a residence or a club?—No; occasionally, of course, troubles do arise.

14251. But the conduct, on the whole, is good?—I think so.

Earl of Arran.

14252. Would you have the certificate for the examination in these subjects of botany, chemistry, and zoology given by the hospital?—No; given by the examining body.

14253. So that the students would arrive with this certificate, and be prepared to enter on their further course?—Yes.

14254. Which would be the best general body, in your opinion, to give that certificate?—I have not thought of that; what I have always thought is that we want a more uniform standard, and a higher

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Mr. BOYD.

[Continued.]

Earl of Arran—continued.

higher standard, very decidedly, than the lowest which is now accepted.

14255. There are, as I understand you, plenty of places where they can go through this preliminary course, and learn these subjects, in existence at this moment?—Yes.

14256. Would you take the certificate of each of those places, or would you have a uniform place of examination?—A uniform place of examination; but I would take the certificate of any teaching place. All you want to know is, that the man has the necessary knowledge, no matter how he got it.

14257. You think these bodies would be sufficiently competent to grant a certificate?—They can easily get examiners who are perfectly competent to examine.

14258. Would you like to have a central body conducting those examinations?—We want to make it bear upon Scotland and Ireland as well; and it would be very difficult, I suppose, to bring men from all parts of the kingdom to one place. Of course an examination might easily be conducted all over the kingdom, and if we could get a uniform standard to prevent men from going through by a side portal, so to speak, that would be an immense advantage. If we could get that right through the whole education, get the lowest standard fixed, it would be an immense boon.

14259. You would then get examinations conducted upon the same principle, which they are not at present, I understand. The Scotch examinations are conducted on somewhat different principles, are they not?—The principles are the same; it is a question of standard, I imagine. The papers set at examinations for some of the lowest diplomas contain questions, that to answer thoroughly, you would think yourself a very good man. So it must be a question of standard rather than of the papers.

Lord Zouche of Haryngworth.

14260. Did I rightly understand you to say that at the present moment you do not admit a man as a medical student till he has passed some examination?—No one can study at a medical school until he is registered as a medical student by the general medical council. It is true that they will sometimes allow a man to back register; but with that exception, what I said holds good.

14261. He must have a certificate from the general medical council?—He must be registered as a medical student by the general medical council.

14262. On what conditions do they put him on the register?—On condition that he shall have passed a preliminary examination, which may have been that of the College of Preceptors, or I think, a second-class Cambridge local, or one of the Apothecaries' Hall. On the other hand, of course, they will take a B.A. if they can get it; they are very glad of it.

Lord Thring.

14263. The question you are raising, is the question that has been raised for the last twenty years, has it not, as to the capacity of certain colleges to be examining bodies?—There is no doubt that they are able to do it if they like, only

(24.)

Lord Thring—continued.

it is the interest of certain bodies to have a lower standard.

14264. To put it in very plain English it is simply this: We know very well that there are certain colleges in the United Kingdom that have very fine examinations, but pass men at a very low standard?—Exactly.

14265. In the same way as we have had American degrees and degrees from all over the world brought forward as a qualification for the medical profession, till they were stopped by a recent Act. But your argument goes to show this: that you want to have the number of bodies limited that have a power to grant certificates of these preliminary examinations; that is so, is it not?—Unless some method could be devised by which the standard should be kept up to a certain point.

14266. But this is the question really and truly: There are various colleges which we all know, but need not specify, which pass their men at too low a standard?—Yes.

14267. And you want to abolish those colleges, as far as this question is concerned, but you do not want, do you, to have one college or to have one examining body only, that should examine for all the medical profession?—No, I do not think that would be desirable.

14268. You do not want to do away with the power of Oxford or Cambridge, or the other great universities, to grant certificates of these preliminary examinations?—No.

14269. You want them to require a certain examination?—I want either that, or to give them a decent standard.

Earl of Kimberley.

14270. With regard to the preliminary examination, you think, as I understand, that it should be conducted in the same manner for all candidates?—I think that a certain standard ought to be ensured for that; but I should think that the B.A., or anything higher than the standard fixed, should be received.

14271. With the exception of certain university degrees which you think would be sufficient without any further preliminary examination, do you think that the examination should be uniform?—I do.

14272. Then how would you secure that?—It might be secured by having a body here to set and to correct the papers, and then sending them over the kingdom.

14273. That would involve, in fact, a central examining body?—It would involve a central examining body.

Lord Thring.

14274. I will put this case to you: I examine, say, for a small college; I set a series of papers exactly the same as Trinity College, Cambridge, the largest possible college, would examine upon; I know that my men do not come up nearly to the standard of the Trinity College people; but if I set quite as hard papers it is a question of who is examining; I pass so many men at a lower degree of excellence than I should pass them if I belonged to a larger college; but how can you possibly prevent that

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Mr. BOYD.

[Continued.]

Lord Thring—continued.

except by having a central examining body in which all the examiners are consulted and set the same papers. The papers that you set at an examination are not the test of whether the examination is difficult or not; the test is the standard which the examiner requires; and very often an easier examination is much more difficult to pass than a harder examination, because the one examiner requires a higher standard than the other; do you follow me?—Yes, I follow you.

14275. Then I do not understand how you can do it, except in this way: you must do one of two things; you must have colleges which you can trust to have a proper standard, like Oxford or Cambridge, or else you must have a central examining body, all the examiners of which will take care that men do not pass through at an inferior standard; but that is not secured by the hardness of the examination or by the papers being the same. You show me your papers and the noble Lord opposite shows me his, and I say, “His are more difficult than yours; a man who can pass his papers ought to be of higher attainments”; but it does not follow; there may be a higher standard required by one examiner than by the other?—I follow you, and I quite admit that you cannot have uniformity unless you have one body to examine.

Earl of Kimberley.

14276. In point of fact you would have to introduce the same system as in the London University, namely, that the candidates are either examined at the university itself, or that papers are sent out to the different colleges and returned to the university, and then the papers themselves examined by the London University examiners?—That is one plan I did suggest.

14277. One word in regard to the diplomas for surgeons and physicians; I think I understood you to say that you were very desirous to see it brought to the same standard through the United Kingdom?—The lowest standard I should like to see brought up to a certain point.

Earl Spencer.

14278. Is there any body now in existence in England that conducts these preliminary examination examinations as a central body?—I do not think so.

Earl Spencer—continued.

14279. You would have to create it?—I think so.

14280. Have you ever thought how you would create it?—No, I have not.

14281. It would be rather a difficult thing, would it not, to get a body that would gain the confidence of all the medical schools?—Of course the idea of that would come from a State diploma, if you have a State minimum.

Earl Cathcart.

14282. But how, by taking university degrees instead of the preliminary examination you speak of, could you ensure your getting the special subjects you want included?—You would have to say they must be included; but anybody who wished to study medicine would probably study science if he was taking a degree at all.

Chairman.

14283. Are you very anxious to maintain the individuality of your own school?—Well, yes, personally I am, very decidedly; and I think we have been mentioned on one occasion in this inquiry in rather a bad sense. I think it was said that we could not possibly teach various subjects. It was said, for example, by one witness, that how a school like Charing Cross or Westminster could teach physiology or chemistry was beyond his power of conception; he did not see how we could do it at all. I think, without any boasting, I may say that our physiology department at Charing Cross is as good as any in London. We have got a beautiful microscope room, and an excellent private laboratory for the higher work, and our physiologist is well known, I think, not only here, but on the Continent.

14284. Is there anything else you wish to state?—Nothing.

Earl Cathcart.

14285. Can you give us the number of the question where that statement was made?—I cannot.

14286. Do you remember who it was who said it?—Sir Andrew Clark; and I am not aware that Sir Andrew Clark has ever been in the place.

The Witness is directed to withdraw.

MR. FREDERICK WILLCOCKS, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

14287. You are one of the out-patient physicians, are you not, in the Charing Cross Hospital?—Yes.

14288. Are you resident in the hospital?—No.

14289. Could you tell us please, how you organise your out-patient department on the medical side; what happens from the first moment of a patient presenting himself at the hospital?—The out-patients come from one to

Chairman—continued.

half-past one o'clock; then the doors are shut and locked, and we commence to see them.

14290. No out-patient is admitted after half-past one?—Not after half-past one; they all have to be there by half-past one. Those who come without any recommendation from a governor are given a paper which lasts them according to the discretion of the medical officer, to give them medicine for three days or a week, or even longer; and

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[Continued.]

Chairman—continued.

and they are recommended to get a subscriber's letter if they desire to attend again; or the medical officer has the power to give them a letter himself at once if he thinks it necessary. Other patients come with subscribers' letters which last them for two months if it is necessary for them to attend so long.

14291. Are those letters renewed by the hospital?—They may be renewed if it is necessary.

14292. What constitutes a man an out-patient?—The fact of his applying.

14293. But how does an out-patient get from the casualty department to the out-patient department?—The ordinary out-patient has to sit there till we see him; he comes at a certain time and waits to be seen by the out-physician or surgeon; and he has to wait till all the business there is finished; but the casualty patients come to the front of the hospital, and are seen by the resident officers.

14294. Then from being casuals they become out-patients?—Some do, but not many. The majority of the out-patients come at a certain definite time to attend a certain department, and they all have to wait till they are finished; they may wait three or four hours in some cases.

14295. We were told that there was no limit to the numbers of out-patients; but practically opening the doors at one o'clock, and shutting them at half-past one, does limit the numbers, does it not?—We are mainly limited by space; the number that can be in the waiting-room at a given time.

14296. But supposing you had half-a-dozen out-patients coming at a quarter to two they would not be admitted?—No.

14297. They would have to come the following day?—Yes.

14298. Now, in the out-patient department, there are several departments working at the same time?—Yes; there is always a physician sitting; a surgeon and, very commonly, some special department going on at the same time.

14299. What time do these departments begin?—They begin at half-past one.

14300. That is the earliest?—The ear, the throat, the teeth cases, and so on, are seen on some of the mornings; I see throat cases on Friday mornings, in addition to my two afternoons at ordinary out-patients work; that is my special department.

14301. Then casuals come whenever they feel inclined?—Yes; they come at any time; they are mainly accidents.

14302. Do you find that you have sufficient time to diagnose the cases?—We have to take the time; we have to stop there till they are finished; there may be very many or few patients.

14303. There is no limit, as regards the time, when you have patients in hand?—No; we have to go on till they are finished.

14304. Do you teach?—Yes; I am lecturer on *Materia Medica* in the school.

14305. Have you a class in the out-patient department?—Yes, students attend; there is clinical teaching there.

(24.)

Chairman—continued.

14306. How many students do you have there?—They vary on different days, according to the attractions that there may be elsewhere; sometimes a dozen or more; sometimes only two or three; there are always some.

14307. Do you find that much advantage in regard to the education of medical students is obtained from the instruction given in the out-patient department?—I think, perhaps, on the whole, from a teaching point of view, it is the most valuable part of the hospital. They there see the class of cases that they will see afterwards, the serious ones and the comparatively minor ones mixed up together, and they have to pick out the serious ones.

14308. They see every description of case?—Yes; and they see it from the very beginning.

14309. What takes the time really is the teaching, is it not; not the diagnosis of the cases?—The physician has to find out of course what is the matter with the patient; he must go thoroughly into the case; that may be partly done for him by his clinical clerks; they take histories and get information for him, and so on.

14310. But the second time, for instance, that a patient comes, I suppose the treatment itself might be carried out in a very short space of time?—Yes, in many cases.

14311. But still there is a certain amount of explanation required for the students?—Yes.

14312. And that is what takes the time?—The difficulty with the out-patient is the first time of seeing him; we have to take a record the first time, and get all the facts out of him.

14313. Your new cases are limited merely by opening the doors at one and shutting them at half-past?—Yes.

14314. Then you would not like to see the out-patient department of the hospital done away with at all?—No.

14315. Do you have many out-patients sent to you from practitioners in the neighbourhood?—A good many medical men send patients to the hospital to know what we think of them; by old students it is very commonly done; especially if one of the physicians takes a special department.

14316. Are your out-patients all of a very poor class?—I should say the large majority are.

14317. You do not think the charity is abused?—No.

14318. How long have you been in the out-patient department?—Nine years.

14319. You have had considerable experience therefore?—Yes.

14320. Do you find that there is much complaint made by the profession of the out-patient department of your particular hospital?—I do not think so; I do not think our patients could pay; certainly not very much.

14321. By the poor practitioner, I mean?—I do not think our out-patient department injures him.

14322. What would become of these people supposing there was no out-patient department; they would have to go to the poor-law, I suppose?—Yes.

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14323. Does

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Mr. WILLCOCKS, M.D.

[Continued.]

Earl Cathcart.

14323. Does an outside practitioner ever send cards or notes with an out-patient?—Occasionally; they perhaps want some advice about a patient.

14324. And do the patients mention by parole statement that they have come from a certain doctor; is that done also?—Not as a rule; if they come from a doctor, they come with his card or a note.

14325. We were told at St. Thomas's that it was very usual there to get notes and cards from outside practitioners?—I get a fair number of them.

Lord Monkswell.

14326. Have you formed any opinion whether any reform would be desirable in medical teaching?—I think what my colleague Mr. Boyd said just now expresses my opinion.

14327. You agree with him?—In the main.

14328. Mr. Gould, the Dean of the Middlesex Hospital School, told us the other day that he was in favour of the scheme of the University of London so far as it included some kind of representative faculty which would have considerable influence on the medical schools; do you agree with him there?—I think generally. It is not precisely known what the University of London Scheme is yet. It is not finally settled.

14329. What he says (it is at No. 13168) is: "All the teachers of all the London medical schools would together form a faculty and have the power of sending a certain number of representatives to the senate (that means the senate of the London University, I suppose) and appointing a board of studies"; should you agree to that?—I should in general terms. The University of London is the best central examining body we could have for the London Medical Schools; and a representative board of medical studies in the University would command the respect of the teachers in the schools of medicine.

14330. You think it would be desirable?—Yes.

14331. Do you think it would be desirable, as Dr. Lennox Browne suggested, that the schools should be separated from the hospitals?—I think not; I think the natural place to study medicine is at a hospital.

14332. Do you think the schools are too numerous at present?—I think not. The student there sees the practical application of scientific work.

14332*. You would not do away then with even the smallest of the medical schools?—No; they are very fairly attended. A small school to-day may be a large one to-morrow, and in a small school the student gets more individual attention from his teacher than in a crowded one.

14333. Would you not get better men to lecture at larger schools?—I think not. We were a small school 15 years ago, and are now comparatively a large one. It depends very much on the staff of the particular institution.

14334. You would not suggest any interference, but would say that any hospitals should have schools that like?—Any increase of them might be open to question; there are quite enough.

14335. Then your answer rather amounts to

Lord Monkswell—continued.

this: that there may be a certain amount of vested interests concerned in keeping up schools, if you say it would not be desirable to increase them?—I do not think there is much room for more. One hospital tried an elementary school some time ago but gave it up.

14336. Do you think that, in the natural course of things, a school that was not wanted would disappear; or would you suggest that some authority should have power to prevent the needless multiplication of schools?—I think it is very much a matter of free trade; if the staff of the hospital like to teach, and can attract students, there is no reason why they should not, and the proposed central board of studies in the University could supervise and inspect the teaching of any subject in any of the schools, and maintain the teaching at a high standard.

Chairman.

14337. Do you keep any return of the cases that you treat in the out-patient department?—I keep notes of them all on their papers; these papers are all numbered and pigeon-holed.

14338. You know how many new cases you have?—That is kept by the registrar.

14339. Not the number of attendances?—No; I believe the average number of attendances is about four times the patient, taking those without letters and those with letters; and our out-patients are about 20,000.

14340. So that it is about 80,000 attendances?—Yes.

14341. You receive no salary as out-patient physician?—No.

14342. Can you answer this question: do the residents in the hospital receive any salaries?—No, they do not; they merely have board and lodging.

14343. And the physicians and assistant physicians, and surgeons and assistant surgeons, do their work for nothing?—Yes.

14344. Do you know if the work in your department on the physician's side is greater or less than the work on the surgical side?—I could not say positively.

14345. But is there very much difference?—I should not think there was very much; perhaps there are rather more medical cases than surgical; medical complaints, perhaps, are commoner than surgical.

14346. But the system is the same on the surgical side as it is on the medical side?—Yes.

Lord Clifford of Chudleigh.

14347. Did I understand you aright that it is your opinion that, if there was a strong examining body it would be immaterial to a great extent, at which school a student studied?—Yes; I think it would be in that case; that is to say, he would go to the place he could have the best education at.

14348. And as long as the knowledge acquired by him was sound, there would be no object in restricting the number of schools where he could learn?—The student would naturally go where he got the best teaching.

Earl of Kimberley.

14349. Do you limit the election of your medical

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Mr. WILLCOCKS, M.D.

[*Continued.*]*Earl of Kimberley—continued.*

medical officers to those holding any particular qualification, to those who possess a London qualification, for instance, the qualification of the College of Surgeons, or the College of Physicians?—A surgeon must be a fellow of the Royal College of Surgeons, and a physician a member of the Royal College of Physicians.

14350. So that you could not elect anyone who possessed a qualification in Scotland, or in Dublin?—Not unless he took the London qualification.

14351. On what ground do you enforce that regulation?—I think it is an old custom in most of the London hospitals.

14352. Very likely; but on what ground is it based?—I do not know; it is merely a custom kept up still.

14353. Do you think there is any value in it?—I think it is the old idea as to the College of Physicians that no man could practise in London as a physician unless he was a member or fellow of the College of Physicians in the old days.

14354. Do you think you may exclude competent men from your hospital by that restriction?—They could easily take the London qualification.

14355. But would it be a very pleasant thing for a man who had a large practice, when he was advanced in life to have to pass an examination?—I have known men who have done so.

14356. Do you think it is an agreeable thing to do?—No.

14357. Do you think every man could do it; do not you think that many people who are very competent have forgotten their book knowledge so much that they could not pass the examination?—Then they are not competent to be on the staff of a teaching hospital.

14358. But, surely, could you not trust your electing body to select really eminent men from whatever parts of the United Kingdom they might come?—It is not really a subject I have ever thought much about. It is the general regulation of most London hospitals.

Chairman.

14359. You said that the surgeons and physicians must have these qualifications; does that apply also to the assistant surgeons and physicians?—Yes. All the permanent hospital staff must have these qualifications.

14360. Do you include the resident medical

Chairman—continued.

officers in that answer?—No, theirs are the ordinary qualifications; they are selected by a competitive examination; they are our best students.

14361. Does it ever occur that you get a man as resident who has been educated at Glasgow or Edinburgh?—Not for many years; we have always had a sufficiently large number of students to select the residents from; there is always great competition.

14362. You do not know whether there is an obligation on the part of the authorities to advertise vacancies?—No; they do not advertise them; generally they select men educated in the institution.

Earl of Kimberley.

14363. Is not that open to this objection, that being a sort of close corporation they are very apt to get into one groove if they have no outside light thrown on them?—I think not, because the medical practice of the profession is much the same everywhere.

14364. Still is not it in all institutions found to be very desirable to have, occasionally at all events, men from the outside, who generally look upon things with somewhat different eyes from those that belong to any particular body?—Yes; still these resident appointments are the prizes of the school really; they are the best things a man can get; he aims at getting one of these resident appointments at the end of his curriculum.

14365. Does that apply to the consultant staff?—No, we are taken from all schools.

14366. You limit your reply to the residents?—Yes; we have almost every university in England represented on the teaching and consultant staff, and also some of the Scotch Universities.

Earl Cathcart.

13367. You have a number of gentlemen of colour in your school, have you not?—Two or three, I think.

13368. As a rule, are they up to the average of your pupils?—Some have been very much better than the average.

13369. And sometimes they are made officers?—Yes.

13370. We had a coloured gentleman from the London Hospital who was one of the staff?—They are sometimes made resident officers.

The Witness was directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 23^o Februarii, 1891.

LORDS PRESENT :

Earl CADOGAN.
Earl of LAUDERDALE.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.
Lord SANDHURST.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. THOMAS RYAN, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

14371. You are the Secretary of St. Mary's Hospital, are you not?—Yes ; I am the Secretary of that hospital.

14372. Where is that situated?—It is situated in Cambridge-place, Paddington.

14373. In the parish of Paddington?—Yes, in the parish of Paddington.

14374. When was it founded?—It was founded in 1845 ; the foundation stone was laid in that year.

14375. It is, therefore, I suppose, what you would call a hospital with a great deal of modern improvements about it?—I am not quite sure that I could answer that question in the affirmative. It ought to have many modern improvements because it has the advantage of youth ; but I am not quite certain that it can be said to have all the improvements of modern construction ; I think the medical staff are rather inclined to entertain the opposite opinion.

14376. But at any rate it is of newer construction than a great many of the hospitals that we have had before us, like the Middlesex Hospital, for instance?—Doubtless.

14377. Is it a free hospital?—I should describe it as a free hospital, although the letter system exists ; but owing to the fact that so many patients are admitted without letter by reason of the gravity of their condition, I think I can correctly describe it as practically a free hospital.

14378. You have no paying beds or wards?—We have no paying beds or wards.

14379. And are the out-patients in the same degree free, with the exception possibly of letters?—The out-patients are free in the same sense.

14380. Is there any restriction on the numbers?—There is no restriction on the numbers whatever.

14381. How many beds have you?—Two hundred and eighty-one.

14382. What is about your working maximum?—About 255. Our proportion of working

(24.)

Chairman—continued.

strength is somewhat higher than that of most hospitals. The number of patients we take in per bed during the year approximates to 14, which is about the same as at University College Hospital, but is more than at most others, I think.

14383. And from that answer, I suppose you you are continually full?—We are pretty continually full.

14384. Is there any time of the year when you have to turn away patients, because you have not got room for them?—I should say that we constantly have very carefully to sift our patients with a view to taking the gravest cases, and letting the others go elsewhere on that account.

14385. At the same time in that district, we were told the other day, there is an enormous amount of medical relief from hospitals, and dispensaries, and so on?—I should hardly have thought that it was so. There is only one hospital in that district.

14386. The answer that I have got in my mind was one from Mr. Fardon, of the Middlesex Hospital, who told us that within one mile of the Middlesex Hospital, there were over 2,000 beds ; perhaps they do not stretch out in your direction?—It may be as Mr. Fardon states ; but if I were to endeavour to bring to your Lordship's conception a notion of how we stand in that way, I should say that the whole of the district of London, west of the Edgware-road, and north of the Park, is served by St. Mary's, and that it is a very large district indeed, the population of which has vastly increased within the last 20 or 30 years. Quite a new town has sprung up, which we know as Kensal New Town, and that part known as North Kensington ; and I can say positively, that St. Mary's is not adequate at the present moment to meet the necessities of this large district.

14387. Then to get your answer on the Notes I will put this question to you : Do you think that

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Mr. RYAN.

[Continued.]

Chairman—continued.

that the medical relief in Paddington is deficient?—Certainly.

14388. Is there a Paddington Infirmary?—There is.

14389. Is that one of the new 1868 infirmaries?—I believe it is; but my information on that subject is limited.

14390. Now as secretary may I ask, are you a salaried officer?—I am.

14391. Will you tell us what your salary is?—My present salary is 400*l*.

14392. And board and lodging?—I do not reside in the hospital.

14393. But have you any board, luncheon and so forth?—Yes, there is a luncheon provided for me.

14394. To whom are you responsible?—I am responsible to the weekly board. Perhaps it would be well if I were, at this point, to give you to understand the nature of the constitution of the weekly board.

14395. I think it would be an advantage that you should do so?—The hospital is governed by a number of individuals who are called governors, and the governors are persons who subscribe three guineas a year or who have given donations amounting to 30 guineas or more. The form in which they have become a government is the form of quarterly and weekly boards, which quarterly and weekly boards appoint standing committees. The two standing committees are the House and Finance Committee, which may be considered the general administrative body of the hospital, and the Medical Committee. I can tell you the nature of the business of those boards and committees.

14396. If you please?—The quarterly board, as may be gathered, meets once a quarter, and the nature of their work is to read the minutes of the weekly boards that have been held during the quarter, and to confirm them or otherwise; and practically that is the nature of the control which the quarterly board exercises over the affairs of the hospital.

14397. The quarterly board consists of all governors, I presume?—It may consist of all governors.

14398. And how do they become aware that a meeting of this quarterly board will be held?—The law is that it shall be advertised in the newspapers and that notice shall also be sent; but there is an exception to the sending of notice which is provided for by law, and that is if the business is of a purely formal character.

14399. Then as to the weekly board?—The weekly board's business is as follows: they first of all read the minutes in the ordinary way.

14400. Will you tell us first of all how it is constituted?—It is constituted in the same way as the quarterly board; that is to say, every governor has the right to attend and vote.

14401. It is an open court then?—It is an open court.

14402. It is practically the same body, then, as the quarterly board?—Without any difference whatever; it is exactly the same body, except, of course, that that body as a quarterly board has higher functions than as a weekly board.

14403. And how about notices; is it a known

Chairman—continued.

fact when the weekly board will sit?—It is a known fact; we do not summon weekly boards. The weekly board, I may say, meets on Friday at four o'clock.

14404. And its business is what?—The first business after the reading of the minutes, is the question of the election of governors. The names of those persons who have qualified are read out to the board, and they are elected, or otherwise, as the board may think fit. Usually they are elected. Then the business varies fortnightly; every fortnight the house and finance committee, which meets once a fortnight, sends up a report, and that report of the house and finance committee is taken next: and there is generally a warrant at that time prepared for the chairman to sign, authorising the payment of such accounts as the house and finance committee may have recommended; and then the clauses of the house and finance committee's report are taken seriatim, considered, and resolutions passed upon them.

14405. Then a medical man may serve at either of these boards, I suppose, if he is a governor?—A medical man occupies precisely the same position with regard to the right of attending and voting at those boards as any other governor.

14406. This is what happens as far as the weekly board is concerned?—Yes; I was about to conclude my account of the business of the weekly board: Once a month the medical committee, which meets monthly, sends up a report which will be taken next. Then from time to time as an examining committee, which is a sub-committee of the medical committee, may have examined and have to report upon the qualification of candidates for resident medical appointments, they send in their report and a resolution is taken upon that appointing or not appointing the officer recommended; after which special business will be taken; any motion of which a governor may have given notice, or any other special business I may have to put on the agenda paper; and following that the formal reports of officers and others; I will read them, with your permission. There is what we call an alcohol report. Alcohol is an item of expenditure upon which the board considers a very careful eye must be kept; and, with a view to keeping that careful eye upon it, they have a report made weekly as to the amount of alcohol used in the gross, and the amount per head, on the average, throughout the week.

14407. Does that alcohol report pass the medical committee?—That alcohol report does not come under the medical committee's notice. Then there is a report called the house visitor's report. I should explain that we have two governors, who are appointed at each meeting of the board to visit the wards during the month, and they have to question the patients as to whether they have been well fed and tended, and treated in every way; they make the same inquiry with respect to the nurses' treatment, whether they have had sufficient exercise, and so on; and they report to the weekly board.

14408. You said that at their meeting they appointed these house visitors for a month; but the

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the board meets every week, does it not?—Yes, and the appointment of the house visitors is made the last week in the month. The next item on the paper is to receive the report of the chaplain; then to receive the report of the matron. One feature of the matron's report is that she very specially reports to the board, as she also does to the house and finance committee, as to the incoming and outgoing of nurses.

14409. Does that mean by their appointment and dismissal, or does it mean in connection with an institute of private nurses?—No; it simply means the nurses coming in to commence their training as vacancies occur, and their leaving on the completion of training, or for any reason for which they might leave. Then follows the report of the resident medical officers as to the number of patients admitted; the deaths, causes of death, and so on; after which is read a weekly return of patients, the number admitted, the number discharged and the averages; and then the medical officers' attendance book, a book in which every member of the staff signs his name and the hour he enters, is examined. The next item on the paper is the appointment of the house visitors, of which I have spoken before; that comes on at the last board in the month: and certain books are laid on the table; they are two copies of the laws of the hospital; the medical and surgical admission books. There is a feature about those medical and surgical admission books which I should like to mention. It is this: that they afford the governors an opportunity of exercising a very considerable scrutiny over the class of patients who are admitted; it sets out the occupation of every patient, and in practice it is a very effectual check on the admission of people of a class in life who ought not to be in the hospital.

14410. That is to say, of course, as in-patients; it has nothing to do with out-patients?—That is, as in-patients. Then the legacies book is put on the table and the book called the Two Months Book, which reports on every case of an in-patient who has been in the hospital longer than two months. That completes the agenda paper of the weekly board.

14411. Does not any return come in as regards the number of out-patients?—Yes; that would come in under the head of the "Weekly Return of Patients," before referred to. That weekly return gives a return of all out-patients, casualties, and every class of patients.

14412. You keep, of course, a register of the new cases?—We keep a register of the new cases.

14413. And do you keep a register of each separate attendance?—We do not keep a register of the separate attendances.

14414. Does it not rather occur to you, that that being the case, in your report you rather under estimate the work of the department, if you do not state the number of attendances; because, of course, the number of attendances is very large?—The number of attendances is very large; but we do keep a record of the number of out-patients who attend in the out-patient department every day; but that does not come up (and, in this way, I did not give

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you quite a clear answer) in the weekly return of patients, nor, in fact, does it come before the board. The board could always find out from me the particulars as to the number of attendances; that is one of the things that are not regularly reported to them. I always have the means of giving information on that point; I collect information and tabulate it every day. As secretary, I, of course, become aware of many things which I do not think it necessary always to report.

14415. In your own individual opinion it is an important matter I presume what the number of attendances is, because that represents the great weight of the work of the out-patient department?—Precisely.

14416. Then after the weekly board you said there were two committees; will you describe their functions?—Yes, there are two committees, one being the House and Finance Committee, as it is called.

14417. What are the functions of the House and Finance Committee?—The House and Finance Committee practically manage the hospital. The secretary of course manages it between their meetings, but I think it is a very happy description of their functions to say that they practically manage the place.

14418. They are the executive?—They are really the executive you might say. You will be able to estimate where the point of contact is between the administration of the House and Finance Committee and my own. Of course, the secretary does most it is true, but speaking of the committee as a committee, it is the administrative body of the hospital.

14419. What is the nature of the duties of the House and Finance Committee?—They commence by reading the minutes in the ordinary way, and the next thing that is done is described on the agenda paper as: "audit accounts for the past month." For the assistance of the committee, and with a view to giving method to that audit, I have a thing which I may describe as a sort of programme, which perhaps you would like me to take you through?

14420. If you please?—I should say that this audit meeting is every other meeting; it is the fourth Wednesday in each month. The first thing they take is the receipts. They check the account of the income book in the first place against the receipt books, that is to say the secretary's receipt book, the collector's receipt book, and the canvasser's receipt book. Again, they check the account against the banker's pass-books; the General Maintenance Fund, the Chaplain Endowment Fund, and the Extension Fund pass-books. Then with regard to the debtor side of the cash book, they check that against the account of income, which they have already audited, and against the Pupils' Fees Fund pass-book. The nature of that fund will be gathered from the name of it; pupils, of course, pay fees for lectures. That is with regard to the receipts. Then with respect to payments. In the first place they check the secretary's disbursement book, first of all against the weekly wages book and then against the quarterly wages book; secondly, they check the creditor side of the

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the cash book in the first place against the secretary's disbursement book which has been already checked, and secondly against tradesmen's receipts. Then they check the cash-book totals; and having thus completed their examination and audit of the financial statement, they check it against the General Maintenance Fund pass-book, the Extension Fund pass-book, the Pupils' Fees Fund pass-book, the Chaplain Endowment Fund pass-book; and they check it against the Maternity Fund account of income, and the Convalescent Fund account of income. They then prepare a money statement for submission to the board, which is merely a statement of the balances in hand, or the other way, if it happens to be so. Then this is balanced with the cash-book; and the nature of the announcement made to the board upon it is, that the balances at the beginning of the month are so and so on each fund, the total being so much, and that that total agrees with the balance between the debtor and creditor side of the cash-book. So that it is practically a complete audit from beginning to end right through the hospital accounts once a month. That takes us through the second item on the agenda paper of the House and Finance Committee. The next thing that is done is to take the report of the secretary. The secretary makes a report calling attention to anything of interest and any notion of reform or improvements in the administration of departments that he may have to suggest. The matron's report is then taken; it is very similar in character to the report she makes to the board, especially with respect to the incoming and outgoing of nurses; in fact it naturally mainly relates to nurses; it also embodies a requisition for such stores as she requires for the use of her department. The report from the steward is next taken, and then the house visitors' book is read, as it is before the weekly board. After that, they proceed to examine the steward's account of the receipt and consumption of provisions. This is a very elaborate account as to the receipt and consumption of provisions, which details every item of provisions almost; its details do not descend into trivialities altogether, but short of that it is broken up very considerably, and gives the committee a very accurate view as to the amount of consumption of provisions and as to the cost of each class, and as to whether the cost per head goes up or falls during the week, and that gives rise to question and explanation. Then the secretary has written on the agenda paper the payments which he requisitions the committee to recommend to the board for cheques to be drawn; after that would follow any special business.

14421. Is that the whole?—That completes the work of the house and finance committee generally.

14422. This house and finance committee is elected from members of the weekly board, is it not?—From governors, I should rather say.

14423. Who are the treasurers of the hospital; are they bankers?—They are not bankers; the treasurers are prominent governors of the hospital, who were appointed, for some reason or another, which would lead the board to know that they would be excellent persons to serve as treasurers.

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I might remark that they have a seat *ex officio* on the house and finance committee.

14424. Then with regard to complaints, supposing there are any complaints which have been brought to you during the week, as they occur, do they come before this committee, or do you dispose of them?—If they were at all serious, I should lay them before the committee; if they were unimportant things which I could settle, since the law puts it into my jurisdiction to settle them, I should settle them; but if they were at all important, even if I had settled them, I should report the circumstances to the house and finance committee.

14425. For instance, in the case of patients or nurses complaining of their food, or if you or the steward had occasion to find fault with the meat, would you report that?—I should not report if I had occasion to find fault with the meat, or if the steward had; I should in that case deal directly with the contractor, and record the circumstance, so that when the question of tenders was gone into next time I should place before the committee, as is my custom, a report upon the conduct of the contractors during the term we should be referring to.

14426. At the same time if the meat was bad or the coal was bad, would you send it back to the contractor?—I should send it back or provide other myself, and charge him with the difference between his price and the price I had paid.

14427. And merely make a black mark against him?—Just so.

14428. What are the duties of the Medical Committee?—The Medical Committee sits once a month, on the first Monday in every month, and the minutes are read in the same way as in every other committee. The special business generally is taken first, and then the following reports and books are examined. The medical superintendents' report is the first book which comes before them; that would refer to any septic conditions that had arisen during the month; anything connected with the sanitary condition of the hospital that should be brought to the notice of the committee; the behaviour of clerks and dressers, and the names of those he had appointed, and similar matters of that class. Then the report of the dispensary visitors. The dispensary visitors are two governors, who as their name implies are visitors to the dispensary; to see that it is in good order, and that the dispensers are doing their work well.

14429. Keeping the place clean?—Clean and in good order, with the necessary stock of things kept up, and that the place is well administered. Then the six months' book is taken. The six months' book is a book that refers to out-patients; the case of any out-patient who has been continuously an out-patient for six months or more, is reported upon, and the committee have to be satisfied that there is reason why he should be retained for a longer period than six months. Then the next thing is a book called the septic book, containing the report of any septic cases which have arisen during the month, why they arose, and the result.

14430. What are the septic cases?—Cases of

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of erysipelas, cases of scarlet fever, diphtheria, and such cases. Then the post-mortem record, with a view to seeing whether the notes which should be kept of cases in which post-mortem examinations have been held, have been well kept. Then books of registration, &c., that is to say, the books registering the date of admission, the treatment and the results, and so on, of in-patients both medical and surgical. And then the temperature books which are kept by the sisters of the hospital to record the daily temperature of the wards, morning and evening for each day. And then every month the dispensary visitors, whose report I have before referred to, are appointed. That finishes the ordinary business of the medical committee.

14431. Those are the whole of the different individual bodies who manage the hospital?—Yes.

14432. I did not notice that you made any mention of an annual meeting or an annual court?—There is an annual meeting.

14433. Is that practically one of the quarterly courts?—It is quite a separate meeting, and it is a meeting at which other subscribers than governors are entitled to be present.

14434. Is it a public meeting, then?—That is practically a public meeting; the press can attend.

14435. Do the press come?—They do sometimes come. At every annual meeting I have been at there have been one or two representatives of the press, I think.

14436. There is one question I should like to ask: Have you any power in your rules to allow you to suspend an officer if he has misconducted himself, pending the next meeting of the committee?—My position in that respect, I think, is described by the laws of the hospital in this way: I am spoken of as being the governing head of the establishment; and I presume, although it has never been necessary, that under certain conditions I should suspend an officer. It would have to be, of course, under very serious circumstances.

14437. Obviously; then do you dismiss subordinate servants?—I am in a position to dismiss subordinate servants; I have the right to do so, but I have to report it to the weekly board if I do, and, of course, give a good reason for having so done.

14438. Then you mentioned a resident medical officer just now?—His title is the medical superintendent.

14439. Is he a salaried officer?—He is a salaried officer.

14440. And is he a member of the medical committee at the same time?—He is not a member of the medical committee. His salary is 150 *l.* per annum.

14441. And board and lodging?—And board and lodging.

14442. Then would he be the head of the establishment at night when you are away?—Yes, he would be; and his particular functions are those of supervising the resident medical officers, the clerks and dressers. That is a general description of the nature of his functions.

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14443. Has he anything to do with the admission of patients?—He admits all patients who are admitted through letters of recommendation.

14444. Has he anything to do with the out-patient department?—He has something to do with it; he has generally to supervise it; he considers it his duty to pay visits to it daily; but I do not think he has any definite duties in regard to it.

14445. It is not one of his functions to see every out-patient?—By no means.

14446. Is he in any way responsible for the sanitary condition of the hospital beyond the general supervision that he has of it?—He would certainly be expected to report to the medical committee upon any defect in that particular.

14447. To know and report?—To know and report. It would be considered neglectful, I think, if he were not very familiar with every particular in the hospital of that sort.

14448. Supposing it were discovered that the drainage or closets or anything of that sort were out of order and he did not know anything about it, it would be considered negligence on his part?—He would be the person who would be expected to find that sort of thing out.

14449. Is he a man of standing in his profession?—Most distinctly he is; he is a man who, I think, would hardly be appointed unless his professional accomplishments were somewhat above the average, certainly above the average of our resident medical officers as a rule.

14450. He is a great deal senior to the resident medical officer?—He is always a former resident medical officer, who has held all the resident appointments, and, as far as my recollection goes, he has generally been a doctor of medicine of London, which is a considerable attainment in the profession; and that answer is given with a view to suggesting to you that his standing is high.

14451. Now the qualification for admission to a bed in the hospital practically is disease, is it not?—Yes; disease.

14452. Do you take all sorts of cases?—Excepting infectious cases, I think we take all classes of cases.

14453. And in the matter of diphtheretic patients, do you take all diphtheretic cases?—We do not. Since the Metropolitan Asylums Board, about two years ago, made arrangements for the reception of those cases, we have not taken any cases of diphtheria, except where the cases were so grave on application that they could not be safely sent away. We take them, roughly speaking, when they require operative treatment, or, at any rate, the case must be very grave; that is, perhaps, the better way to put it. We should not take a case unless its condition were so grave that we could not safely send it away.

14454. Are they in separate wards?—They are isolated; rigorously isolated.

14455. Then who gives the admission to the hospital; who passes patients in?—As we describes it in the rules, cases of urgency (with a view to distinguishing them from patients who bring letters) either medical or surgical, are ad-

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mitted by the house physician, or house surgeon, as the case may be, on duty for the day. I might explain that by saying that there are three house physicians and three house surgeons, and one of them is always described as the house physician or house surgeon on duty for the day, and his duty then that day is to admit diseases of urgency, or accidents of urgency.

14456. Has the staff or assistant staff got anything to say as regards the prohibition of patients going into their beds?—Practically the admission is managed by the resident medical officer, as I have described to you, without limitation. I dare say the staff would express approval, or disapprobation, if some cases which they thought ought not to be in their beds, were there; but that is a point of management which I have have never heard raised.

14457. You have never found your kept beds empty on that account?—No. In the paper which I answered from when I was speaking of the cases of diphtheria, there are a few notes made by the medical superintendent touching cases of enteric fever; I do not know whether you would care to know how we treat them. We do receive them; we do not isolate them.

14458. That is rather a medical question, is it not?—The fact that we do admit them would not be a medical question. I thought you might like to know that we do take them.

14459. You can, if you please, give us any information on that subject?—It was simply to mention that we do admit cases of enteric fever, and that we had 47 cases treated in the general wards during last year. I had noticed in the evidence before your Committee that that is a question which has come up very often, and I therefore prepared myself on the point.

14460. Do you take typhus?—Yes, we should take typhus.

14461. Do you isolate that?—I am not able to answer that question.

14462. Have you got many of these isolation wards; or how do you manage?—We have a floor, at the top of the hospital, or at least, part of a floor which is given up to isolation wards. The number of isolation beds is 10; there are four male isolation beds, four female, and two that we call special.

14463. Are the special wards for male patients or females?—I think they are for some special case that must be even more particularly isolated than the others; it must not only be isolated from other cases in the hospital, but even isolated from those in that section of the hospital.

14464. You tell us that you have no restriction as to the number of out-patients?—We have no restriction as to numbers.

14465. Have you ever considered that the charity is abused for want of such restriction?—No. When I was answering your question as to whether we had a restriction upon the number, I rather understood your Lordship to mean that we do not say we will draw the line at fifty or a hundred.

14466. I did mean that?—But we do make inquiry into our out-patients, and I have a green form in my hand which has certain questions upon

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it which these people are required to answer, and if the answers bring out any feature which induces the admitting officer to think that they should be brought under my notice, he sends them up with the information that he has collected, and I proceed to make a further examination, and note at the bottom whether the patient is to be admitted to the department or not.

14467. Is that inquiry made by a special inquiry officer?—That inquiry is made by the clerk who admits the applicants; but, as you may readily apprehend, after some experience in the department, he practically becomes an inquiry officer, and is very capable indeed to judge in the first place of the probable merits of these people.

14468. Will you read the contents of that form?—"Reference" is written at the top; then "Name, address, age and sex;" then "State," that is, married, widowed or single; "occupation" and "weekly earnings;" if married, the number of children under thirteen; if a youthful patient, living with parents, the occupation of the father, and weekly earnings, and how many children under thirteen. Then the nature of the ailment, and after that is written "Instructions," which is where my intervention comes in.

14469. Do you take any steps to verify the statements made in reply to those queries?—It is a very customary thing for me to see those patients.

14470. But do you ever see them in their homes, or do you ever put it into the hands of the Charity Organisation Society, or any other body, to make inquiries?—No, not into the hands of any outside body.

14471. You do not follow it up then, beyond getting answers from the patient?—Except I should see reason. If there is a *prima facie* case for inquiry it is sent to me, and I should make inquiry, as I thought fit, which might begin and end in my office, or might go further, as it has done in many cases.

14472. Are there many cases in which you have to make special inquiry?—The number of cases is very small indeed, so small as to make me feel quite satisfied that the amount of abuse of the out-patient department in St. Mary's Hospital is extremely small.

14473. Where do you get your funds from?—We get our funds from the public mainly, in the shape of subscriptions and donations.

14474. Voluntary contributions?—Voluntary contributions, as they are called.

14475. What is the main staple of the income?—The main staple of the income is the annual subscriptions.

14476. How much did they amount to last year?—Last year they amounted to 5,227 l.

14477. Is that enough to defray the expenses of your administrative staff and the nursing staff of the hospital?—I should hardly be able to get at those expenses very well. The only item of those expenses I should be able to tell you is salaries and wages.

14478. That is what I mean?—That amount more than covers the amount of salaries and wages

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wages of all classes. The salaries and wages last year were 4,590 *l.* However, roundly speaking, they are pretty much the same.

14479. What was your expenditure last year in the grand total?—In the grand total last year it was 23,608 *l.*

14480. Then what was your deficit which you had to make up from capital?—The balance last year against the hospital was 1,063 *l.*

14481. Where does the rest of the money come from?—The rest of the money came from the following sources: The amount of donations 3,177 *l.*; dividends and rents, 2,521 *l.* (I am leaving out the shillings and pence as immaterial); refund of income tax, 49 *l.*; legacies, 8,276 *l.*; the award of the Hospital Sunday Fund, 2,083 *l.*; from the Hospital Saturday Fund, 368 *l.*; contents of almsboxes, 47 *l.*; Church collections, 27 *l.*; Friendly Societies' Demonstrations, 83 *l.*; benefit entertainments, 5 *l.* 5 *s.*; payments by probationers, 412 *l.*; sale of old materials, &c., 62 *l.*; and then a transfer from the Maternity Fund, 200 *l.* That makes up the total.

14482. Making up a total of what?—22,544 *l.*, and leaving a balance of 1,063 *l.*

14483. And that has had to come out of the hospital?—It had to come out of our invested property.

14484. Is 8,000 *l.* in legacies an exceptionally good year?—It is somewhat above the average. I think the average income from legacies from the year 1881 to the year 1890 (it happens to be just ten years) was 7,354 *l.*

14485. When you say "rents," so much is that from landed property?—Dividends and rents, 2,521 *l.*, the greater portion of which was from dividends, a small proportion from rents; and those rents have only recently arisen, and I will explain how they have arisen. The hospital, as I have before stated, is not large enough for the work it has to do, and we therefore contemplate, in fact we have taken very considerable steps towards, increasing the size of it. In addition to its not being large enough, its situation is most unfortunate; it is cut off from the main thoroughfare by a row of wretched shops, so that one can hardly find it; and that is another reason why we have wished, and have taken steps, to increase its size; and the steps we have taken are these: We have purchased the reversion to a certain piece of land on which these shops stand; then, of course, we proceeded to buy the ground-rents, and then proceeded to buy the other interests down to the occupier; and as we proceeded we received rents in an increasing degree, and those are the only rents the hospital has ever received.

14486. You have no landed property in any other sense?—We have no other landed property.

14487. Have you any endowment?—We have no endowment except one or two cots.

14488. I mean to say, could you sell out your capital to the uttermost farthing?—Precisely; and that is a point that I have wished to refer to in criticism of the figures that are contained in this memorandum of the Charity Organisation Society. I do not propose to stray out of my own particular business at the moment, and that

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is St. Mary's Hospital, but I have a criticism to make on the whole thing. With respect to St. Mary's, which is given on page 12 of that memorandum, they set out a statement of what they call ordinary income and ordinary expenditure, and they say in column 6, "difference between ordinary income and ordinary expenditure," and in arriving at that difference, which shows a deficit of 6,000 *l.*, they omit legacies 3,900 *l.*, for what reason I have no sort of notion whatever. We included the legacies in our ordinary income, and we spent every farthing; why then they should have thrown them out in order to create an imaginary deficit of 6,000 *l.* I cannot conceive; at any rate, it is absolutely inaccurate.

14489. Do you ever make calculations how much your beds cost?—Yes.

14490. What do you estimate the cost of beds at St. Mary's to be?—Our beds are a varying cost; I should say, roughly, from about 72 *l.* to about 84 *l.* That is a very considerable variation; and I may take this occasion to remark, that I question entirely the correctness of endeavouring to form a criterion of either the excellence or the economy of the management of a hospital by a comparison of its cost per bed. I entertain the strongest opinion on that subject, that it is a fallacious comparison; it is extremely misleading; and I consider that it is open to very considerable mischief. I shall be prepared to explain to you, if you like, my views on that subject.

14491. Yes, please; I will ask you one question first; would you like to see some universal system of hospital accounts?—Nothing would please me better.

14492. And for what reason?—For the reason that they would be more susceptible of comparison; but I mean comparison by persons who understand them; because comparison of hospital accounts one with another, except by a person who has carefully studied them, and who is prepared to go to great trouble for his comparison, and to make correction of the figures, would be misleading in the extreme; nothing could be more misleading than to take half-a-dozen hospital reports and a sheet of paper, and take down the cost per bed from them, and compare their merits on those lines. In the first place, one thing that I should like to call attention to, is the fact that a hospital with a medical school attached to it, is undoubtedly more expensive than a hospital without such a medical school; while on the other side, at the same time that it has a higher expenditure, it undoubtedly increases the number of those persons who are interested in its welfare, and I consider very considerably increases its income at the same time; but that its expenditure is increased I think is undoubted. Then the question is disturbed by the proportion of expensive classes of patients, or inexpensive classes as the case may be. For instance, the expenditure of a hospital that takes a large proportion of cancer cases is increased thereby, as I heard the secretary of the Middlesex Hospital say the other day, I think, by about a half for each patient. And then, if the proportion of children in a general hospital is large, the proportion

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proportion of expenses per individual is reduced; children are very much less expensive than grown-up patients; and, the cost throughout the institution would be brought down in proportion to the number of children in it. And then the cost of the out-patients is considerably affected by the expense of the maternity department. That of course affects the cost of in-patients; since before you commence to calculate your cost for in-patients, you make a deduction of the cost for treating out-patients from your total expenditure. Then some hospitals are rated at their full value, while some pay a mere fraction. For instance, the hospital to which I am attached has paid up to this point, on a rateable value of 250*l.* a year, but the other day it was assessed at 1,500*l.* a year, multiplying its figure by six, and that has made an increase in the cost per bed for us of about 1*l.* 4*s.* for that one single item. Some hospitals, as is well known, as I said before, are rated at a mere nominal figure, and some are very highly rated indeed. Then another point is the existence or absence of necessity to incur expense for the raising of funds, which arises very much from the locality in which the hospital is situated. A hospital situated in a very poor locality has to incur very considerable expense indeed to raise the funds necessary for its maintenance; while a hospital situated in a wealthy locality, such as St. George's or my own hospital, needs the expenditure of a very much less sum for that purpose.

14493. Where would that expense come; under what heading?—That would come under "Postage, advertising, festival dinner," and all that class of thing. The secretary's salary and the extent of the office staff would be affected by the same consideration, no doubt, and so would the number of canvassers, and so on. If you were to follow that through, and if you could possibly throw out every item of expense which was affected by that, you would find that many items of expense were affected by it; of course your printing would be affected by it.

Earl of Kimberley.

14494. Surely those expenses to which you refer would be simply deducted from the gross receipts as income; if your mode of raising funds was more expensive than in another hospital, how could that circumstance affect the cost per bed?—The cost per bed is calculated upon the gross expenditure, and always should be so calculated, I venture to say.

14495. I mean this: supposing that you are going to raise a certain sum of money by subscriptions, you have to spend a certain sum in order to obtain that; the gross amount that you receive ought to have that sum deducted from it to show what the net profit is?—That is not the way we should do it; the accounts should show every penny received on one side, and every penny spent on the other without deduction.

14496. Is it not exactly the same as this case; supposing that I had an estate with a gross income of 10,000*l.*, and you have another with the same gross income, but my outlay is 2,000*l.* and yours 1,000*l.*, and we calculate the expenditure with regard to 10,000*l.* in each case, would not that be a delusion?—It would be perfectly right to describe the one expense as higher than the other.

Earl of Kimberley—continued.

14497. If I had a net income of 8,000*l.* a year and you had 9,000*l.*, would it be right to calculate the expenditure with reference to 10,000*l.* in each case?—I hardly think it is a parallel case. Whatever we expend on appeals goes into expenditure; whatever that total expenditure is it is taken and divided by the number of beds occupied.

14498. In point of fact, they are two different calculations: the cost per bed, calculated on the net amount you have at your disposal, and the cost per bed, calculated on the gross amount of your income?—Entirely; two different things altogether; and the figure called the cost per bed is a figure calculated by dividing the number of occupied beds into the whole expenditure.

Chairman.

14499. But before you do that, do you take away the cost of the out-patients?—That is all.

14500. You do deduct the cost of the out-patients?—The cost of the out-patients; we make no other deduction.

Lord Clifford of Chudleigh.

14501. In recommending a system of accounts for hospitals generally, how would you deal with hospitals for instance that have landed property which is an expensive one to manage; would you calculate the beds upon the gross annual rental of that property or the net annual rental?—I do not quite follow that you would calculate the cost per bed on those figures; I take it you would calculate it on the expenditure of the hospital.

14502. I will put it in another way, it comes to the same thing; would you put into the expenses of the hospital all the expenses of managing that landed property?—No, certainly not.

14503. Why should you put into the expenses the cost of collecting subscriptions, which is, after all, the expense of managing your property in collections?—I think I gave you too ready an answer to the previous question. As a matter of fact the administration of landed property is a thing I have not to do with. If I am to give you a valuable answer I should like to think more upon it. The principle would seem to be the same, so that if you did the one you should do the other.

Earl Cathcart.

14504. Supposing there were a uniform system of putting down certain things in the books to the cost of beds, and certain well understood items only were to be included in the cost of beds, then the bed would form a standard of value and comparison?—But of course the method of posting would have to be very vigilantly watched.

14505. Undoubtedly; but that is done with the greatest satisfaction, I believe, by the Dublin hospitals; they have a certain number of items which are specified and which are posted to the cost of the beds, and in that way they obtain uniformity, and they do make the cost of the bed a standard?—I can conceive that that might be very well as far as it went; but if it did not exercise any control over items of expenditure other

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other than those specified and posted to the cost per bed there would be room for vast abuse and extravagance in the classes of expenditure thus excluded.

14506. You will find a system of accounts laid down in Mr. Michelli's book whereby certain items are to be posted to the maintenance of the beds, so as in that way to gain a standard; it being necessary that there should be a general agreement as to the items to be posted to the beds?—I do not understand Mr. Michelli's Glossary to be intended for that purpose at all, I rather understand that his paper is simply to suggest to secretaries the different accounts to which every item that comes into hospital expenditure should be carried.

14507. You have evidently very clear views upon the subject; could you propose any means by which a standard could be established for taking the cost per bed?—That is a matter in which I have not only taken a personal interest but personal action for some time. When the Hospitals Association was established, some seven years ago, I attended the conference of the Social Science Association, and made some suggestions at that time for uniformity of hospital accounts. Nothing much was done then, and things went on. My principle of action was rather that the hospitals should endeavour to reform themselves, and take these steps (I said so at the time), and not wait for some outside body to come in; and my drift has always been in that direction. Time went on, and nothing was done till this Committee sat, and the question became very much talked about. At the end of last year I called my brother secretaries to meet me at St. Mary's, in November, to consider proposals that I had to lay before them as to what accounts a hospital should keep, and as to the nature and form of those accounts it should keep. There were not many secretaries there on that occasion, because on this matter, as on others, there is a very considerable difference of opinion, and nothing much came out of that, except a little knowledge and information. Then the Hospital Sunday Fund a little while back, as you may know, called the secretaries of the London hospitals to a meeting at the Mansion House, when the subject was again laid before us in the shape of the form they proposed. That form I very considerably criticised with some other gentlemen who were present; and after the meeting a member of the Distribution Committee suggested to me that it would be a good thing if the hospital secretaries themselves appointed a committee to consider that form, and after that to confer with the Distribution Committee of the Hospital Sunday Fund.

14508. Can you tell us in two or three words what your essential principle is?—The essential principle is that we should be all alike, that we should adopt the same form. The general principle is that it is not a vital matter what the shape is, provided everybody does the same thing.

14509. And you think that that uniformity would be practicable?—Without the least doubt; I am sure it would, but it should go very deeply down, and it should touch matters rather outside what would first appear to be matters of account; it should go into the matter of registering patients,

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Earl Cathcart—continued.

to be sure that the practices followed are the same; the calculations which bring out the number of occupied beds should be made in the same way. The accounts which the hospitals should keep should be all the same as to number; there should be a balance sheet, a debtor and creditor account of investments, and that is very unusual; in many hospitals there is no such account. And then there should be an income and expenditure account, with identical headings in every case, to which the same items should be debited or credited, as the case may be.

14510. That would almost entail a central audit of some kind or other to keep people up to the mark, would it not?—If this committee, of which I have spoken, will meet the Distribution Committee, will come to a conclusion as to the form to be adopted, and then draw up a glossary on something like the lines of that contained in the annual you have before you; if they will do that, and all adopt the form as revised, I think that no central audit would be required, but that that will effect the purpose in view perfectly well.

Earl of Kimberley.

14511. I rather gather that it is your opinion that, for the reasons you have stated, the mere cost per bed is not a safe guide to the bad or good management of the particular hospital?—Yes, that is my firm conviction. I had just got to the middle of this point when I diverged. Shall I continue? You will remember we broke off at the question of appeals and their cost. Then I should like to refer to the exclusion by some hospitals of certain articles from the dietary. The articles most often excluded are tea, sugar, and butter; and with a view to understanding the extent to which they would affect the cost per bed, I would tell you that the cost per occupied bed per annum for these articles at St. Mary's is 2 *l.* - s. 1 *d.* Then there is the question of the pressure at which a hospital works, I shall make some remarks upon that; the comparative severity of the cases, one hospital case may be of a very much higher proportion of severity than another. As a matter of fact that is a very weighty commentary on the comparison which is often drawn between the cost per bed of London hospitals and that of provincial hospitals. In provincial hospitals the practice is to keep patients much longer, to keep them during a greater part of their convalescence, which is a much less expensive time. Then the question of empty beds may come up; owing to some question of sanitary matters you may have to empty certain wards, and in that way you bring down your number of occupied beds very considerably, and yet your establishment expenses remain as they were, and therefore the cost per occupied bed goes up. Then, on the particular point as to whether the cost per bed is a reliable standard of comparison of all hospitals, I have some remarks to make touching St. Mary's last year, compared with previous years. The number of beds occupied daily, I would premise, depends upon the number of patients admitted and the length of their stay. For instance, if each patient stayed one year, the number of beds occupied daily would correspond

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spond with the number of patients admitted, or if each patient stayed six months, the number of beds occupied would be equal to half the number of patients admitted, and so on. Therefore, if the length of the patients' stay is reduced to a greater extent than the number admitted is increased, the result will be that the number of beds occupied daily will be lessened. Last year in St. Mary's the duration of patients' stay was reduced to a greater extent than the number of admissions was increased. This was owing to our having increased the operations of our convalescent fund and sent patients to convalescent homes at an earlier stage of their convalescence than previously, and than we could have sent them to their own homes. It is certain that this course was a great blessing to the patients so treated. It is equally certain that it resulted in the benefits of the hospital being conferred on a larger number of sufferers at a time when they most needed them. It is unquestionable, however, that this increased the expensiveness of each patient since they become less costly as their convalescence progresses. To sum up, by this policy the standard of excellence of the hospital's work was undoubtedly raised; yet, as the total expenditure was increased,—as the number of occupied beds (by which the expenditure must be divided to find the cost per occupied bed) was decreased,—therefore the cost per occupied bed was much higher. In short, we increased our dividend, decreased our divisor, and consequently augmented our quotient. You, therefore, have the work of the hospital increased in value, at the same time that you have its cost per occupied bed increased; and, consequently, the theory that a high cost per bed is an evidence of bad management or extravagance is utterly fallacious; and that, of course, holds good, as I maintain, whether it refers to one year's work of the same hospital compared with another year's work, or whether it is the comparison of one hospital under one set of conditions with another hospital under a different set of conditions.

Earl of Arran.

14512. Then those conditions must vary every year?—They are continually varying.

14513. Therefore, no comparison could be really satisfactory?—Unless you make your corrections for these varying conditions very carefully, just as in comparing the magnitude of several vulgar fractions, you would have to bring them to a common denominator.

14514. You would have, therefore, in any report based on this comparison, to point out the different circumstances which varied every year?—Very carefully; and you would have to be very well acquainted with hospital management to correctly appraise the allowance to be made in regard to them.

Chairman.

14515. It comes back to this, that everything in a hospital, all the large accounts and small accounts, must be on the same basis to make any reliable comparison?—Precisely.

14516. To turn to another subject, who is the head of the nursing staff?—The matron.

Chairman—continued.

14517. She is a salaried officer?—She is a salaried officer.

14518. What might her salary be?—The salary of the matron at the present time is 125 *l.* per annum, and board and lodging.

14519. And she is responsible to one of these committees that you spoke of just now?—She is responsible to the house and finance committee, and, of course, directly to the weekly board.

14520. What is the sum total of the strength of the nursing staff?—The strength is this: one matron, one night superintendent, 10 sisters, 26 staff nurses, and 23 probationers.

14521. Do you train your own nurses?—We train our own nurses.

14522. You have never been nursed by a sisterhood?—I believe we have never been nursed by a sisterhood.

14523. At least you have not, so far as you know?—Not so far as I know.

14524. In the case of some of these isolation cases that you spoke of just now, for which you have a considerable number of isolation wards, are you ever at a loss for nurses?—We are sometimes, owing to the practice which is growing in prevalence of employing special nurses, at a loss for a nurse.

14525. And what course do you take then?—We take the course of getting them from the Brompton Consumptive Hospital, where they have an institute, and send out trained nurses.

14526. Do you always get sufficient in that way?—We never have any difficulty.

14527. That adds a great expense to the hospital management, does it not?—Of course it is much more expensive to get a nurse in that way than to have a nurse standing on the staff.

14528. What do you have to pay for a nurse; two guineas a week?—I think it is less than two guineas; a little reduction is made in the fee charged to a hospital, but it is not very much below that figure.

14529. And you have to lodge her and board her?—We have to lodge her and board her. With regard to the strength of the nursing staff, I have also divided them into the day and night staffs. The day staff consists of the matron, 10 sisters, and 37 nurses, making a total of 48. The night staff consists of one night superintendent and 12 nurses, being a total of 13.

14530. What becomes then of the probationers?—They go in to make up the nursing staff; I have included them in the 37 nurses who are on day duty.

14531. Then out of those 37 nurses how many are probationers?—Nearly the full strength of the 23 that I gave as the total number of probationers, I may say in general terms, are on day duty; they are not put on night duty.

14532. And how many wards have you; you say you have 12 nurses on at night; is there a nurse in each ward at night?—We have 23 wards.

14533. Are some of those wards without nurses at night, or how is it arranged?—Of course the wards are divided up into charges; so many are committed to a particular sister and nurse. I can give you a statement of the names of our wards, the number of the wards and the beds

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Chairman—continued.

beds in them, and of the sisters and nurses taking charge of each.

14534. As to the end of the sitting, I will ask you to put in a return of the employés?—One thing I may remark which may be of some service at this point, namely, that the proportion to a nurse on day duty is about seven.

14535. But now there are a large number of wards and only 12 night nurses, I understand; but then is there a nurse within hail of any patient all night long?—Yes; with regard to these wards those comprising a set are all close together; one set, for instance, consists of five wards of 10, 6, 10, 6, and 16 beds respectively.

14536. And how many beds has that one nurse to look after during the night?—There would be two nurses for those beds, in addition to the night superintendent, with one nurse, who is perambulating all night.

14537. Will you tell me how many beds that would be altogether for the two nurses?—That would be 43.

14538. And they have to keep moving about all night long?—They would. Of course that must be taken with this modification, that if there were serious cases, the custom which I spoke of just now as growing in prevalence of employing special nurses, would considerably affect it.

14539. Does the matron go round the hospital frequently?—Constantly, every day.

14540. Would you tell us what are the hours of the nurses in the wards?—I commence with the sisters: Their hours are from eight in the morning till 10 at night; I have their full hours on duty without deduction, and I have the deductions and those things arranged in a very simple way in a table, and if you like to know what they come out to I can tell you after. The sisters, I said, were on duty from eight in the morning till 10 at night; they are off duty twice weekly, from 5 to half-past 10; once weekly from 7 to half-past 10; every other Sunday from 3 to half-past 10, and on Saturday from 2 to half-past 4. Their holidays are one day per month, and one calendar month per annum.

14541. Have the sisters had their breakfast by 8 o'clock?—Their breakfast is a deduction from their hours on duty, so they have not had their breakfast. The custom is for them to visit each patient, take the temperature and see the medicine given before they take breakfast.

14542. Where do they breakfast; in their own rooms?—They breakfast in their own rooms.

14543. Do those open into the wards?—In some cases they do; in some cases they do not. In the old wards they do.

14544. Then as regards their dinner?—They dine together in a common dining-room.

14545. At what time is that?—At half-past 12, I think.

14546. Who dines with them; does the matron dine with them?—The housekeeper generally presides at the table.

14547. When have they to be back in the ward?—At a quarter past 1; three quarters of an hour is considered the time they have at their disposal for dinner.

14548. And then tea, supper, and so on?—I

(24.)

Chairman—continued.

have their diet arrangement here: Tea, 4 to 4.30; supper, half-past 8 to 9.

14549. And back into the ward from 9 till 10?—Yes.

14550. And then the nurses, what are their hours?—Staff nurses from 7 in the morning till 9 p.m.; off duty twice weekly from 5 o'clock, once weekly from 7 o'clock, and every other Sunday from 3 o'clock. Their holidays are one day per month and one calendar month per annum.

14551. And do they have breakfast before they go in the wards?—They breakfast before they go to the wards; at half-past 6 in the morning they breakfast.

14552. And when do they dine?—They dine at the same time as the sisters; I am not quite sure; I think there is a little arrangement there. I may be in error for half-an-hour, because an arrangement has to be made of this time for them to occupy the dining room at a different time; it may be half-an-hour one way or the other.

14553. And, then, the probationers?—The probationers' hours are these, 7 in the morning to half-past 8 at night.

14554. And then like the nurses, they have a breakfast beforehand, and their dinner takes place in the middle of the day?—Yes.

14555. Have they three-quarters of an hour for dinner?—Yes, the same time.

14556. Is there any refreshment between early breakfast and dinner?—Yes, there is a lunch, which is taken some time between 9.30 and 10.30. They just run and have what you call a little snack, and away again; they cannot have long at that time of the day. The off-duty hours of the probationers are two hours daily; we treat them better in that way than the staff nurses, because they are less used to hospital work, and they need a little more leisure in the day, and they need, or we conceive that they need, a more valuable time, and therefore we allow them to be off duty in the morning from 10 to 12 in one week and in the afternoon from half-past 2 to half-past 4 in another week, and so on. Their holidays are once a month one week-day, and annually three weeks: and, to meet their case again there, the matron arranges that instead of having the whole holiday at once, they have it spread over the year, so that they have not to go a twelvemonth before they get a holiday. Then I come to the night staff; the night superintendent's hours are from 10 at night to 7 in the morning, holidays one night per month, and a calendar month per annum. Coming to the night nurses, their hours are from 9 o'clock at night to half-past 8 in the morning, and their holidays are the same as those of the staff nurses.

14557. Then, differently from what we have been told is the practice of other hospitals, the night nurses and day nurses, according to you, do not overlap during the time between 7 and 9 in the morning when the work is heaviest in the wards; the day nurses come on, you say, at 7, and the night nurses leave at 7?—No; I have said the night nurses' hours are from 9 p.m. to 8.30 a.m. They do overlap to the extent of an hour and a half,

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half, you see. Then I have this little table as to the net hours that they get on duty.

14558. Will you give us those?—It works out in this way: that the sisters' gross time on duty is 15 hours in the day; the deduction for meals and for daily relaxation on the average amounts to $4\frac{1}{2}$, leaving a net time on duty of $10\frac{1}{2}$ hours per day. The staff nurses' gross hours on duty are 14; their deductions in respect of meal hours and relaxation are $4\frac{1}{2}$, leaving them a daily average of $9\frac{3}{4}$ hours. The probationers' full gross hours are $13\frac{1}{2}$, and the deductions for meals and relaxation four hours, leaving a net of $9\frac{1}{2}$; so that their hours of active duty are less than either the staff nurses' or the sisters'.

14559. In making that calculation, do you include the monthly holiday?—I throw out the monthly holiday.

14560. Do the nursing staff have a separate kitchen?—They have not a separate kitchen; their meals are cooked in the same kitchen as those of the patients.

14561. Have you any ward maids in your hospital?—We have ward maids.

14562. Do they live on the premises?—The bulk of them, not all, on account of want of room.

14563. The nurses do not have to perform any menial duties?—I suppose, broadly speaking, I should say they do not perform any menial duties; dusting and that sort of thing, but nothing more.

14564. No scrubbing?—The scrubbing is done by scrubbers who are practically charwomen.

14565. What are the wages of the nurses?—The staff nurses begin at £20 per annum.

14566. The sisters?—The sisters' commencing salary is 30 *l.* per annum, and they increase to 40 *l.*, which is the maximum, by annual increments of 2 *l.* The staff nurses commence at 20 *l.* per annum and increase to 25 *l.* by increments of 2 *l.* in the first year, 2 *l.* in the second, and 1 *l.* in the third. With regard to the probationers, their rate of pay is 10 *l.*

14567. And all found?—And all found.

14568. When do they begin to get nurses' wages?—They begin to get full nurses' wages in the second year of their probationership; they do not become full staff nurses, but they get the wage.

14569. And when do they get their certificate?—At the end of two years they are open to get a certificate. If for any reason they should cease their training at the end of one year, they get a certificate merely to the effect that they have been in the hospital and received instruction for a year; but they do not get a certificate expressing the fact that they are qualified to act as a nurse under two years.

14570. Do you give any pensions?—The practice of the hospital with respect to pensions has been modified by the fact that it has adopted, or has affiliated itself for that purpose with, the National Pension Fund for Nurses; and with respect to that, I gave very particular personal attention to seeing how that pension fund arrangement could be turned to the best account for hospital nurses; and in that connection I should like to say that Mr. Burdett, in his annual, adopted my paper on that subject, and has put it in as the best basis which hospitals could follow.

Chairman—continued.

We in St. Mary's have passed a regulation that every nurse from the date of the order must contribute towards this pension fund for nurses; and with a view to encouraging her to do so the hospital will pay half of her premium. So from this time forward we shall pension our nurses only through the National Pension Fund. And we arrange so that we take 30 years as the basis; we think a nurse should be pensioned at 55, and therefore we take 30 considering 25 years' service a fair qualification for pension. If she happens to be younger than 30 years of age when she enters we should still pay the half of the 30 years' premium, and she naturally would have to pay less, which is nothing but fair, since she would have served the hospital longer. And with respect to the nurses who have been in the hospital service some time, we propose to pay them on a scale in respect of the years which are passed, which will put them even in a better position than nurses entering in future.

14571. What happens if they go away, do they lose their premium?—They do not, because the table we have adopted is the table of premiums returnable, so that in no circumstances can the nurse be any worse off.

14572. You said that the school made the hospital dearer; I do not think you gave any reason for that expression of opinion?—I think that expression of opinion depends upon the fact that the work of the hospital, the dressing and clerking, is done by younger men, and probably you cannot expect them to exercise that discretion and economy that you would expect of older men; and that is the class of thing which I should think affects the expenditure. That is my opinion; I do not say it affects it greatly, but it does affect it I think.

14573. Do you mean that they waste their dressings?—I think there is a disposition to do that. It would be impossible for me to attempt to prophesy what practice would be followed if you had not dressers who were pupils; you would no doubt have to salary them.

14574. Have you any female clerks or dressers?—No.

Earl of Kimberley.

14575. With regard to your examination of applicants for out-relief, what amount of wages should you consider, taking a family, for example, of a man and his wife and four children earning nothing, would exclude the man from the charity?—I hardly think that unless there were many other circumstances brought to bear upon it I should attempt to adjudicate upon the question on those data and no more.

14576. Still I suppose you would carry some general standard in your mind (just as is done in the case of the Poor Law Administration), as to the amount of wages which would enable a man to pay for his own medical attendance?—The impression I should bring to bear upon that, to start with, would be this, that unless he were very obviously quite able to pay for it, I should be helping him to keep himself from being pauperised by giving him hospital relief.

14577. I take a typical family for comparison; I am supposing the case of a man and his wife and four children, none of them of an age to earn anything?

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anything?—If that man were earning 30 s. per week, I should consider it very carefully before I sent him away.

14578. You said the nurses take the temperature night and morning; I suppose they take the temperature at other times of the day?—Yes, frequently, according to the nature of the case.

Lord Clifford of Chudleigh.

14579. You said there were very few cases into which you had found it necessary to inquire; but in those particular cases was the result of your inquiries generally favourable to the people or the reverse?—The result of my inquiry generally, has been to send them back to the department and allow them to be treated.

14580. And with regard to the sanitary arrangements, and the drainage of the hospital, do you have anything in the nature of a periodical inspection of your sanitary arrangements?—I cannot say that we have a periodical inspection; the whole system of drains has recently been reconstructed; they constantly automatically flush themselves by flushing tanks, and if anything were wrong it would force itself upon our notice.

14581. You trust to that?—I think I may say we do; we do not make a periodical inspection. Of course the drainage is constantly coming under my notice from walking round the hospital; that kind of inspection is pretty constant.

14582. But no other inspection?—There is no professional periodical inspection. I have a few facts touching the sickness of the nursing staff which I shall be prepared to state.

Lord Saye and Sele.

14583. I should like to know how many separate legacies contributed to make up the sum of 8,000 l. last year if you can tell me that?—I am very much afraid that I could not tell you that. My own report for last year is not complete yet.

14584. Was it one large one, or a number of small ones?—Probably one large legacy of 4,000 l. or 5,000 l. and several smaller ones. In the year 1889 there were about 15 legacies.

14585. You had one large one, one of more than 4,000 l., you say, last year?—Something of that kind.

14586. Your balance sheet would have shown a deficiency of something like 10,000 l. last year if you had had no legacies?—I have not the figures in my hand, but it would be something very considerable.

14587. What would have been done in the event of your not having legacies?—We should have been obliged to sell some of the investments which the prosperity of other years has enabled us to accumulate.

14588. You do not appear to have investments?—We have some; we have invested property to the extent of 72,927 l.

14589. What are the dividends?—Taken with the rents, which are about some 60 l. roughly, 2,500 l.

14590. Can you tell me what you have expended already in purchasing the shops and land you want to acquire?—I have not the means of answering that question, but I shall be happy to get particulars.

(24.)

Lord Saye and Sele—continued.

14591. I suppose, as it is known in the neighbourhood that you are very anxious to buy that property, you have to pay an exorbitant price for it?—I suppose the tendency is in that direction; but we have a committee who are very cautious about that kind of thing; they would rather let the thing stand over than pay an exorbitant price. It is a case of time on one side or expense on the other, and we should be prepared to let the time lapse rather than pay an exorbitant figure.

Earl Cathcart.

14592. About sickness in a nursing staff, you were just now going to tell us something?—I should like to say that the number ill among the nursing staff last year was 50, which included 21 who suffered from the epidemic of influenza at the beginning of the year. The number of days they were ill was 456, the average daily number of nurses on the sick list was 1.25.

14593. But the influenza was quite an exceptional circumstance?—Quite exceptional; sufficiently so to make the difference between last year and the year before.

14594. The year before, what was the illness?—The number ill was 21; the number of days, 205; and the average number daily on the sick list, 0.56.

14595. Nothing very serious?—Nothing very serious in any case.

14596. Would you tell us what your previous profession or occupation was?—My previous occupation before I went to St. Mary's was this; I was the secretary of Queen's Charlotte's Hospital for seven years.

14597. And what before that?—For three-and-a-half years I was clerk of the Seamen's Hospital at Greenwich. Before that I was a Clerk in the Civil Service.

14598. And you are personally an acquaintance or a friend of Mr. Michelli's?—I am very well known to Mr. Michelli.

14599. And he is an able man with regard to accounts?—I think so.

14600. I have not the least idea what your building is like; is it a quadrangle on the pavilion system, or what?—Roughly speaking, the T shape.

14601. And you have a complete circulation of air?—Not much circulation of air on account of these houses in Praed-street, which I was saying we are anxious to pull down.

14602. Are there any immediately attached to you, or can the air circulate around your hospital?—Pretty well as much as you can expect in a crowded part of London.

14603. No doubt you have a plan of the drains?—We have a plan of the drains.

14604. Has that been a costly business; this new drainage?—It cost us several thousand pounds; it was done just before I joined the hospital.

14605. With regard to fire, do you take precautions?—Very particular precautions about fire.

14606. Have you a fireman?—One of the Metropolitan Fire Brigade officers inspects our apparatus; he conducts a fire drill among all our porters

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porters. We have two hydrants on every floor, and attached to every ward in the hospital a fire escape which will admit, in the case of emergency, of the lowering of persons to the ground.

14607. And do you not have all your nurses fire-drilled?—Not our nurses; we have our porters.

14608. In regard to water supply, have you a constant supply?—We have a constant supply.

14609. That is highly important in a hospital?—Very important indeed.

14610. I am afraid in many of the hospitals the supply is intermittent?—My impression is that we have a constant supply.

14611. Do you render the patients insensible before you take them into the operating theatre?—If it is necessary that they should be rendered insensible at all, they are rendered so before they are taken into the operating theatre.

14612. In an ante-room?—Yes.

14613. Have you a resident club?—We have not a residential college on the hospital premises, but we have adjacent.

14614. In regard to bread and meat, your steward's separate account appears to be a remarkably good one; it is a dissected account?—It is a dissected account. The chairman of the house and finance committee is here, and I think he has a page from that book which you might like to see.

14615. That would be very interesting to see, because we have never seen since our inquiry began a book of that kind produced?—It is the result of a long experience of my own, and I know that it works extremely well.

14616. With regard to the bread and meat, is that satisfactory, and have you any difficulty in keeping the quality up to the mark?—We have very excellent bread and meat, and have no difficulty in keeping up the quality.

14617. Do you often change your contractor for meat?—I cannot say that we do. The tendency has been the other way the last few years.

14618. In the contract do you include the best joints or do you exclude them?—We include them.

14619. In some cases in hospitals the best joints are excluded, are they not?—No; I rather think not. That is a question that it would rather puzzle me to answer except in this way, that as far as my experience goes the inclination of the committee is to get the best part of the animal.

14620. Do you admit reporters to your quarterly board?—We do; they do not often come.

14621. But if they did come would you shut the door in their faces?—We should not.

14622. Complaint has been made in the papers that reporters are excluded from hospital meetings on some occasions; that is not the case with you?—They would not be admitted to the weekly board.

14623. Certainly not; but to the quarterly board?—To the quarterly board, I think, I am correct in saying that they are admitted.

14624. And to the annual meeting?—And to the annual meeting most certainly.

14625. The attendances in the out-patient department we were told average about four; is

Earl Cathcart—continued.

that your experience, that supposing an out-patient comes and is ministered to he probably would on an average come four times in all; have you ever made any calculation of that sort?—I have made a calculation, but do not carry the figures in my mind.

14626. Are complaints usually made to the weekly visitors?—Complaints are very commonly made to the visitors.

14627. By the patients?—By patients when there are any complaints at all; I am happy to say they are not very frequent.

14628. We have heard that patients are apt to be silent in the hospital and to complain afterwards when they go out?—There is a tendency in that direction.

14629. But complaints are made to the visitors in your hospital?—Complaints have been made.

14630. Such as what?—That a nurse had told the patient to keep quiet, or had been a little harsh, or that he did not like his food, or that he was sent out before he was well, and so on.

14631. We have heard of nothing of the sort that you described with regard to the temperature book in any other hospital; have you any difficulty in keeping it up to 60 degrees in winter?—In one or two wards we have had difficulty, but not generally. It was the fact of the difficulty in those one or two wards that induced the keeping of the book.

14632. From your account of the book-keeping, it appears to be the most admirable that we have heard of yet?—I am pleased to hear your Lordship say so.

14633. Do you ever use hot water or steam to keep up the temperature?—We do it by open fires and a careful arrangement of doors and windows; we have no hot water heating system.

14634. You have an engineer and boilers?—We have an engineer and boilers.

14635. You said you took in most cases; have you any lock ward?—We have not any lock wards.

14636. Do you exclude lock cases?—Yes; we do from in-patient treatment.

14637. Primary cases?—I am not able to go far into the question. In a general way venereal cases are excluded by a law of the hospital.

14638. Is that a recent law?—Not a recent law.

14639. Do the legacies come from people in your own neighbourhood who take an interest in the hospital?—Sometimes, I suppose as a rule, but not always.

14640. How do these benevolent people that are not in your neighbourhood come to know of your hospital?—Sometimes one has no notion from whence a legacy springs.

14641. You said that a school was distinctly costly to a hospital; in what particular. When you cut off all the attendances which you receive from the pupils and otherwise, that expense is reduced to nothing, is it not, if you estimate the advantages which you gain in having a school attached?—If the advantages are weighed against the disadvantages, I am under the impression that the advantages preponderate.

14642. That is to say, if you had not the school attached to it you would have to pay people

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people to do the duties now done by the pupils?—And further I do not think we should have such a large list of contributors.

14643. But in point of fact the school does not entail any special cost if you deduct the advantage of having the students in the hospital?—That is so; but the question I was on was the question of cost per bed as arrived at by division. I was only expressing an opinion that where there is a medical school that cost per bed is increased thereby.

Earl of Arran.

14644. Are most of your cases from the immediate neighbourhood?—Most are.

14645. It is a poor neighbourhood?—It is a very poor neighbourhood, though the hospital's actual immediate surroundings are the other way. It might be thought that so wealthy a place as Paddington is hardly one where hospitals are needed; but it frequently happens that wealthy places in London are immediately contiguous to places of the most squalid poverty, and such is the case with Paddington, West Marylebone, North Kensington, and Kensal New Town.

14646. What is the nearest hospital in your neighbourhood?—The nearest of any kind is the Children's Hospital in Paddington Green, and probably the next is Queen Charlotte's Lying-in Hospital in Mary-le-bone-road.

14647. No general hospital?—No general hospital nearer than St. George's, which is the other side of the Park, or the Middlesex.

14648. Is there not a hospital called the Great Northern Hospital?—The Great Northern Hospital is a long way from us.

14649. You said you had the power of dismissing servants, and that you made a report to the board after doing so; I suppose the servants themselves could appeal?—Certainly.

14650. And their case would be heard?—Undoubtedly; the simple fact that I am obliged to report it in every case would carry that.

Lord Thring.

14651. I suppose, with respect to the constitution of your weekly board and your finance committee, in effect the same people, or a great number of the same people, attend both?—In effect the same people attend the weekly board and the quarterly board, no doubt.

14652. And the house and finance committee and medical committee?—The best way to answer the question would be to say that the members of the house and finance committee constantly attend the weekly board.

14653. It comes to this, as we have had it in other hospitals, that practically some 15 people manage the whole thing?—Precisely.

14654. One word about this vexed question of cost of bed: I think the distinction is this, is it not. I thought, before I came to this Committee, that the cost of beds meant, what I should call the objective cost of a bed; that is, supposing a bed to be there, the cost of maintaining a patient for the whole of the year or any given time, what with his nursing, his feeding, and everything connected with that bed; that I have called the objective cost of the bed, and that was the meaning which I thought before I came here was attached to it; but as I understand it, you consider the subjective cost of the bed; that is to say,

(24.)

Lord Thring—continued.

the cost that the hospital incurs to produce that thing called a bed, which you arrive at by dividing the whole of its expenditure by the number of those beds?—The whole of the sum expended; that is the uniform practice throughout hospitals.

14655. Therefore it is quite obvious that the two things are absolutely distinct, and my impression is wrong, and that if you talk of the cost per bed, in what I call the objective sense, that differs entirely from what I call the cost per bed in a subjective sense?—Nothing could differ more.

14656. Would it be possible or easy to give the cost of a bed in the objective sense?—Yes, I think it would be possible to do that.

14657. But that is never done?—That is never done; and I rather think it is never done because the object in making this comparison has generally been to point out an excess of expenditure in directions where there should be no excess. I think there would be less inclination to cavil at the cost per bed if that money were always spent on the patient.

14658. Supposing we had the objective cost of the bed, it would show distinctly whether there was waste or not?—Speaking generally, it would show whether there was waste in the things included in this so-called objective cost per bed.

14659. You take into consideration what you state most strikingly about the difference of the cost of different diseases; but making the correction for different diseases, given the same diseases, the object of showing the cost of the bed would be to show waste or not?—Yes.

14660. What are your floors made of?—The floors in the old part of the hospital are of deal, the ordinary deal floors.

14661. And they are washed?—They are washed.

14662. And I need not ask you whether that is not a very bad flooring?—There is no question of it, and nothing would give us greater pleasure than to be able to remove it.

14663. You would put teak, and dry-rub it?—Yes; that is what is done in the new wing.

14664. Have you got a mortuary?—We have a mortuary.

14665. And one question about the way in which you deal with the dead bodies when they are dissected; do you take care that they are arranged in such a manner as not to shock the feelings of the friends?—The very greatest attention has been paid to that question in every direction. It is a small detail, but it is a most important point, even with respect to the certain identity of the individual; we tie round the wrist or ankle of the deceased before the bodies are moved from the ward a parchment label on which the name is written, and which cannot be removed. It may not be unknown to you, my Lord, that it has occasionally happened that a wrong body has been presented; and the precaution I have mentioned is taken with a view of obviating that kind of thing which is amusing in one way, but it is harrowing to the feelings of the relations. Then with respect to the restoring of the body after it has been dissected, or whatever it may be that is done with it, we are very careful about that, and the porter (he is called a porter, though he is a skilled person) pays very great attention to it indeed.

14666. Does any nurse attend?—No nurse attends.

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14667. But

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[Continued.]

Lord Thring—continued.

14667. But the porter is a skilled person you say?—He is a skilled person. Porter is hardly the name that should be given to him; he is a man with a special training.

14668. With respect to the food, we were told that patients very seldom complain of the food; I presume that is because they are afraid to do so?—It did not occur to me that that was the reason, but that they had very little to complain about. In fact, I think they are pretty ready to complain; many of those people who have next to nothing to eat at home and are of a very poor class, are very prone to complain of much better fare in a hospital.

14669. Have you many complaints of the food at all?—We have not; and, generally speaking, it is the house visitors who complain of the viands when there is any complaint.

14670. How is the beef-tea made in your hospital?—By cutting the beef up into small pieces, shredding it, standing it in cold water for several hours and bringing it to the boiling point and keeping it simmering for a certain number of hours. It soaks a long while. I believe it is prepared according to the best opinion as to the methods to be followed.

14671. And have you had any complaints from the doctors about the beef-tea?—We have no complaints from the doctors about the beef-tea; I believe they are very highly satisfied.

Chairman.

14672. The majority of complaints as to quality or quantity of the food would come from the sister of the ward?—Yes, necessarily.

14673. Because she serves out the dinners?—She serves out the dinners, and it would be very poor management indeed for a sister to allow that kind of thing to go past her. If a sister does her work well, she should be the person to complain if there is anything to complain of.

14674. So that if the meat were all gristle or bone she would call attention to it?—She should call attention to it, or it would be very great remissness on her part.

14675. Whose attention would she call to it?—She would call the attention of the house-keeper to it, who is the immediate head of the culinary department, under the matron.

Earl of Arran.

14676. Do you send any nurses out?—We do not send any nurses out for private nursing.

Chairman.

14677. I understand from the evidence you have given that you would like to see any re-organisation of hospitals come from within the hospitals themselves, rather than from some outside body?—I should have liked that that should have come to pass.

14678. Mention has been made to us during the inquiry that it might be useful and convenient to have some sort of central body who should undertake such matters as visiting hospitals, auditing accounts, and possibly register or license the building of new hospitals with a view to seeing whether they were required in certain localities, or whether they had a certain endowment; have you any opinion to express on that?—I should have hoped that some such central

Chairman—continued.

authority could have done good, and certainly if it could in any way put a stay upon the establishment of special small hospitals to the damage of larger ones, it would do a valuable work indeed; but, personally, I do not entertain the opinion that much good to hospitals will come from placing them under a central authority. My impression of the result of central authority is rather that it does more harm than good. I should illustrate my answer by referring to the Metropolitan Asylums Board, for instance. My impression is that the standard of excellence of the Metropolitan Asylums Board Hospitals, their freedom from scandal or questions of that kind is not so great as that enjoyed by the voluntary hospitals of London which are managed separately; therefore, I should not look forward with any great expectation to great results, or valuable results, ensuing from the appointment of a central board to exercise any sort of authority over hospitals.

14679. You think it better that the hospitals should preserve their individuality?—My impression is that they have done a wonderfully good work in a wonderfully effective manner, as they are, and that they would not be so well managed or bring about such good results in so economical a manner if they were managed by a central authority as if they managed themselves.

14680. In fact you wish to preserve the individuality of the hospitals?—Personally, I should regret to see it altered.

14681. Is there anything else you wish to state?—There was one little matter in connection with our own hospital touching the nurses. I should like an opportunity to say that we make no distinction between the treatment of our lady probationers so called, and the nurses we pay. They dine at a common table, they mix one with another, and the effect is admirable.

14682. In regard to these probationers, have you then any lady probationers?—We do have ladies come to train, who pay for their training, and who, I suppose, would be described as lady probationers; they pay 30 l. a year.

14683. For board and lodging?—Yes, for board and lodging.

14684. And what period do they come for?—For two years; occasionally a nurse will come for one year, but she will not in that time get a certificate as a trained nurse of course. I simply wanted to remark in that connection that they are treated precisely the same as all the other nurses in every way; we should regret any distinction. There is just one little question of hospital management that is not unworthy of mention which is brought out in two of my reports as to the number of patients daily resident in the hospital. Of course I have a report presented to me each morning as to the number of patients in the hospital; and it is curious to know that although the number of our beds is 281, yet with 259 patients on the one hand or 267 on the other, we have a very great pressure in a particular department. You may have, therefore, some 21 beds not occupied and yet have no less than two, four, six, or seven beds extra up in particular quarters of the hospital. That is just a remark on the question of what

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what the working margin of a hospital is; you could not possibly have in St. Mary's, I think, 281 beds occupied at any time; but with 250 or 260 you would have great pressure in some quarters.

14685. Have you any chaplain?—We have a chaplain.

14686. Resident?—Not resident.

14687. Do you pay him a salary?—Yes; 200 *l.* a year.

14688. And any board?—No board; he is non-resident, and he does not board in the hospital.

14689. Does he manage the Samaritan Fund?—He does not; I manage the Samaritan Fund. Formerly it was managed by the chaplains, but it is now managed by the secretary.

14690. Do you pay any money out of the Samaritan Fund to maintain families whilst their relatives are patients in the hospital?—That is a class of payment that I have not made out of the Samaritan Fund. The Samaritan Fund is called in our case the Convalescent Fund: it is more particularly limited therefore to help to convalescence; though I should not be withheld from spending money in the direction you speak of if I really felt there was reason for it; but I have not had occasion to do it.

Lord Saye and Sele.

14691. I suppose the weekly board really administers the fund through you?—No; I actively administer it personally.

14692. Without consulting the weekly board?—Without consulting the weekly board.

Chairman.

14693. There is a separate account at the bank for that fund?—A separate account at the bank, and a separate report. I should say that there is a committee who have the overlooking of the Convalescent Fund, who meet quarterly, and to whom I report.

14694. Is there anything else you wish to say?—With respect to St. Mary's I have nothing more in my mind to state. There was a matter touching the newly organised ambulance service for London, which works in connection with the hospitals, and does a very useful work, which I should have liked to have made a few remarks upon.

14695. Pray do?—Great suffering and loss of life has long been caused in cases of accident from patients, when they are injured, being thrust into a cab. I believe I am perfectly accurate in saying that many a patient has come to his death who need never have come to it but for being thrust with broken ribs, or injuries of that sort, into a cab, which has caused the ribs to pierce some vital organ, and therefore cost the patient his life quite unnecessarily; and that class of thing happens a great deal. It was because I had observed that, that I read a paper before the Hospitals' Association in April 1888, laying the matter before them and what I felt to be the mischief of it, and submitting a scheme whereby an ambulance service could be formed for London which should obviate the necessity for that kind of thing; which should provide wheeled hand litters, and have such a number of them so placed about London that no patient (24.)

Chairman—continued.

could be injured in the streets, without such a vehicle being within five minutes of him. That suggestion and that scheme commended itself so much to the meeting at which it was read, that they determined to adopt it, and to create a special branch of the Hospitals' Association to administer it, with myself as a member of the committee, and as the honorary secretary. One friend, Mr. Bischoffsheim, subscribed the whole of the money necessary to establish the service, and to maintain it to this moment. There are now some 50 stations all over the metropolis, and we are going on with it, and so soon as it is complete, it will not be possible for any person to be injured in the streets of London without having an easy running ambulance with all the necessaries that are required to render him first aid, within five minutes of him. This thing will be run up and the man wheeled off to the hospital without disturbing him further than to lift him on to a stretcher placed beside him on the ground.

Earl of Arran.

14696. And will there be a staff told off to work these things?—There will not be a staff. The position in that way is this. Most of the Metropolitan police (and I believe this movement has proved so acceptable to the police that they will increase this feature) are instructed in the art of rendering first-aid to the injured; they have taken lessons from instructors of the St. John's Ambulance Association. I know the Chief Commissioner of Police is so pleased with this kind of thing that there is likely to be an arrangement that all policemen, or the greater proportion of them at any rate, shall be instructed in that way. At present it is purely voluntary on the men's part. But, though it would be very nice to have a staff, that would not be any criticism upon the value of the means of transport without such staff; because hitherto we have had neither the one nor the other. It is a simple thing to lift a man a few inches from the level pavement on to a stretcher placed on the ground beside him, and then lift him on to a wheeled frame, and run him off to the hospital; but it is often difficult and highly dangerous to put him into a four-wheeler.

Chairman.

14697. These things are kept in sheds, are they not?—Yes; and, in some cases in fire brigade stations.

14698. Who keeps the keys?—The sheds are situated mostly on the cab-ranks. The key is kept chiefly by policemen. There is, however, such a shed in the court yard in front of Middlesex Hospital; but most of them are on cab-ranks. And, with respect to the key, it is important to mention that it is a railway key, and, therefore, if you could not get the key to open it, you could open it with a little piece of wood; then there is a glass pane in the door, so that one could break it and open from the inside. Now there are some fifty of these ambulance stations in various parts of the metropolis, and there will be more.

Earl Cathcart.

14699. The same system prevailed at Liverpool some little time ago?—Not the same system, I think.

D D 3

14700. Very

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[Continued.]

Earl Cathcart—continued.

14700. Very much the same?—I think they have a horse ambulance there.

14701. No; a man was killed by my side there ten years ago, and the police ran him off on an ambulance upon wheels without a delay of two minutes?—I was not aware that the same system was in use there.

COLONEL STANLEY G. BIRD, is called in; and, having been sworn, is Examined, as follows:

Chairman.

14703. You are the chairman of the house and finance committee of St. Mary's Hospital, are you not?—Yes.

14704. We have had the functions of that committee explained to us by the secretary of St. Mary's Hospital; have you heard his evidence?—Yes, I have.

14705. And it is substantially correct as he stated it?—Yes.

14706. Is there anything you wish to add to it?—He might have stated that the greater part of the duties of the house and finance committee was to check extravagance in the hospital; and we are able to do that by means of these tables which he mentioned. This book (*producing the book*) is kept.

14707. We should like to see that; after all said and done the secretary is responsible to the house committee?—Exactly.

14708. So that the chief duty of the house committee is to check its own extravagance?—Not exactly so; they have not the ordering of the food or the diets; the diets are ordered by the resident medical officers, the resident surgeons and the resident physicians.

14709. The resident medical officer is one thing, but the resident medical officers of the establishment are a very different thing?—There is the medical superintendent; then there are surgeons and physicians, house surgeons and house physicians, and they have the ordering of the diets, and a great part of our duties is to check extravagance on the part of those gentlemen; I do not mean wilful extravagance.

14710. Would you like to put that paper in?—I should very much; it might be of very great use. It shows under heads here the different diets, and also it is a means of showing us from week to week how the increase or decrease in the different articles arises; and from that we are able to check this extravagance, or any extravagance that might arise. The average daily cost of a patient is about 1 s. 3 d.; that varies from 1 s. 2 d. to 1 s. 3 d.

14711. Can you tell me how you get at the cost of an out-patient?—No; we cannot check that exactly because you see the whole of the accounts for the dispensary come under one head, and of course the in or out-patients both draw their medicine from the same place.

14712. Quite so; but in calculating this cost of 1 s. 3 d. per patient, that is all the expenditure less the out-patient expenditure?—Less the out-patient expenditure, and there is nothing for medicine included in that. That is only the house expenditure.

Chairman.

14702. Do you have to bury many of the patients who die in the hospital?—We do not have to bury many, but we have to bury them at times; we do not find the guardians too ready to come forward and help us in a difficulty of that kind.

The Witness is directed to withdraw.

Chairman—continued.

14713. Then if you cannot estimate the cost of your out-patients what is the use of estimating that of the in-patients?—I may say that the cost of an out-patient is nothing except for medicine.

Lord T'hring.

14714. It is only the food, is it not, that is represented by that 1 s. 2 d.?—Only the food.

Chairman.

14715. Do you take the physic as the cost of the out-patient?—Merely the physic.

14716. Can you keep separate the amount of the physic for the out-patient and for the in-patient?—No, it is only an estimate.

14717. Is there anything else you wish to say to the Committee?—With regard to the government of the hospital I should like to say that we are governed by an open board, which, in my opinion, is very disadvantageous to the hospital.

14718. Why is it disadvantageous to the hospital?—There is no continuity in the work; the board is open to any one to come; and it is also open to the grave defect of being able to pack the board at any time. Then, again, with an open board, you have very great difficulty in exciting the interest of the public to attend the board. I do not mean to say that there is a difficulty practically, or that that ever is done; I should not like to say that; but still we are open to that disadvantage.

14719. Have you ever found inconvenience from it?—Yes, frequently.

14720. From having a packed board, do you mean?—I think I guarded myself by saying that that had not often occurred. I do not know that it has occurred.

14721. What is the inconvenience that you have found to result?—The inconvenience is this, that we who spend a great deal of time in managing the hospital are sometimes out-voted by people who come there who know nothing whatever about the management, who, possibly have never been in the hospital before, but for some reason they are brought there by someone interested in the particular case before the board and then we are out-voted by people who practically know nothing about it, and possibly never enter the hospital again.

14722. That is the weekly board you are speaking of now?—Yes.

14723. Would you like to see this general weekly board abolished?—I should very much.

14724. Leaving your business as executive committee

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Colonel BIRD.

[Continued.]

Chairman—continued.

committee of the hospital to be reviewed by the quarterly board?—Yes.

14725. Which is public?—Yes; I should think that when a close board was established, there would hardly be any necessity for a house and finance committee except as a sub-committee of the close board.

14726. Could you suggest any means by which the alteration could be made which you would like to see brought about?—Yes; some years ago I proposed, and it was carried by a large majority, that the hospital should be governed by a close board; but when it was referred to a sub-committee to alter the laws so as to work the hospital under the close board we were beaten when those laws were presented to the quarterly board; and the matter has remained in abeyance ever since. That was brought about by very unfair means; I may say, by means of a governor addressing a circular, and stating very gross inaccuracies, telling the governors, that they would lose all their privileges, and that they would lose all chance of supervising the work of the hospital.

14727. Then was it brought forward at the annual meeting?—It was brought forward, but we could do nothing; we were out-voted by so large a majority.

14728. In fact the governors of the hospital wanted to keep it as it was?—Yes, knowing nothing about it. Out of the 120 who came, there were 40 who knew nothing of the hospital, and 60 who have never been since.

Lord Thring.

14729. What numbers of outsiders, as you call them, might come in to oppose you; you say you find yourselves greatly embarrassed in the management of the hospital by having an open committee; how often does it occur that you have been over-ruled?—I could specify some three or four cases within the last four or five years.

14730. In respect of what questions did they over-rule you?—With regard to the close board for one.

14731. I understood you to say that the great objection to this open system was that you had been over-ruled in questions material to the interest of the hospital?—Yes. I may mention one; we had some difficulty with the matron some few years ago, and then very warm discussions took place about it, and there were several cases in which the governors came up then and gave opinions on the matter, who really knew nothing whatever of the working of the hospital or the matter in dispute.

14732. You were beaten on the question of dismissing the matron, in fact?—Yes.

MR. HERBERT W. PAGE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

14742. You are the dean of the medical school of St. Mary's Hospital, are you not?—I am not at this moment; I was until the end of last year.

14743. Are you a member of the College of Physicians or Surgeons?—Of the College of (24.)

Lord Thring—continued.

14733. Can you quote any other?—Not on the instant.

14734. In the last four or five years that has only occurred once?—There have been other occasions, but I hardly remember them now.

Lord Clifford of Chudleigh.

14735. In the case of the dismissal of the matron you would have been obliged to refer the matter to one of the quarterly courts, would you not, before she was dismissed?—We should.

14736. And therefore if you had had a close board, it would have been practically immaterial then?—You see practically the people who come to the weekly board are the same who come to the quarterly board.

14737. But they would not necessarily be the same governors?—Not necessarily.

14738. You said that part of your duties was to check extravagance, not intentional extravagance, on the part of the medical officer. How would you manage to check extravagance in diet on the part of the medical officers; the committee could be no judge, could they, of whether the diet was necessary or not?—We could call the attention of the senior staff to it at once. I may mention one or two things. With regard to beef essence, for instance, that is a matter that they very frequently run very wild upon. We have beef tea and beef essence, and the extract of beef. Extract of beef costs about 2 s. 7½ d. a tin; and we can make our beef tea and beef jelly at very much less cost. It only requires the attention of the senior staff to be called to it, and they alter it at once.

Earl of Lauderdale.

14739. With regard to these medicines I think I understood you to say that you could not divide the cost of the medicines between the in-patients and out-patients?—No, we cannot.

14740. To which head do you charge the whole of the medicines?—I said that the cost of the medicine for the out-patients was estimated, but that figure of 1 s. 2 d. a head does not include anything for medicine at all. There is another sheet (*producing it*). You were asking the secretary about beef tea just now. We are rather particular about our beef tea and beef essence; and in order that the manufacture of it should be the same always, on the back of the diet scale we have had printed the composition of beef tea, beef jelly, and of mutton broth.

Chairman.

14741. Will you put that in?—I will put it in (*handing in the same*).

The Witness is directed to withdraw.

Chairman—continued.

Surgeons. I am one of the surgeons of the hospital, and have been for 15 years; 10 in the out-patient department and five in the in-patient department.

14744. What is the number of students at
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Mr. PAGE.

[Continued.]

Chairman—continued.

St. Mary's?—I suppose at any one time we have somewhere about 300.

14745. Is your school increasing or decreasing in numbers?—For some years, until this last year, it had increased very considerably; last there was a fall in the numbers, but our numbers have very much more than doubled within the last five or six years.

14746. Could you assign any particular reason for the diminution last year?—I think the successful rivalry of other schools, especially those which had started residential colleges, Guy's and Middlesex, had a very great deal to do with it.

14747. What is the income from the fees of the school?—The average income during the last seven years has been somewhere about 4,500 £; the largest sum ever received was 5,900 £. in 1887-8, which was the year when the number of students was larger than it had ever been before.

14748. And the average is about 4,500 £, you say?—The average is about 4,500 £, taking a series of seven years, beginning with a very small total. The total in the first year of the seven was only 2,317 £; it was after that that the amount jumped up, jumped up at once to 3,177 £, then 3,700 £, 4,200 £ odd, 5,200 £ odd, 5,900 £, and then it dropped to 5,500 £.

14749. Then out of that 5,500 £ you have to provide certain expenses, have you not?—Yes, the expenses of keeping the place going come to somewhere about 4,400 £ a year.

14750. But I meant the school expenses, irrespective of fees to lecturers and so on?—Irrespective of fees to lecturers it is 1,100 £ less, it is 3,300 £ or 3,400 £.

14751. You think they would have to deduct 3,000 £. before there is anything to divide?—3,400 £ or 3,500 £. before there is anything paid to the lecturers. Then certain of the teachers at the school have fixed payments every year irrespective of the amounts received, irrespective of the net profits.

14752. Do those come out of that same fund?—They come out of the same fund; it is the only fund from which payment is made. There are certain demonstrators and tutors, not staff officers, that is, who have salaries amounting altogether to about 1,100 £.

14753. What is the maximum that any lecturer or teacher can get at the school; I do not mean to ask what any particular individual gets, but what is the maximum?—I should think the largest that any man ever received for his lectureship taken out of the division was about 160 £; then holding other appointments, he would get something for those also.

14754. In the same hospital, do you mean?—In the same hospital.

14755. And provided from the same fund?—And provided from the same fund. The lecturer on physiology is the only exception to that statement; he has a comparatively large salary, because he has no other means of earning his livelihood, and it is thought well to have a professed physiologist to occupy that particular chair.

14756. How is the division made; are the funds divided up into so many shares?—They are

Chairman—continued.

divided up into so many shares, and the value of a share is calculated by a time value; that is the amount of time occupied in each particular work for which this division is allowed. Then in addition to work at the school the teaching work at the hospital also receives a share calculated according to the same time scale. So that a man who holds a lectureship at the school, and who also is surgeon to the hospital, and who also gives clinical instruction in the hospital, may receive altogether, we will say, something like 250 £; but that would only be in a very good year. If I may mention amounts, I may say that the largest sum I myself ever received while holding half a lectureship; that is to say, lecturing jointly with one of my colleagues, was just upon 180 £; but the average of my own receipts from the school during the 15 to 16 years I have been there is something under 50 £.

14757. You mentioned just now that a man was paid for his lectureship, and also for his clinical instruction, being a surgeon to the hospital; but he does not get any payment for being a surgeon to the hospital?—No, that payment is simply because of the teaching.

14758. Then who is responsible for the discipline of the students?—The dean.

14759. And is there any committee of discipline?—There is the school committee, which meets once a month, and there are various sub-committees dealing with educational matters, and so on. The school committee meets once a month, but practically the dean has the control and management of the whole concern.

14760. The committee is composed of whom?—It is a committee composed of the staff and lecturers and a certain number who are appointed by the board of the hospital (they are at present 10 in number), medical governors who sit upon this school committee; and it is in that way that the school and hospital are associated, as it were, in the joint management.

14761. Do you wish to see any reform in the system of medical education, or are you contented with it as it is?—No; I am not altogether content with it, and I think that in several ways improvement might be made. I think that an improvement might be made in getting rid of certain subjects of instruction before men begin their definitely medical work. Evidence has already been given before you that such subjects as chemistry, physics, and botany might with advantage be taken up by men before they begin their purely medical studies; and I think myself it would be an advantage if they were out of the way. First of all because they actually interfere with the time that men have to give to their purely medical work; and, secondly, because, I think, that men having worked at those subjects before entering as medical students would come very much better prepared to engage in scientific work; they would have their minds attuned to scientific observation.

14762. Is there any other point which you would wish to touch upon?—The question has been raised as to whether it would be advisable to have any central school in London. I have thought that possibly it might be a good thing to have some of the subjects dealt with at a central school

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school, but I would in nowise suggest that the individuality of the schools should be interfered with as far as they are places where medicine and surgery are to be learnt. There is great waste of energy and of money in maintaining no fewer than 11 fully equipped medical schools in London, and I think that in the direction of centralising some of the pre-hospital work, an improvement might be made, that is to say, work before men go into the hospital, such as anatomy, physiology, and so on.

14763. Have you any further point?—Not as far as my school is concerned. I do not know whether you ought to be told that we have what is called a residential college at St. Mary's.

14764. Will you tell us about that residential college?—Two houses in the neighbourhood were taken for the purposes of a college some years ago.

14765. Is that part of the hospital, or is it a commercial undertaking connected with the school?—It is a commercial undertaking connected with the school. The hospital had nothing to do with it.

14766. And then how is that maintained?—It is practically part of the school concern; the payments to the college go into the general receipts of the school, and the school supplies any deficit where it exists.

14767. Do you find it popular among the students?—Not altogether. It began well, but then dropped off; and I think the reason for its so doing was that there was a general feeling that it was much more costly to live at the college than in lodgings in the neighbourhood. The charge originally made for the academic year of nine months was 90 guineas; and considering that two men can very well live together in rooms for somewhere about 120, the extra cost of the college has been against it; and, as a matter of fact, there has been recently a new regulation made, very much reducing the amount to be paid to the college, in fact, to take men in for both college and school at one united fee; but that has not yet come into force. The object of the alteration is to endeavour to fill the college again. In some respects it is popular in the sense that men living there have the opportunity of receiving personal help and instruction from the resident warden, a junior member of the staff generally, holding perhaps one of the lectureships of the school and able to help men in their early studies.

Earl Cathcart.

14768. Would this meet your idea, a preliminary examination analogous to that for the Army, which young men might have to pass before they went to the various medical schools?—You mean an examination on scientific subjects.

14769. Yes, in those subjects that you think ought to be learnt before pupils come to the medical colleges?—I think in many ways it would be a very great improvement.

14770. It was suggested to us at our last meeting that there should be a uniform preliminary examination, so as to ascertain that all

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Earl Cathcart—continued.

young men before they went to the medical schools had a certain knowledge of those elementary subjects that they require, and which it is not necessary to teach in the medical schools; that would meet your view, would it?—It would. Of course the various examinations ought to be as much as possible uniform.

Earl of Kimberley.

14771-2. Is there a rule at St. Mary's Hospital that members of the staff must be members of the College of Physicians or of the College of Surgeons?—No; I think that a man is not obliged to be a fellow of the College of Surgeons in order to become surgeon to the hospital, though the understanding as a matter of fact is, I think, that every one is. The law does not absolutely require it, because I remember an instance of a man being elected who was not at the time a fellow, but I think it was at the time an understanding that he would soon become one. With regard to the College of Physicians, a man must be a member of the College of Physicians before he can become a member of the staff on the medical side.

14773. Do you know on what ground the limitation is based?—I suppose standard of knowledge more than anything else.

14774. Do you mean that it is assumed that no one would be duly qualified to be physician unless he had passed that particular examination?—Yes, it is a sort of assumption. (*A copy of the laws is handed to the Witness.*) The law, I find, is: "The physicians, and physicians in charge of out-patients, shall be fellows or members of one of the Colleges of Physicians of the United Kingdom," and not of the College of Physicians of London; but practically everyone is.

14775. In point of fact, then, it is not limited to the College of Physicians?—No, not according to the law.

Lord Clifford of Chudleigh.

14776. Did I understand you to say that the cost of the school, exclusive of fees to lecturers and other emoluments to lecturers, was about 2,400 l.?—£. 3,400.

14777. You mentioned the figure 3,400 l.; but out of that you said there were certain salaries, as I understood you, which amounted to about 1,100 l.?—That was when I mentioned the whole sum, 4,400 l.

14778. But I have got it down here, and I want to know whether it is correct, that the average income is taken at 4,500 l.; the amount of fees divided among the lecturers, 1,000 l., reducing it to 3,500 l.; and then there are certain fixed fees and emoluments, which you did not give us, amounting in all to about 1,100 l., leaving a balance for ordinary expenses of the school of somewhere about 2,400 l.?—Somewhere about that. As a matter of fact, I have not struck an average of the annual charges; they have very much increased; at the time when the period begins they were very much smaller than they are now.

14779. What I want to get at is the expense of the school irrespective of the sum paid one way or the other to lecturers, and that I take it

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is somewhere over a couple of thousand pounds?—More than that; about 3,400 *l.* or 3,500 *l.* irrespective of anything paid for teaching purposes.

14780. Then what is the 1,000 *l.* that you gave us as deducted from the 3,500 *l.*?—I understood you to say that besides the actual sum divided into fees, there were the fixed emoluments which the lecturers got, which are not so fluctuating, and that those fixed emoluments amount to about a thousand a-year?—£. 1,100 really.

14781. And what is the nature of the expenses which swallow up the remainder of the sum?—There are things like advertisements, printing, prizes and scholarships each year.

14782. Might I ask about what is the amount given in scholarships?—The actual amount given for prizes and school scholarships each year is about 130 *l.* but in addition to that there are scholarships of the value altogether of about 700 *l.* which are not paid in money, but which are deducted from the school fees; but that is not an actual sum disbursed. Then there is the secretary and librarian, grants for two of the departments, a grant to the athletic club of the students, wages, taxes, gas, and various miscellaneous expenditure; and then a certain amount which is paid each year to the hospital as the interest upon money expended by the hospital upon the enlargement of the school building a few years ago.

14783. Could you give us the amount of that?—The amount is 440 *l.* The sum advanced by the hospital some eight years ago, and again more recently, in all comes to 11,000 *l.*, upon which the school has to pay out of its profits 440 *l.* a-year. Then I ought to say that, in addition to this loan from the hospital, it was necessary because of the enlargement, and also because of the college, to issue debentures to, I think, the amount of 6,000 *l.*, which are being paid off at the rate of 500 *l.* a-year, and the interest upon which, at 5 per cent., comes to something considerable. So that there is more than a thousand pounds in fixed charges each year off what otherwise would be profit for division.

Chairman.

14784. And then, in addition to that, you have the liability of a deficit upon the college?—Yes.

14785. Is there anything else you wish to state to the Committee?—I think you have heard incidentally as to the scholarships which are offered each year.

14786. Are any of them paid by the hospital?—Not any.

14787. Is any money paid towards the school by the hospital?—Not any at all. In the original constitution of the hospital fees were to be paid, and they still are paid to the hospital into what is called the pupils' fee fund; that is a separate item in the hospital account; but, as a matter of fact, that money is received entirely by the school. In the original constitution it was laid down that the hospital should have a certain proportion, the school a certain proportion, and the lecturers a certain proportion; but that arrangement died out long ago, and the hospital really relinquished its share, on the understanding that the sum should be expended each

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year in scholarships and prizes, and so on; and practically it never comes into the hospital account at all. At any rate the amount which is annually given, both disbursed in money to students as prizes, and also the amount offered in scholarships, and deducted from pupils' fees, is somewhere about 700 *l.*

14788. Is there anything else you wish to add?—Nothing, as far as the school is concerned. Of course I have had some years' experience in connection with the hospital, both with regard to out-patients and in, if you would like to ask me any questions on that subject.

14789. We have had the detail of the management of the hospital pretty fully from the secretary, and, I think, another gentleman is coming to speak to the out-patient department?—Yes. The only point I should like to mention is this: one of the questions which has been asked, not to-day but at other times, is with reference to any body which should control the hospitals outside themselves.

14790. We shall be glad to hear your opinion on that question?—I do not think that there should be any body to manage the hospitals outside the hospitals themselves, but I do think that it would be a very good thing indeed if there were some body, whether connected or not with the London county council, upon which there might be medical men of position in the profession, which should have some voice in deciding whether hospitals should or should not be erected in particular places. I think that in that way very great good might accrue. I believe that the public would in time come to know which were the hospitals deserving of support and which were not; and I think there would be very great benefit derived from some such power, to determine whether a hospital should or should not be founded in a particular place.

14791. Would you or would you not prefer to keep the hospitals quite free from any Government interference of any kind?—Absolutely free.

14792. But if you had the county council, or any body of that kind, meddling at all, would you not gradually get the inspector into the hospitals?—That would be the risk, but I think he could be some how or other kept out. It would be an immense advantage to prevent the possibility of hospitals which have no business to exist being founded, hospitals being established without any need for them; and I think the general public would come in time to know which were the hospitals deserving of support and which were not; and I think also very great advantage would accrue in the fact that presently an end would be put to the system whereby persons of high social position lend their names to advocate hospitals in order to obtain large sums of money which might be very much better expended.

14793. Do you think that any of these kinds of hospitals which are unnecessary or hurtful exist at this moment?—I do.

14794. Are those what are termed special hospitals?—Not necessarily so.

14795. In some cases?—Of course, the tendency is for them to be special hospitals; but I
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do not wish at all to imply that I had special hospitals in my mind in saying what I have said.

14796. Had you any particular kind of institution in your mind?—Yes; I had in my mind instances, but of course it would be very invidious indeed to mention them.

14797. Would you like to see a system of registration of hospitals for which a small fee would be imposed?—I have not considered the subject in that light.

Earl of Kimberley.

14798. But supposing that you had any such control as you suggest, would it not almost certainly follow that the public would demand that the same body which determined that there should be or should not be a hospital should also be responsible for seeing that that hospital was built in a particular way, and was furnished with certain appliances, and in that manner would it not lead to a general control of the hospitals?—It might do so. I should have no objection to persons who are able to form an opinion deciding as to what the hospital's shape should be, or the way in which it should be furnished; but that is a very different thing indeed from managing a hospital afterwards.

14799. You have not thought of a certificate given by a competent body that the hospital was really one which was fit to be opened?—It would rather be as to whether a hospital was really needed; that was what I had in my mind.

14800. My point was whether the one would not lead to the other almost inevitably?—It might; but the evil to be combated is so great and the evil resulting would be very much less.

Earl of Kimberley—continued.

14801. Should you approve of a superintending body elected from the different hospitals to have certain powers as to the accounts, and some other matters, which might be referred to it, with regard to all the hospitals in London?—Not unless you put them all on the same footing.

14802. But still, for example, to secure uniformity of accounts?—That would be very desirable, but I think it may be done by voluntary methods rather than by compulsion.

14803. Would you like to see any system of inspection of hospitals by such a body, not a Government body, but a body formed by the hospitals in London generally; supposing that they elected a board, would you approve of their having any power of inspection of the hospitals?—They might be rather a nuisance, but I should have no great objection to it.

14804. But do you think they would be any advantage?—No, I do not think any advantage.

Earl Cathcart.

14805. If you study a map of London, at the present moment, where the hospitals are marked, the position of the hospitals is almost an absurdity; you find large districts without a hospital at all, and on the other hand others where they are crowded together; is not that so?—Yes; that is largely due to the growth of London.

14806. Still, that is the case; you find large districts where there is no hospital at all; for instance, in the south of London?—Yes, it is the case.

The Witness is directed to withdraw.

MR. MALCOLM MORRIS, is called in; and, having been sworn, is Examined, as follows:

Chairman.

14807. You are on the staff of St. Mary's Hospital?—Yes; I am in charge of the skin department of the hospital, the out-patient skin department, and I have four beds in the hospital under my care.

14808. Do you know what system is pursued in regard to out-patients at St. Mary's?—Yes.

14809. Would you kindly explain it to us from the moment that a person comes to the hospital to be treated as an out-patient. He first of all arrives at the hospital; where does he go when he arrives?—It depends very much upon the time when he arrives at the hospital, and it depends also whether he arrives armed with a subscriber's letter or not. If he comes without any subscriber's letter to the hospital he is seen by an officer known as a casualty officer, who examines him, and if it is a case suitable for a special department he sends the patient to that special department: the eye, the throat, skin, and so forth. If it is only a trivial matter he sees the patient himself. If it is not a trivial matter, and belongs to one of the out-patient physicians or out-patient surgeons, he sends him to that out-patient physician or surgeon. If it occurs in the morning he will send him to the

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Chairman—continued.

out-patient physician or surgeon in the afternoon of that day; between one and two is the time that they come. If it is a trivial injury he will attend to it, and the patient will come every day if need be until the injury is well, or until the trivial complaint is over.

14810. That is the casualty officer of whom you have been speaking?—That is the casualty officer.

14811. Does he take both surgical and medical cases?—He takes both surgical and medical cases.

14812. Supposing that a case has to be passed on to a special department, what then?—If the patient came to my special department, if it was at all a serious case, he or she would go on attending at that special department twice a week or once a week according to circumstances, until the patient had recovered. Practically it acts so; there are certain limitations, but taken as a rule, it is until the patient recovers or until the patient leaves of his own accord.

14813. Do you have any cases that you treat without letters?—If the case is an urgent one. If the case is not a particularly urgent one they are requested to get a letter.

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14814. Supposing

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14814. Supposing a person comes to you with a certain disease, do you give him a letter for a certain number of attendances, say six attendances?—No, not any fixed number.

14815. He merely comes backwards and forwards until he is well?—Yes.

14816. Do you teach in your department?—I do.

14817. And do you find that your department is very crowded for that reason?—When I was appointed in the year 1882 no students came at all to the department; it had existed before, but there was no special officer for it; it was done before by one of the members of the staff who held other appointments; but since 1882 the department has gradually increased, and the number of students, and now it is inconveniently crowded.

14818. It is inconveniently crowded for teaching purposes, you mean?—For teaching purposes; because, of course, space must be left for the patients' easy ingress.

14819. Do you know if that overcrowding goes on in the other departments?—You mean by students? There are a considerable number of students who attend all the out-patient departments.

14820. But now as regards the patients, are there too many of them for you to examine properly?—I have never had that difficulty at all.

14821. So that as regards the treatment of the patients the department is not inconveniently crowded?—No, only on account of the large number of people having to be in a smallish room.

14822. Now, in the event of a case being a rather more serious case than a casualty case, you said the casualty officer refers that case to someone else?—To the out-patient surgeon or physician attending on that day. There is an out-patient surgeon and an out-patient physician attending every day in the week except Sunday, and those cases are referred at half-past one, or a quarter-past one, whatever time they come, to the physician or surgeon of the day, who takes charge of them; and if he thinks the case is a suitable case to be admitted into the hospital he admits into the hospital if there is room.

14823. And would these patients have to wait a very long time after seeing the casualty officer?—Sometimes it happens so when the patients come from a distance; they may have to wait perhaps from ten in the morning until one; but if they are from the neighbourhood they can go away and come back again if they are not too ill. If they are too ill for that, then comes the question as to whether they ought not to be admitted into the hospital at once; and then the resident medical superintendent is immediately consulted; so that a person really bad would not be kept waiting.

14824. But then is there any limit of time as to when the physicians and surgeons, or assistant physicians and surgeons go away?—No, no limit of time.

14825. They stay till they have finished their work?—Yes; it is not an uncommon thing for

Chairman—continued.

them to begin shortly after one, and to go on till between five and six in the afternoon.

14826. Do you have many cases sent to you for consultation?—By practitioners in the neighbourhood you mean? Yes, a very considerable number.

14827. And do you think that the free treatment of your hospital, St. Mary's, interferes with the practice of the smaller practitioners?—I think very slightly indeed. I have been interested in the hospital question for some years, and I have considered very carefully the question as to whether people who attend the out-patient department are improper people to do so, and I have in several instances made an attempt to try and find out whether people were right subjects for medical relief, but I have never in one single instance during the nine years that I have been on the staff there, found any case where I could fairly think that a person ought not to have claimed to be relieved. The nearest one was one that I took up to the secretary: a man came to my out-patient department, and I thought he looked, judging from his appearance, in a position to pay, and so I took him up to the secretary. It turned out, however, that he was a clerk on a very small salary; he had a rather more respectable appearance than most of those who usually attend, but as a fact he had had illness in his family and considerable difficulties, and was just as much in need of relief as the actual poor, perhaps more.

14828. Do all the officers, the physicians and surgeons, and assistant physicians and surgeons do their work for nothing at the hospital?—We all do the work of the hospital for nothing; we are only paid for the lectures we deliver, and we get a certain fractional proportion of the fees for the instruction that we give in the out-patient department; independently of seeing the patients.

14829. The resident officers in the hospital are unpaid, are they not?—They get board and lodging for their work, but no payment at all. They are considered to be the best prizes that they can get, because to have one of those appointments gives them an opportunity of studying.

14830. Do you know whether when an appointment is vacant they advertise it in the newspapers?—Not the resident appointments. The appointments on the staff are advertised, but not the appointments in the hospital.

14831. Have you anything else you wish to say to the Committee?—I have one or two points. One is the utilising of the poor law infirmaries for medical teaching. I think that there is a very large amount of material in the large poor law infirmaries in London which might be utilised for the teaching of medical students. An attempt is being made just now for a post-graduate course, which is a most desirable thing; but I think that they ought to be thrown open for systematic teaching. Some years ago, before I was on the staff of this hospital, and when I was wanting material from which to teach, I made an application to one of the poor law infirmaries for permission to do so, and for a short time took a class to that infirmary to study certain

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Chairman—continued.

certain diseases; but difficulties were thrown in the way and it was impossible to go on with it. But I think it is a pity that such a large amount of most important material, which would be of the greatest possible use for the teaching of medical students, and would assist them immensely when they became doctors in after life, should be practically unused; for the class of case that they would there see is the class of case that they are more likely to see when they are in practice for themselves, rather than the severe and acute cases that are seen in the beds of our general hospitals. And I think that instead of a single medical officer or two to have charge of these infirmaries, it would be far better if they had a consulting staff such as we have at what are called general hospitals.

14832. And would the system you advocate operate favourably also to the patients in these infirmaries?—I think so. I think it would throw a great deal of light on the institutions. I do not for a second mean to imply that they are not exceedingly well managed and looked after; but I think it would be an immense advantage to the patients, an immense advantage to medical science, and an immense advantage to the young medical students who are being taught. Then I would like to say one word about the formation of hospitals, which Mr. Page referred to just now. If nothing else would come out of this Committee but this one thing, that hospitals should not be formed without some license, it would be a most desirable boon. It is impossible now for the benevolent public to discriminate between a hospital which is started simply for the benefit of an individual and a hospital which is started really for the common weal. Hospitals which are useless, and which are worse than useless, I may say which are detrimental, are constantly started, and the benevolent public have no real means of being able to discriminate.

14833. Do you think that any subscriber to any general hospital who is not an expert could find out anything at all from the accounts of most general hospitals?—No, I do not think he could; I think he would have to be very much skilled in it if he did. I think if they were all reduced to one condition of uniformity it would be very much better. I think the only desire of those who are most interested in the hospitals and their welfare, and who have nothing whatever to get in connection with it, is that the greatest amount of good should be done with the money.

Earl of Kimberley.

14834. What body would you entrust with this power of licensing?—That is a very difficult question. The county council have hardly been in existence long enough for us to be able to judge whether they are capable of fulfilling such an important trust; but provided they were, I should think the county council is probably as good a body as could be imagined; and theoretically, that is probably the sort of body that should have a municipal power like the one that I suggested.

14835. Might it not be desirable that there should be in such a body some experts, by which I mean some medical men of repute, whose opinion

Earl of Kimberley—continued.

would carry weight, as well as some laymen?—I think, when a person wants to start a hospital he should show cause on the same principle that no fresh public-house can be started in a neighbourhood without showing some reason for the license; and it would be an immense advantage if, on that board, there was somebody who was an expert and in a position to know if the medical man (a new hospital is very often started by a medical man) is a man of repute, and if it would be an advantage to the public instead of a disadvantage.

14836. I rather meant to imply that it would not be safe, probably, to entrust it wholly to the members of a body such as the county council, who might not always be well qualified to discharge the duty; that it would be well to add to a committee of that body some persons otherwise chosen; and that is your opinion, I gather?—Yes, I think it would be very advantageous.

Lord Clifford of Chudleigh.

14837. With regard to the use of poor-law infirmaries for medical teaching, you said that there is a certain amount of objection coming from the poor-law infirmaries; does that come from the managers or does it come in any way from the inmates?—So far as I am personally concerned, I cannot say always where it comes from; it chiefly comes from the managers.

14838. You think that the inmates themselves have no repugnance to their cases being made use of for medical teaching?—I have never had any reason to believe so. In the out-patient department patients take it as a compliment to be lectured on; they do not in the least object to it; there is never the least difficulty or, when I say never, very seldom indeed is there any; and, as far as my experience goes, the patients in the poor-law infirmaries do not object to it in the very slightest.

Chairman.

14839. Have you anything else to say?—In reference to our own hospital there is one point, and that is the question of the open board of governors. The hospital is governed by an open board.

14840. Are you a governor?—I am a governor, and I have been for four and a-half years a member of the House and Finance Committee; and I do not think that that is the best method of governing a hospital. There have been attempts made every now and then to make this board a close board. I think it is a bad system that a hospital should be governed by an open board of governors; that they either yearly or at some appointed time should elect from their body a certain number to govern the hospital, and that the medical staff ought to have a certain proportion of their number upon that committee, so that it might be a joint committee of the governors of the hospital and of the staff.

14841. But is not that rather a matter for the governors of the hospital themselves to decide?—That is so; but on the present system any governor can bring up a certain number of governors and can alter the work of the previous

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Chairman—continued.

week in a way exceedingly inconvenient and bad for the management of the hospital.

14842. At the same time the individual who wishes to urge the opposite course would have the same means of bringing up governors, I presume?—Yes; but I would urge that if sufficient evidence to justify it was laid before this Committee, this Committee would do immense good by saying that there was to be uniformity

MR. ALFRED PEARCE GOULD, is re-called; and further Examined, as follows:

Chairman.

14844. YOU wish to make a correction, do you not, of a statement as to fees which you made when last you were examined?—Yes, I ought to have stated when speaking of the division of the fees amongst the lecturers, that each lecturer has to bear the cost of his own course of lectures. In some cases that is rather heavy. In the matter of chemistry, for instance, our lecturer on chemistry has to provide all the materials for his course of lectures on chemistry and the course of practical chemistry; so that that makes a considerable deduction.

14845. Does it put him to great expense?—Yes; I could not say what, but it does put him to considerable expense.

14846. Then as to the discipline of your medical students at the Middlesex Hospital; you desire to make an addition to your evidence?—Yes; there is a small committee of the committee of management of the school, consisting of three lecturers, the secretary and the dean, who meet every month regularly, and they go into any questions of discipline. Any student, for instance, who is not attending lectures with sufficient regularity is interviewed; any one who has been lost sight of for any little time has to appear before this committee; and that gives us an opportunity of seeing that all the men are at work; and then if any question necessitating discipline arises that committee can meet at once, or the dean can act in any emergency.

14847. In fact, you really have the students under your eye?—Yes.

14848. Then as to improvements in medical education you desire to say something?—The one great need I think in London just now is improved facilities for learning practical anatomy, dissecting. Most medical schools in London are generally very imperfectly supplied with subjects for dissection, and it is a need that is becoming more and more pressing. This particular year it has not been pressing at all, but that is a mere accident; for several years past the difficulty of obtaining a sufficient supply of subjects for dissection has been increasing until it has become a very serious matter indeed. It has considerably interfered, too, with the teaching of practical operative surgery, because for that dead bodies are required, and there is really a considerable need of improving our means of educating men in that particular.

14849. Is there not some regulation regarding workhouses in reference to that subject?—Yes, there is an Anatomy Act, but that is a voluntary

Chairman—continued.

of management, as well as uniformity of accounts.

Lord Monkswell.

14843. Have you known any inconvenience arise from any governor who likes to come being admitted to the governing board?—I have.

The Witness is directed to withdraw.

Chairman—continued.

Act, it is not a compulsory Act; and unless the managers and some individuals indeed, in connection with workhouse infirmaries choose to send the bodies of unclaimed paupers to medical schools they cannot be compelled to do so.

14850. Who are the individuals you refer to?—The master of the workhouse can prevent it, and I believe also the dead-house porter.

14851. Have you thought of any way wherein the wording of the Act should be altered?—Well, if it could be made in any way compulsory to send the bodies of unclaimed paupers to medical schools, that would answer the purpose.

14852. Then, as regards infectious diseases, you have something to say, I believe?—That is a matter on which I may say that the ordinary medical schools have not proper facilities for teaching their students. The general hospitals, with very few exceptions, exclude infectious diseases, scarlet fever, measles, small-pox, from their wards; and it is certainly a want. That has been recently, in some measure, met by the poor law fever hospitals being thrown open, under certain special conditions, to students; that has only just recently come into force, and we cannot tell how it will work. The difficulty, of course, is the great distance that these institutions are from most medical centres.

14853. And as to apprenticeship after curriculum you have something to say?—The old apprenticeship system, before the medical curriculum, has died a natural death, or has almost entirely passed away; but that certainly supplied something which the hospital training cannot supply. It brought a man into contact with actual practice in a way that we cannot do it in hospitals; and I think it would be a great improvement if we could have some system of apprenticeship after the curriculum. I do not think it would be desirable, or even possible, to revive the old system; it had many drawbacks, and having once become extinct we could not revive it; but I think it might be revived at the end of the curriculum with very great advantage in this respect, that it would give the students their practical instruction at the time when it was most useful to them, that is to say, when they had obtained the theoretical instruction at the hospital. It would also be a very good thing for the practitioners, because it would keep them in touch with medical science. They would be continually having men fresh trained from the schools brought into their homes and into their practice, and it would be a great help to them. And I think also it could be done without expense

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Mr. GOULD.

[Continued.]

Chairman—continued.

expense to the medical students, because their services would be really useful to the practitioner to whom they went. Instead of the boy's parents having to pay an apprenticeship fee, a man after his four or four and a-half or five years at the hospital, would be taken by a doctor for nothing, or he would pay him something. It would also probably lead to the abolition of the class of unqualified medical assistants.

14854. You have no doubt in your own mind as to the value of the out-patient department?—No, it is most important. A large class of diseases are seen in the out-patient room that never get into the wards of the hospital, and it is most important that the students should see them. There is quite a variety of cases brought into the out-patient room.

14855. Is there a large enough field for surgical instruction in the out-patient department?—Yes, within certain limits. Nothing but the most trivial operations can be done upon out-patients, but there is a large number of cases that do not require any operation, and the subject can be very well studied there indeed. There is a very large field indeed there.

14856. And are the cases that come before you in the out-patient department sufficient for teaching purposes?—Yes.

14857. Are they too many for those purposes?—Speaking from my own experience, I should say quite enough, but I am not crowded at all.

14858. Is there any other point you want to refer to?—I think there is a difference between surgical and medical cases as to their fitness for hospital treatment; that people who might be in a position to pay the doctor for medical treatment are often unable to pay for surgical treatment. Surgical treatment is the more expensive thing. And then surgery certainly in the last 20 years has become a much more scientific pursuit, and it has become much more of a fine art, and it has become much more largely operative than it was; and all of those things have rendered it much more expensive. Even trivial operations are treated now with certain special and often expensive precautions, so that it is impossible to properly remunerate a doctor unless the patient is decidedly above the ordinary hospital class of patient.

14859. That only means to say that there are many people who are justified in going to a free

Chairman—continued.

charity because they cannot afford to pay a surgeon, who would not be equally justified in going to it for relief on the medical side?—Yes; I think many people are justified in going to the surgical side of a hospital who might not be justified in going to the medical side of the hospital.

Earl Cathcart.

14860. How is the great army of unqualified practitioners recruited; are they broken down students; I ask the question because in the country there is a great number of them?—I should like to answer that question with a little reserve; but certainly some of them are medical students who have never obtained a qualification. Some of them have started as unqualified assistants, and have never gone to a medical school at all. Some of them are chemists, I presume.

14861. But unqualified men are largely employed by medical men as assistants throughout the country?—Yes.

14862. You have midwifery cases attended by extern clerks from your hospital?—Yes.

14863. What distance do they go?—I think within a radius of one mile.

14864. Do you make any difficulty about the poor women, or do you take the cases of any who come?—I believe we take any who apply.

14865. And have you the aggrieved poor practitioner to deal with in that matter; does he complain?—My own impression is that the class of patients who come in that way for the attendance of the medical students are only quite the poor.

14866. That they would not be worth the private practitioner's having?—No; I never heard the difficulty raised.

14867. What is the payment for a very poor case, 10 s.?—Yes.

14868. Is any less fee than 10 s. taken?—I never heard of a less fee than 10 s. 6 d. for a doctor.

Chairman.

14869. Some hospitals have residential colleges and others have not; is the residential college a very good thing for the students?—I think the experience, so far as it has been tried in London, is not strongly in favour of them.

The Witness is directed to withdraw.

MR. HENRY VANE, is called in; and having been sworn, is Examined, as follows:

Chairman.

14870. YOU wish to correct a statement of Sir Henry Longley's, on his behalf, do you not?—Yes.

14871. What is the number of the question?—No. 3233.

14872. The question was "Besides Guy's, have you ever had any large hospital before you applying to you for an alteration of their scheme?" and Sir Henry Longley's answer was, "Yes, within the last few years, we have had both St. Thomas's and St. Bartholomew's applying

Chairman—continued.

for the very same alteration. In both those cases the Governors found their income insufficient to meet their expenditure, and rather than reduce their expenditure, they came to us, just in the same way as the Governors of Guy's did, to ask for a scheme to enable them to take paying patients?—That all stands, except that "St. Bartholomew's should be Bethlehem Hospital.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 26^o Februarii, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.

Earl SPENCER.

Earl CATHCART.

Earl of KIMBERLEY.

Lord ZOUCHE OF HARYNGWORTH.

Lord CLIFFORD OF CHUDLEIGH.

Lord SANDHURST.

Lord SUDLEY (*Earl of Arran*).

Lord MONKSWELL.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. SIDNEY M. QUENNELL, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

14873. You are the secretary of Westminster Hospital, are you not ?—I am.

14874. How long have you held that position ?—Exactly 13 years.

14875. Would you mind telling me what you were before you became secretary for that hospital ?—I was brought up in business in the City in the office of a large firm of merchant bankers. I had also some little experience in hospital work, having worked at the Poplar Hospital for two or three years.

14876. Was that immediately before going to Westminster ?—Not quite immediately before.

14877. When was the Westminster Hospital founded ?—In the year 1719.

14878. Is it a free hospital ?—Practically free.

14879. Will you explain what you mean by that answer ?—Our governors have letters, but they use them very sparsely and nearly all the patients are admitted quite free. The out-patient department is quite free ; a letter is not required there at all ; and with regard to the in-patients I think about a 100 governors' letters are used out of about 2,500 or 2,600 patients admitted.

14880. Is your qualification for admittance disease and not favoritism as regards governors' letters ?—That is so. I might explain that with regard to governors' letters, a patient bringing a governor's letter would have priority over a patient who did not bring one, provided that the two cases were of equal severity.

14881. Your hospital has existed a very long time you have told us ; have any alterations been made in accordance with modern knowledge ?—Yes. Our present building was built in 1834, and the hospital has had several homes. It was originally established in Petty France, removed to Chapel-street, Westminster, in 1724 ; it was then moved to James-street, Buckingham Gate, where it stood for a hundred years, and the present building was built in 1834.

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Chairman—continued.

14882. Then this Westminster Hospital is practically a new building ?—It was built in 1834 ; but I may say that since 1834 very extensive alterations have been made, principally in 1877 and in 1885-86.

14883. How many beds have you got ?—We have 205.

14884. And what is your average number of patients ?—Sometimes the hospital is quite full and we have not a single bed vacant ; we are not very careful about keeping a margin. Of course the accident beds are those that we should fill up last.

14885. Is it too much to say that your average of beds occupied is 190 ?—Our average last year was 184.

14886. To whom are you responsible as secretary ?—I am responsible to the house committee.

14887. And when do the house committee meet ?—They meet weekly on Tuesdays at one o'clock.

14888. Would you explain the constitution of the hospital. Are there any quarterly or annual courts ?—Yes. The hospital is under the control of governors assembled at general courts either quarterly or special.

14889. And is the quarterly court an open body ?—The quarterly court is an open body.

14890. To governors, I suppose ?—To governors ; it is a body to which all governors are summoned by circular.

14891. And then a special court is held as occasion demands ?—The special court is exactly the same as a quarterly court except that it is called for a special occasion instead of for the usual quarterly business.

14892. I observe that you used the word "general" ; did you mean to say that you have a general court as well as a quarterly court ?—No, there is a quarterly general board and a

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special

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Mr. QUENNELL.

[Continued.]

Chairman—continued.

special general board; but the term "special" applies to the business, not to the nature of the board.

14893. Then the executive of the hospital is the weekly committee?—The house committee.

14894. And who is chairman of the house committee?—We have no permanent chairman.

14895. What are the functions of the house committee?—The functions of the house committee are to manage the business of the hospital; they act under rules.

14896. Perhaps you will tell us from the rules what the duties are?—"The house committee shall transact the ordinary business of the hospital, and shall do their utmost to see that the laws herein contained are duly attended to, for which purposes they shall meet at the hospital at least once every week on a stated regular day and hour (such day and hour to be fixed at their first meeting after the annual election), and at such other times as they may think expedient." "The house committee specially summoned for the purpose shall have the power of making, from time to time, such bye-laws as may appear to them necessary for the due transaction of the ordinary business of the hospital, and for the due performance of the duties of any person in the employment of the hospital; provided that all such bye-laws shall be in accordance with the laws herein contained. No alteration in any bye-laws, nor any new bye-law shall take effect until the same has been confirmed at a subsequent meeting of the house committee specially summoned for the purpose." "No business, except the discharge and admission of patients, shall be proceeded with except in the presence of at least three members of the house committee." "Any governor not being a member of the house committee may attend its meetings and may speak on the business of the day, but shall not vote thereat." "The house committee shall appoint two or more of its members to be house visitors for any term not exceeding one month. It shall be the duty of the house visitors personally to overlook every department of the hospital, to report upon the performance of the duties of all the officers and servants of the hospital, and upon any complaints that may come before them, but they are not authorised to give any orders, or take any independent action. The house visitors' report shall be made in the form prescribed by the house committee from time to time." "The house committee is empowered to grant leave of absence to any medical officer of the hospital for a period not exceeding three months, upon being satisfied that his duties will be properly provided for in his absence; in the event of leave of absence being required for any longer period it must be applied for to a general board. Any medical officer absenting himself from his duties without permission for one calendar month, except from illness, shall be considered to have vacated his office, and the necessary steps shall be taken to fill up the vacancy if the house committee, specially summoned for the purpose, shall see fit." "When any officer, or other person in the employment of the hospital, shall, under the laws applying to his office, be required to furnish security, the

Chairman—continued.

house committee shall be at liberty to accept the policy or agreement of indemnity of any society or institution established under the authority of Parliament, or by Royal Charter, for granting indemnities, in lieu of the securities required by the laws applying to such office."

14897. How is the house committee elected?—The house committee consists of the president, the vice presidents, and the treasurers *ex officio*, and 36 elected members who are elected at the first quarterly court in each year.

14898. From among the governors?—From among the governors. Of the 36 elected members, only three-fourths are eligible for re-election, and the fourth who are not eligible for re-election are the nine who have attended the fewest number of times in the year, so that nine always go off.

14899. Are there any sub-committees who transact business in detail?—They are not sub-committees; they are independent committees; the audit and finance committee, the medical committee, the estates committee, and the school of medicine committee. When I say that that they are independent, I mean that, if they saw fit, they would report to the quarterly or general board of governors direct, and not through the house committee.

14900. Then how often do this audit and finance committee meet?—At least once a quarter.

14901. And they then audit every item of the accounts?—We have a professional auditor; perhaps I might explain the system?

14902. Yes, if you please?—At the end of the quarter the bills are all checked by myself and scheduled; and, as soon as that is completed, the professional auditor is called in, and he then checks them, and certifies that they are correct, and that they are in accordance with the vouchers and other documents that are placed before him. He reports that to the audit and finance committee; they meet to receive his report and to make any check that they think proper for themselves.

14903. Of course there must be a large quantity of books, petty cash-books, bankers' books, the housekeeper's stock-book, and (if you have got a steward), the steward's books, the alcohol book, and so forth; are those placed on the table of the committee every week?—The wine and spirit book has nothing to do with the steward's department; that belongs to the dispensary, and that is placed on the board-room table every Tuesday.

14904. And these other books, are they placed on the board-room table?—No; the house steward's register of in-patients is placed on the board-room table, but the house steward has no petty cash account.

14905. Who has the petty cash account?—I have.

14906. How often is that audited?—The petty cash-book is audited by the professional auditor once a year.

14907. With regard to all these accounts relating to matters of detail, are those not checked more than once a year?—The petty cash is checked every fortnight by the house committee. I might explain what our system is:

I have

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Mr. QUENNELL.

[Continued.]

Chairman—continued.

I have in my hands 50*l.*, and I draw a cheque every fortnight for the amount of petty cash which I have expended out of that 50*l.*; I place the vouchers before the house committee, and it comes, we will suppose, to 46*l.* 6*s.* 10*d.*, or to 43*l.* 3*s.* 10*d.*; I produce the vouchers to the house committee, and they then sign a cheque for the amount; and I start every other Tuesday with 50*l.*

14908. What I want to get is, whether the housekeepers' stock-book, for instance, which possibly may have to do with all the food is checked once a quarter?—No, we really have no stock-book; we never have any stock; we order our things every week as we want them.

14909. Then how do you find out whether there is an increase or decrease in the consumption of any article?—That we can tell once a quarter from our ledgers.

14910. Do you think that sufficient?—Quite sufficient, I think. We have also a daily diet book, a weekly diet book, and a quarterly diet book. The first is kept by the house steward, the two others by myself, so that I know immediately whether there is any abnormal increase in the consumption of any article.

14911. You do not watch it from week to week?—Yes, I do.

14912. But you are not responsible for that; the house committee is responsible for that, and you report to them as I understand?—Yes.

14913. And they leave it to you to compare and go through these accounts?—Yes.

14914. And there is no sub-committee which takes in hand small books of that sort?—No.

14915. Who signs the cheques for the hospital?—They have to be signed by the chairman of the house committee, and by two members of the committee, and countersigned by myself.

14916. Do the treasurers ever attend the board?—They have not attended recently; in past years they have. It rather depends upon whether there is some active member of the house committee who does attend.

14917. Would you now tell us the constitution of the audit and finance committee?—"The audit and finance committee shall consist of five governors who may, but need not, be members of the house or any other committee, of whom two shall be a quorum." I perhaps had better read the rest of the rules relating to that committee; they are not long: "(2.) The audit and finance committee shall within one month after its election appoint a professional auditor, or firm of professional auditors, at a salary not exceeding twenty-five pounds (25*l.*) per annum, to assist them in duly auditing the accounts of the hospital; (3.) The audit and finance committee, with such assistance as aforesaid in addition to the other duties properly appertaining to the office of auditor, shall meet once every quarter to compare the secretary's and the collector's report of receipts with the banker's book; to look over the bills of the several tradesmen; to see that the quantities charged correspond with the quantities issued according to the diet-book; and that the prices of articles supplied are agreeable to contract when furnished on that principle, or are proper when not so furnished. They shall sign the several bills and shall report to the quarterly general board, which shall forth-

(24.)

Chairman—continued.

with be summoned, such matter as seem to them to require notice. (4.) The audit and finance committee shall not certify any bill for supplies or repairs, unless the person presenting the same can produce a written order from the secretary if required. (5.) The audit and finance committee shall consider and report upon any matter connected with the finance of the hospital, which may from time to time be referred to them by the house committee, and shall, as soon as may be after the fourth quarter's bills have been passed by the quarterly general board, prepare a list of the subscribers and the donors, and an abstract of the receipts and expenditure for the past year, together with a statement of the assets of the hospital, which they shall submit to the house committee." That audit and finance committee meets once a quarter and at other times when necessary.

14918. Are the bank accounts checked more than once a quarter?—No. I might say that the banker's pass-book is placed on the chairman's desk every Tuesday.

14919. Is it generally looked at?—Always.

14920. I forgot to ask you what is your salary as secretary?—£. 400 a year.

14921. Do you reside in the hospital?—I do not.

14922. Have you any board or lodging?—I take my luncheon there, and I also take my dinner there frequently.

14923. Is the financial control of the hospital under this audit and finance committee?—Yes, to a certain extent, but the house committee also exercises considerable control, and the rules of the hospital are rather stringent as to expenditure. The house committee is not at liberty to incur any new expense exceeding 5*l.* until the resolution relating thereto shall have been confirmed at a second meeting, nor to incur any new expense exceeding 25*l.* without the sanction of a quarterly or special general board. This naturally checks rash or ill-considered expenditure.

14924. Whence do you get the funds of the hospital?—We have a certain amount of realised estate. I think I could give your Lordship the exact particulars. Last year we derived 2,706*l.* 18*s.* 8*d.* from dividends and rents; 1,461*l.* 3*s.* 6*d.* from annual subscriptions; 1,860*l.* 9*s.* from donations; 6,610*l.* 15*s.* 4*d.* from legacies; from the Hospital Sunday Fund 1,145*l.* 16*s.* 8*d.*; from the Saturday Fund 300*l.*; and from miscellaneous receipts 24*l.* 5*s.* 3*d.*; making a total of 14,109*l.* 8*s.* 5*d.*

14925. And your expenditure last year?—Our expenditure last year in the total was 13,331*l.* 1*s.* 7*d.*

14926. Then you had a surplus last year?—We had a surplus of 778*l.* 6*s.* 10*d.*; and in addition to those receipts we had transferred to us a sum of 24,000*l.* Consols, which we do not introduce into our accounts for the year, but we put a note on the income side of the account. "In addition to these legacies, which were paid in cash, the executors of the late Mrs. Hannah S. Chadwick, for many years a munificent benefactor, who died December 1887, transferred to this corporation her bequest of 24,000*l.* Consols." We also show on our balance sheet a further sum of 1,000*l.*, which was given us for the definite purpose of endowing a bed. It is not

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MR. QUENNEL.

[Continued.]

Chairman—continued.

introduced into our accounts; it is cancelled by a *per contra* purchase of India Three per Cents., costing the same amount. So that really our income last year was very close upon 40,000 £.

14927. Have you any other endowments besides that one you spoke of just now?—Yes.

14928. Will you tell us what they are?—We have a sum of 10,000 £. for the endowment of a ward; we have 17,353 £. odd for the endowment of what is called the Incurable Establishment; we have 1,324 £. odd for the endowment of a Lithotriptic ward, as it is called; then we have altogether 4,400 £. for the endowment of beds and cots.

14929. All that is property that you could not sell out?—We could not sell it out at all.

14930. To turn for a moment to this 24,000 £. which you received, which you spoke of just now as being income, you said that your income last year was 40,000 £.?—Yes.

14931. Do not you put that to capital and then withdraw it as may be necessary; supposing for instance that your income was very good, next year you would still go on receiving the dividend of the 24,000 £.?—Yes; our practice is always to invest everything that we can invest from whatever source we get it. If we had at our bankers more than sufficient to carry us on say for the next two or three months it would be invested.

14932. And in like way if you had no money at the bank and there was a large deficit of 5,000 £. or 6,000 £. at the end of the year, you would then sell investments so as to realise enough to meet the deficit?—Yes.

14933. So that you would not keep any wards shut for what of funds?—No. At present we have 50,806 £., to the credit of the General Purposes Fund, and about 34,000 £. to the credit of these various endowments. With regard to the 50,806 £. we could spend every penny of it, and we could spend nothing of the rest.

14934. Then, as regards some of the other items; take for instance, 2,700 £. rents, and dividends, what are those rents?—Some years ago a gentleman left us his estates in Kent, but the governors very wisely sold them and purchased in their place ground-rents, ground-rents of 143 houses in London; and they bring us in 1,206 £. a-year. I think the rental of the landed estates in Kent when they came to us was about 800 £. a-year.

14935. Then what do you look upon as your most reliable source of income?—Of course our most reliable source of income are the dividends. They will be a little more this year; they will be 3,152 £. Then our annual subscriptions; I look upon that as quite certain to come in, and I think this year they will be 1,500 £.; and I look for 1,400 £. from the Sunday and Saturday Fund. That would bring it up to 6,000 £., or a little over probably, which will be approaching to half our need.

14936. Could you tell us your wages and salaries, and whether they exceed the amount of money that you procure from your most reliable source of income?—Last year they were 3,599 £., so that they are nearly covered by our dividends, but not quite.

14937. Who has the admission of patients to

Chairman—continued.

the wards of the hospital?—Practically, the patients are all admitted by the senior house physician or the senior house surgeon.

14938. Does he attend for that purpose every day?—Patients are arriving at all hours of the day or night, and these officers are resident.

14939. But they are not there all hours of the day or night, are they?—No; they have the power of admitting patients primarily; of course, if they are away the junior house physician or junior house surgeon admits.

14940. Does not the junior house physician or surgeon admit a great many more patients than the senior house physician or surgeon?—No, certainly not.

14941. Have you a resident medical officer?—No.

14942. Who is the responsible medical officer who does reside on the place. Is there a responsible one who resides?—Not one in particular. We have two house physicians, two house surgeons, and the obstetrical medical officer.

14943. Are those young men?—They vary; but as a rule they are pretty young; 23 or 24 years of age.

14944. What course would be pursued supposing a very grave case was in the hospital; would one of these young men look after it?—Certainly not; he would send a messenger in a cab for the surgeon or physician under whom he serves.

14945. Do the surgeons to whom the wards are allotted admit patients to them?—No; in old days the physicians and surgeons attended in turn on a Tuesday to see the patients, not to admit them, the house committee admitted them; they were recommended by the physician or surgeon for admission by the house committee. But that system has entirely dropped out; in those days admissions were principally confined to the Tuesday. I do not know how people managed in those days when they were ill on a Wednesday or a Thursday.

14946. Can an accident obtain admission to a bed if there be one vacant at any time?—Certainly.

14947. And do you take all diseases?—We exclude small-pox, typhus fever, and scarlet fever.

14948. Do you take diphtheria?—We take diphtheria.

14949. Do you isolate diphtheria?—We have no regular practice; sometimes we isolate it, and sometimes we do not; it depends upon the nature of the case.

14950. It depends upon the severity of the case, I suppose?—Yes, and also upon the inhabitants of the ward. A diphtheria case would never be put in a ward in proximity to children.

14951. Then, in regard to out-patients, is there any restriction as to numbers?—There is this restriction, that the physicians or the assistant physicians are not obliged to see more than 20.

14952. Is that 20 new cases?—20 new cases.

14953. Have you the term "casual" at your hospital?—No.

14954. Could you tell us how many in-patients were treated last year?—The total number was 2,730; that would include the number that were in the hospital at the end of the year, 192.

14955. And how many out-patients?—27,036 altogether, counting everybody.

14956. Does

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Mr. QUENNELL.

[Continued.]

Chairman—continued.

14956. Does that give the whole of the work of the department; does it include the attendances?—No, those are all new patients; but it would include not only the patients who come to the out-patient department proper, but street accidents and such cases as come to the surgery, which are very numerous.

14957. Do you keep any return of the number of attendances at the out-patient department?—We do not.

14958. Is not it rather a fallacious way of putting it to say 27,000; is not the great weight of the work of the establishment in the number of attendances which must be very large?—Yes; it is reckoned that each out-patient would attend on an average about four times.

14959. Then you hardly do yourself sufficient credit, do you, in giving the number which you give, for your attendances would be at that rate upwards of 100,000?—I suppose they would; we never have been careful to magnify our numbers.

14960. But still it stands to reason that the amount of work is hardly shown by the figures as they are stated by you?—That would be so.

14961. Do you make any inquiry as to the circumstances of the out-patients at all?—No, we do not. It was proposed at the house committee some 14 or 15 years ago, and it was carried at the house committee that a Charity Organisation officer should be employed to make inquiries; but it was overruled by the governors at a general court, and it has never been done.

14962. You have been at the hospital 13 years; with your long experience gained during that time do you think that the charity is abused?—I do not on the whole.

14963. Have you ever had to turn people away from your hospital because you had no beds for them?—Yes.

14964. Should you say then that the medical relief in that district is very deficient?—I do not think so; because we are a general hospital in the widest sense of the term, and I was looking through our register yesterday to see where the patients came from, and I found that out of 365 patients registered under the letters A. and B. 41 came from the country and many from very distant parts, from Yorkshire and Staffordshire, and from Cornwall.

14965. As far as that goes therefore you think the medical relief is sufficient?—As far as I am able to form a judgment.

14966. Who makes the contracts, the house committee?—The house committee.

14967. And who receives the food?—The food is received by the steward.

14968. Does he receive it in person?—He receives it in person.

14969. And then supposing it is not up to sample, what happens?—It would be his duty to send it back.

14970. And would he report to the house committee?—He would report to me, I think; he is subordinate to me.

14971. And then you would report to the house committee?—Certainly.

14972. What is his salary?—He is a resident officer, and his salary is 80 *l.* a year.

14973. Are all the other officers in the establishment (24.)

Chairman—continued.

lishment subordinate to you; supposing a resident officer misconducted himself for instance, have you power to suspend him till the meeting of the committee?—It is a little difficult to answer hypothetical questions; I never had such a case.

14974. It is not laid down in black and white that your duty is to suspend in such a case, and then report it to the weekly committee?—No.

14975. Then as regards the food, the steward takes the food in?—Yes.

14976. Has the house committee anything to do with that?—No, nothing at all.

14977. Are the tenders public; do you advertise for tenders?—Yes, we advertise for tenders, and they are quite public.

14978. In the case of the food being found bad by the nurses or patients or officers of the hospital, what would be done?—They would naturally complain of it, I think, in the first instance to me, because I am always there; but they have other means of complaining, they can complain to the house visitors, for instance, of whom I spoke when reading the rules relating to the house committee. Two of them are appointed every month, and they visit the whole hospital very minutely, and they have to make a report to the house committee every Tuesday. They have to fill up this form: "Are the wards cleanly and in good order? Have the patients any complaints to make? Are the kitchen premises in good order? Are the provisions of good quality?" and then there is a note, "House visitors are invited to report on any other subject requiring the attention of the house committee."

14979. And then that report goes to the weekly board?—That is placed before the weekly board, and is read every week.

14980. Who is responsible for the sanitary condition of the hospital?—I presume that I am; at any rate, it is a thing that I look after very closely.

14981. Are you an expert on sanitary matters, or have you got a surveyor whom you employ?—We have got an architect, and if I came to the conclusion that there was anything wrong, he would be sent for immediately.

14982. If a nurse or sister reported to you that there was a bad smell in the wards, you would send for him?—Yes.

14983. Is he an honorary officer?—No.

14984. Does he get a salary?—No, we pay him for work done.

14985. And does he get any commission in addition?—No.

14986. Have you got a chaplain?—Yes.

14987. A resident?—Not a resident.

14988. How much do you pay him?—£. 200 a year.

14989. Does he get any board?—No; if he wished to dine at the officer's table, he would be entitled to do so. Our present chaplain has never done so.

14990. Is he within hail of the hospital?—He lives at Wandsworth Common.

14991. How often does he come to the hospital?—He comes every day, and sometimes twice a day.

14992. Has he any other duties to perform besides his spiritual work in the hospital?—He

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Chairman—continued.

is the almoner and administers the relief that is afforded by the Samaritan Committee.

14993. Then does he make any inquiries as to the position of patients when they leave the hospital?—Yes.

14994. And does he follow them up at all when they get to their homes?—Sometimes.

14995. Have you a chapel?—Yes.

14996. Then to turn to another subject, who is the head of the nursing establishment?—Our matron.

14997. She resides in the hospital, I suppose?—Yes.

14998. And what salary does she receive?—Our nursing arrangements are rather peculiar; she gets no salary from us; she is not only our matron, but she is also the lady superintendent of the Westminster Training School and Home for Nurses, which was founded in memory of Lady Augusta Stanley, principally for the purpose of improving the nursing of Westminster Hospital.

14999. I was just going to ask the question, do you train your own nurses?—Yes, at least the training school train their nurses in our hospital.

15000. Is that training school part of the Westminster Hospital?—By no means, it is an independent body, but we are very much involved one with another. The chairman of the managing committee of the Training School is the Duke of Westminster, and he is our president. The vice-chairman is Sir Rutherford Alcock, who generally takes the chair at our house committee, he being one of our vice-presidents. The treasurer of the Training School is the Reverend Dr. Troutbeck, another of our vice-presidents, also a frequent attendant at the house committee. And one or two of our house committee are members of both bodies; Mr. Erskine, for instance is a member of both bodies. So that although the two bodies are perfectly distinct and independent, the one of the other, the persons who manage them are very much the same.

15001. Where did the funds for the establishment of the nursing home come from?—They were collected by public subscription.

15002. On an appeal?—Yes. The late Dean Stanley took great interest in it. I think he got Miss Christine Nilsson to sing at St. James's Hall.

15003. Was that the starting of it?—That was one means by which funds were brought in; there were two concerts, and each brought in a thousand pounds.

15004. Does the hospital contribute anything to the support of the home; does it make up any deficit in its accounts?—No. There is no deficit; it is a self-supporting institution.

15005. Do you pay your nurses?—No, they are paid by the Nursing Institution.

15006. Are you qualified to speak about that, or would you rather the matron did?—I think the matron will give you all details. All I am qualified to speak on is our agreement with the Nursing Institution.

15007. Will you put that in?—Yes.

15008. Have you found it answer?—Admirably.

Chairman—continued.

15009. Are the nurses under you in the hospital?—They are under the matron.

15010. And she is the head of this home also?—Yes.

15011. So that supposing a nurse misconducted herself the matron would report it to the managers of the Nursing Institute?—I presume so; but that is a question which you would ask her perhaps.

15012. Will you read the agreement?—“Agreement made the 3rd day of August 1880, between the Westminster Training School and Home for Nurses, hereinafter called the Home, of the first part, and the Governors of the Westminster Hospital, hereinafter called the Hospital, of the second part. Whereas the nursing of the Westminster Hospital has for some time past been carried on by the home under an agreement dated the 15th December 1874, and it has now been arranged that the said agreement shall be cancelled, and that the home shall hereafter continue to supply the nursing staff of the hospital upon the terms and conditions hereinafter mentioned. Now it is hereby agreed between the said parties hereto as follows: (1.) The home will supply an efficient and competent staff of nurses for the hospital, such staff to be under the charge of a lady superintendent, who shall be selected by the committee of the home, and appointed by the house committee of the hospital lady superintendent of nursing for the hospital; (2.) The lady superintendent shall reside in the hospital, and shall also be appointed matron of the hospital without salary. She shall perform the duties of both offices, subject to the general control of the house committee of the hospital, to whom she shall be responsible for their satisfactory performance. For the conduct of the members of the nursing staff she shall be more especially responsible to the home committee; (3.) The salary of the lady superintendent shall be paid by the home, the hospital providing her with apartments and board; (4.) The nurses to be supplied by the home as the permanent establishment, exclusive of probationers, shall be not less than 26 in number, namely, seven ward sisters and 12 nurses for day service; one superintending sister, and six nurses for night service; (5.) The home shall be entitled to send to the hospital for training any number of probationers, not exceeding 25 at any one time; but no probationer nor any nurse of less than two years' standing shall be placed in charge of any ward during the night; (6.) The nurses and probationers employed in the service of the hospital, shall be individually and collectively under the authority of the lady superintendent, and they shall have no appeal against her orders and decisions, save as hereinafter provided; (7.) The medical staff, including the resident medical and surgical officers, shall give their orders and directions as to the care and nursing of the patients to the ward sister, or in her absence to the nurse in charge at the time, and the lady superintendent and nursing staff shall strictly and faithfully carry out such orders; (8.) The lady superintendent shall not dismiss nor remove any of the ward sisters without previous communication and consultation with the

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Chairman—continued.

the medical officer in charge of the patients in the wards over which such sister presides. In the event of any conflict of opinion arising with respect thereto which cannot be removed by mutual explanations, the matter may be brought by the medical officer or by the lady superintendent before the house committee, who shall refer it without discussion to the nursing joint committee, as hereinafter provided; (9.) All complaints with respect to matters in the hospital under the control of the lady superintendent, whether as lady superintendent or matron, shall in the first instance be made to her, and if the complainant be not satisfied the complaint may be made to the house committee or to the committee of the home, to be by them referred without discussion to the nursing joint committee, but no complaint shall be entertained unless it shall have been first made to the lady superintendent; (10.) The home and the hospital shall each of them annually appoint three members of their own managing committee to be members of a joint committee to be called the Nursing Joint Committee. Such appointments shall be made at the first meeting of the committee of each of the said institutions that may be held after the 1st of March in every year, or at some adjournment thereof; (11.) The nursing joint committee shall every year, within one month after their appointment, hold a meeting, and appoint some person, being a governor of the hospital to be the chairman of their committee, who shall take the chair at all meetings of the committee, of which three shall be a quorum; (12.) The nursing joint committee shall hear and determine all questions which may be referred to them with respect to matters coming under the control of the lady superintendent, and their decision shall be final; (13.) In case of any question arising between the two institutions which is not hereby referred to the nursing joint committee, and upon which a mutual agreement cannot be arrived at, the matter so in difference shall be referred to two referees (not being members of the committee or staff of either institution), one to be nominated by the committee of the hospital, and one by that of the home. Such two referees before entering upon the business referred to them shall choose some person not connected with either institution to act as their chairman, and the decision of such two referees and their chairman or the majority of them shall be final; (14.) The lady superintendent shall not be removable except by common consent of the hospital and the home; and in the event of any difference arising on this subject the matter shall be referred to the referees as provided in Clause 13; (15.) For the service of the before-mentioned permanent staff of nurses, the hospital shall pay to the home the annual sum of 1,700 *l.* by four equal quarterly payments; (16.) Any extra nurses required for service in the hospital in excess of the said permanent staff, shall be supplied by the home on the written requisition of any of the medical staff to the lady superintendent, and the hospital shall pay the further sum of 3 *s.* 6 *d.* per day, and the same per night for each extra nurse so supplied; (17.) The

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Chairman—continued.

home shall pay to the hospital at the rate of 25 *l.* per annum for each person whose board shall be supplied by the hospital, at the requisition of the lady superintendent, and if any change in the present dietary for nurses should be required, the same shall be adjusted with regard to any actual increase or diminution of cost to the hospital by mutual arrangement; (18.) The lady superintendent shall keep a register of the names of all nurses or probationers employed in the hospital in such form, and affording such information as either the home or the house committee shall from time to time require, and such register shall be laid before the house committee at its weekly meetings; (19.) This agreement shall be in force until it shall be determined by six months' notice in writing on either side."

15013. But now the committee of the nursing institution is made up of members of the house committee; is that so?—No, not at all. I said that it happened to be the case; that on the training school committee there are several who are connected with the hospital; that is all.

15014. Are you secretary of that training school committee?—Not at all.

15015. You do not know what goes on there?—No, not in the least.

15016. Where do the nurses have their food?—The nurses who work in the hospital at present to the number of about 33 have their food in the hospital; many of the probationers have their food at the institution.

15017. How far off is the institution?—In Queen Anne's Gate.

15018. How far is that?—One hundred and fifty yards at the outside I should say.

15019. They have to go there?—They have to go out to their dinner.

15020. Then we will ask the matron about the nursing institute. Are the medical staff paid?—No, not all.

15021. Are the residents paid?—No.

15022. Then there are no paid medical officers on the establishment, are there?—We have a medical registrar, and a surgical registrar, who are paid 40 *l.* a-piece, and a pathologist to whom we pay 50 *l.*

Lord Clifford of Chudleigh.

15023. You said that in matters under the lady superintendent there was no complaint to be made otherwise than through the lady superintendent; does that mean that there is no complaint to be made direct to the nursing joint committee?—Yes, I think so; the constitutional course is first of all to make the complaint to the lady superintendent, and if it cannot be adjusted then it would be made elsewhere.

15024. I can quite understand that every complaint should be laid before the lady superintendent, but is it the rule that she has the complete control in her own hand; would you read the passage in the agreement relating to that again?—"All complaints with respect to matters in the hospital under the control of the lady superintendent, whether as lady superintendent or matron, shall in the first instance be made to her, and if the complainant be not satisfied the complaint may be made to the house committee,

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or to the committee of the home, to be by them referred without discussion to the nursing joint committee, but no complaint shall be entertained unless it shall have been first made to the lady superintendent."

Lord Monkswell.

15025. With regard to the quarterly meeting of governors, I suppose that is the supreme authority of the hospital?—Yes.

15026. How many governors are there, a great many I suppose?—About 350; we have a certain number of governors who are ladies but we have not been in the habit of summoning them.

15027. But might they come if they liked, if they insisted on coming?—I cannot tell.

15028. Is there any form of election gone through?—No, it is a matter of subscription.

15029. How many governors usually come to the quarterly meetings out of the 300?—We had four quarterly meetings last year; at the first we had 27; at the second 25, at the next 21, and the next 23.

15030. I suppose in point of fact the members of the house committee generally constitute about half of the whole body?—Rather more than that I should think.

15031. They generally form the majority?—Certainly.

15032. It there was a great point at issue in which the governors might consider that they were personally interested, it might happen that they might throw over the recommendation of the house committee, or a recommendation supported by a great majority of the house committee?—It is a little difficult to get our governors to come. In 1877, before very extensive alterations were made in the hospital, there was a suggestion made that it should be moved to another site and a great effort was made to obtain the opinion of the governors on the subject, and a whip was sent out to induce them to come to a special meeting to discuss the subject. Only 36 came.

15033. But that was not a question specially affecting the governors. For instance, we have evidence with regard to St. Mary's Hospital, that the proposal of the house committee was that the committee should be a close committee instead of an open one in which all the governors could come and vote. That proposal was put before the court of governors and was thrown out; and the statement is that 120 governors came on that occasion, 40 of whom knew nothing of the hospital, and 60 have never been since; that might happen of course in any hospital?—No doubt.

15034. With regard to your own, I understand you to say that your house committee suggested that there should be inquiries made by some outside body as to out-patients?—Yes.

15035. That recommendation was over-ruled by the court of governors, I understand?—Yes.

15036. I suppose on that occasion there were a good many governors present?—No, not a larger number than usual.

15037. At any rate the house committee was over-ruled?—Yes.

Lord Monkswell—continued.

15038. Do you think it a good thing that the court of governors should have such a power; do not you think that the court of governors might be empowered to elect a committee out of their own number, other than the house committee who should be the supreme ruling body?—That of course is possible; but still the governors provide the money, and I suppose that it is on that principle that they are entrusted with the supreme control.

15039. I was only asking your opinion whether you did not consider that the principle might be amended?—I may say that I do not think we have found the slightest inconvenience one way or the other.

15040. Except apparently in this one case where the decision of the house committee was over-ruled?—I think it was the house committee practically that over-ruled it. A week or two later probably some of them changed their opinion.

15041. You do not think there was any conflict between the house committee and the other governors?—I am sure there was not.

15042. What is your opinion as to sitting up a central board of control so that in no hospital should the governors have supreme control over the hospital, but that the supreme control should vest in some central body on which all the hospitals should be represented; have you thought of that?—I have. It is only my own private opinion and may be worth nothing, but I can conceive that such a body might do a great deal of harm to the hospitals, and I can hardly see that it could do very much good.

Earl Cathcart.

15043. Do you keep a drainage plan posted up to date?—Yes.

15044. Is it hung up, or is it accessible?—We have it accessible.

15045. Do you take any precautions in case of fire?—Yes, we have a hose, and we also have a fireman outside our hospital all night with a fire escape.

15046. In short, you have thought what you would do in case of fire in getting patients out, and so on?—Yes.

15047. Is your water supply constant?—It is constant.

15048. That is a very great advantage in a hospital, is it not?—A very great advantage.

15049. You use a great deal of water consequently?—Yes, a great deal.

15050. Do you admit reporters to your half-yearly or annual meetings?—The question has never arisen.

15051. But if they came, would you shut the door in their faces?—Probably if a reporter applied, I should take the instructions of the governors.

15052. As an abstract general principle, do not you think that, where contributions are received, the working-man's sixpence, or the better-off man's five pound note, in the case of any hospital so supported, reporters ought to be admitted at the general meetings?—Certainly.

15053. In reference to the evidence which you

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Earl Cathcart—continued.

you gave about the accounts, you know that a professional auditor is not in any way responsible for the expediency of the expenditure; that must be regulated by the committee?—That is so.

15054. And therefore a professional audit is only good so far as the mere reckoning is concerned?—Yes.

15055. Do you take lock cases into the hospital?—Yes; we exclude nothing but those which I mentioned, typhus, and small-pox, and scarlet fever.

15056. Now with regard to this nursing home, this memorial of Lady Augusta Stanley, that is situated in Queen Anne's Gate, is it not?—Yes.

15057. Is not that rather an inconvenient distance for you?—No, I think not; we have telephonic communication between the hospital and the home.

15058. And do you find that this dual nursing arrangement really answers?—Admirably.

15059. With reference to the accounts, I took the liberty of saying at the last meeting of the committee, that I thought that we had had an admirable system of auditing accounts from Mr. Ryan, the Secretary of St. Mary's; I refer to the answer to Question 14420. Your system falls very short of that system; yet you consider your system a sufficient one of auditing accounts?—I think it is very efficient. I am afraid that, perhaps, I have not explained it as lucidly as I might have done.

15060. I do not wish to find fault, but merely to make it a matter of record, that I have called attention to the difference between the account given by you and the account given by that gentleman; so that when people read the Blue Book, their attention may be called to the matter; and, perhaps, some day when you have an opportunity of seeing the Blue Book, you will also see that answer, which you will find at No. 14420?—I shall no doubt read it this afternoon when I have the evidence.

Lord Zouche of Haryngworth.

15061. Do you make any calculation as to the cost of each bed?—Yes.

15062. Can you tell us what it is; first of all, how do you set to work to make your calculation: on what basis do you make it?—I take first of all the total expenditure for the year; I then make a calculation as to the cost of the out-patients; I deduct that, and then I divide the remainder by the number of occupied beds.

15063. Then would you take the whole of the expenditure, the gross expenditure?—The gross expenditure.

15064. Including everything that is put upon the expenditure side of the account?—Unless it were something very extraordinary; for instance, last year we paid 400 l. balance of cost of an hydraulic lift; that is an expenditure that comes once for all, and will never recur; I should not include that; we painted the outside of our hospital last year, which is an expenditure that does recur at intervals; I should include that.

15065. And how would you calculate the
(24.) e

Lord Zouche of Haryngworth—continued.

expenses of the out-patients?—It is partly actual and partly estimated. I am able to arrive at the exact cost of wages, coals and gas, and so on, and also of repairs, and of printing; but what baffles me are the drugs, Bandages I can arrive at, because it is booked, and I know how many are given out, and also lint; but when drugs are taken out of the same bottle, both for the in-patients and the out-patients, I can only arrive at it by a more or less correct guess. I go through the drug ledger with the dispenser, and he guides me, because he knows more or less what drugs are used for the in patients, and what for the out-patients.

15066. The expenditure on drugs altogether amounts to a considerable sum?—About 700 l.

15067. You have to divide that amount as you best can in order to get an estimate?—As I best can. I do not think our estimate is very much out of the way; probably we do not charge the out-patient quite enough. I believe it is reckoned to be a virtue to bring the cost of each occupied bed as low as possible; and, therefore, I do not wish to overload the out-patient.

15068. Then, with regard to the expense of painting, for example, would you include what is spent in one year or take an average?—No; I should take what was spent in one year, and charge it to that year.

15069. And can you tell us what the cost per bed of the hospital is?—Last year it was 62 l. 18 s. 4 d.; the previous year it was 66 l. 5 s. 6 d.; and the previous year to that 62 l. 18 s. 9 d. It is always a little higher every second year because every second year we paint and whitewash the hospital from top to bottom, and, of course, that involves cutting down the patients, so to speak; I mean we reduce our number of patients; and if you do that, and are not able to, reduce your expenditure in proportion, it will naturally make the cost per patient more.

Lord Thring.

15070. As to your constitution you have got a general court, and a house committee, and an audit and finance committee, and some other committees; I presume, as a practical question, about 30 governors, more or less, take an interest in the affairs of the hospital in those various bodies, do they not?—More than that I should say.

15071. Thirty or 40?—Forty, I should say.

15072. They divide themselves practically then among those various bodies, those who take an interest in the hospital?—It must at least be 40; there are 36 members of the house committee alone.

15073. Do the 36 members of the house committee attend regularly?—I was looking before I came, and the average attendance last year was 19 exactly. Of course in August and September the attendances are much less than they are in the other months of the year.

15074. That makes about 20 very active members indeed, and about 20, more or less, active members?—We had 27 members of the house committee last year, none of whom attended less than 27 times.

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15075. I wanted

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Lord Thring—continued.

15075. I wanted to ask you about your floors; what are your floors made of?—They are made of teak, parquet floors.

15076. Throughout?—Throughout the wards.

15077. And you polish them, I suppose?—Yes, with turpentine.

15078. With respect to your food; as a matter of fact, do the patients complain about the food?—No, not at all.

15079. Never?—I cannot say that I have never known a complaint; but it is exceedingly rare.

15080. As a general rule there are no complaints made at all?—As a general rule, none.

15081. And do you supply them with tea and sugar, and every description of food?—Yes, and butter.

15082. And they never complain?—No; we supply them with everything.

15083. And supposing they did complain, I presume they would complain to the sister, would they not?—I expect they would, or to the house visitors. The house visitors are very keen about complaints, and they go to the wards and ask the patients. Some are not content with saying, "Have you any complaint to make?" they put it even more strongly than that.

15084. Then you are satisfied, as far as your own impression goes, that the food is good throughout?—Yes, I am. I partake of it myself pretty freely, and I find it quite good.

15085. And the nurses, do they complain of their food ever?—Perhaps you will ask that question of the matron, because I think they would complain to her, if they did complain at all.

15086. Have you got a mortuary?—Yes.

15087. And when patients die, what happens; if you have a post-mortem examination, where are they placed?—I do not quite understand the drift of the question.

15088. With respect to the patients who die, and are dissected more or less in the hospital, is there anybody charged with the duty of seeing that the dissections are conducted properly; and more than that, that when the dissections are completed the bodies are so treated as not to affront their relations?—Yes; with regard to the first part of your question, the pathologist, who is one of our assistant physicians, is the responsible officer to see that nothing more than is necessary is done in the way of post-mortem examinations. After the body has left his hands it is then in the hands of the mortuary porter; and we have, I think, a very good arrangement, by which the porter is paid half-a-crown for each post-mortem examination that he attends, and it is his duty to sew the body up and prepare it after the post-mortem.

15089. And what class of man is the porter?—He has been with us 24 years, and he is a man in whom I have very great reliance.

15090. You are satisfied, in your own mind, that the whole thing is conducted decently, and with propriety?—Yes. The payment for this work used to be 1 s., but the house committee, I think wisely, increased it to 2 s. 6 d. It is very disagreeable work, and must be done carefully,

Lord Thring—continued.

so as not to shock the relatives when they come afterwards.

15091. No sister or nurse attends those cases?—No sister or nurse attends.

Earl Spencer.

15092. With regard to the management of the hospital under this agreement, I notice that all questions practically of discipline are settled finally by the nursing joint committee, but that there are certain other questions between the hospital and the nursing institution, which cannot be referred to the nursing joint committee, and they are then referred to two referees. Now what sort of questions are they?—It would be a quarrel between the two institutions, I suppose. I would say with reference to the nursing joint committee that it has only met once, and that was to appoint the chairman; Lord Knutsford is the chairman of the nursing joint committee. It has never had to consider any questions, because nothing has been referred to it.

15093. But I was referring to the referees, have there been any cases referred to the referees?—No, certainly not.

15094. Then I notice in the case of one very important officer, that is the lady superintendent, if the lady superintendent had to be removed, and the common consent of the hospital and home is not given, that matter is referred to the referees?—Yes.

15095. Who would be the referees; would they be persons connected with the hospital?—No, I think it is provided that they should be connected neither with the hospital nor with the home.

15096. Would not it be rather a serious thing that the whole of the matter of the removal of that officer should be decided by persons who do not understand anything, perhaps, of the working of the institution at all?—I presume that the persons who are pointed at in that clause would be such persons, for instance, as Lord Bramwell. Lord Bramwell is one of our vice-presidents; if we had anything very serious like that we should most likely ask him to be one of the referees.

15097. Lord Bramwell might give a very good legal opinion, but would he give a very good opinion (perhaps he would, but not necessarily) as to the conduct of the matron?—I suppose that the referees would call evidence.

15098. You never contemplated, probably, the possibility of her dismissal?—Probably not.

15099. But still such a case might arise?—Yes.

15100. And would it be satisfactory that it should be decided by persons entirely separate from the hospital?—I think so.

Earl of Kimberley.

15101. Would not this be rather awkward; the matron might not be efficient (of course it is not very likely, but that might happen in the opinion of the hospital authorities), and supposing that the case was sent to the referees, and the referee appointed by the hospital was of opinion that she should be dismissed, and the other referee, appointed by the nursing home, was of opinion

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[Continued.]

Earl of Kimberley—continued.

opinion that she should remain, and therefore the umpire there being that difference of opinion among the referees decided, as he probably would decide, that she should remain, would not it be a very awkward thing that the matron should remain after the hospital authorities had come to the conclusion that she was inefficient?—I believe that any matron whose efficiency was questioned would retire.

15102. But you have heard, I suppose, of cases where people will not resign, because they think it involves a slur on their character?—Exactly.

15103. With regard to your drainage system, have you any periodical inspection of it?—No. The last alteration that was made in our drains was in 1883, when, at the advice of our architect, all rain-water pipes and all pipes from sinks were cut off from the main drain and were made to discharge into aired traps outside the walls of the building, and at the same time the main drain of the hospital was ventilated.

15104. Then is it the case that you have no inspection of the working of your drainage?—I have done it frequently; and we flush our drains pretty regularly; it depends of course upon the weather. In very dry weather we should do it often; we have a very good supply of water, force enough to send a stream of water 50 feet. I have the hose placed in the drain, and let it run half an hour. By taking up the traps I can see what is at the bottom of the drain, and see whether everything is good.

15105. You have no special experience as a sanitary engineer, I suppose?—No, but I can see quite well whether it is clear.

15106. Do not you think that in a large establishment like a hospital, it is desirable that there should be a yearly inspection by an outside authority appointed for the purpose, to see that the drains are in satisfactory working order?—I think that might be, but I hardly know; it is difficult for an outside person always to tell; I think our own architect would help us more.

15107. What difficulty can there be in an experienced sanitary engineer giving an opinion on your drainage; surely none?—No; what I was rather thinking was this: that of course drains have to be covered, and our architect has had them all up, and knows exactly where they are, and that sort of thing. It would be rather inconvenient for a sanitary engineer to be having the pavement up, and digging down to see where the drains are. Besides, sanitary engineers are not in agreement among themselves as to the correct system of drainage.

15108. It would be more inconvenient, would it not, if there were a defect in your drains?—Certainly.

15109. Therefore, whatever inconvenience it was necessary to incur for the purpose of seeing that your drains were in order ought to be incurred?—I quite admit that.

15110. With regard to the appointment of a central body, would there be any danger if there was a central superintending body over the hospitals, that subscribers might resent the interference and withdraw their subscriptions?—I am afraid it might be so; I think they might get an idea that they were like hospitals under the control of the Local Government Board, or something like that.

(24.)

Earl of Kimberley—continued.

15111. But supposing it was a body not appointed by the Government, or by a municipal authority, but a central body appointed by the hospitals themselves?—I am half inclined to think it would affect our subscriptions.

Lord Clifford of Chudleigh.

15112. Do you find that your small legacies not such a legacy as the 24,000 *l.* which you mentioned, come to something like an average year by year?—Yes, the last 20 years our legacies have averaged very nearly 6,000 *l.* a year; if we take out that large legacy they would average 5,000 *l.* a year.

15113. It is so near that you can positively count upon it as a yearly income?—Yes, I always reckon upon 5,000 *l.* a year. If we get only 1,000 *l.* one year, I expect 9,000 *l.* the next.

Lord Monkswell.

15114. With regard to the drainage, you probably would think that the public would be induced to subscribe more freely if they were satisfied that your drains were efficiently inspected?—I think they are satisfied.

15115. Do not you think that if you had some periodical inspection from outside by some eminent sanitary inspector the public might be inclined to think that they had a greater guarantee than they have at present, that your drains are all right?—I am afraid that the public would not know anything about it. We try to supply our governors and anybody else with as much information as we can; but I very much doubt whether they really digest the information we give them already.

15116. You think that the public are perfectly satisfied as long as there is no infectious illness in your hospital; then they consider that everything is right?—Yes.

Chairman.

15117. Do you send out to maternity cases from your hospital?—Yes.

15118. Have you any particular radius within which you attend to those cases?—One mile.

15119. And how many cases of that description did you treat last year?—Two hundred and thirty-six.

15120. When you cannot take persons into your hospital do you suggest that they should go to some other hospital or to the poor house or to the infirmary, or what course do you pursue; do you just say "We have not room for you"?—Patients frequently say "What are we to do?" and we advise them to the best of our ability. Other hospitals do not very much like cases being sent on we find; I have had a remonstrance once or twice from the resident assistant physician at St. Thomas's; so that we are not in the habit of saying, "You had better go to St. Thomas's"; but we say, "Perhaps you will find room at another hospital; the nearest hospitals are Charing Cross and St. Thomas's and St. George's."

15121. You have spoken of a remonstrance, but in your opinion surely such a remonstrance ought to come from the committee or the board of the hospital; would you pay attention to the remonstrance of any assistant physician of another hospital?—I receive his letter and answer it. It generally takes this form: "It is a pity that you should

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[Continued.]

Chairman—continued.

should send cases to us. We are just as badly off as you are, and it only embarrasses us."

15122. Do you think that that sort of inter-communication is desirable between different hospitals?—I suggested to him that it would be well if his board would get their hospital put on the telephonic system; and I believe that good results follow from such communications.

15123. Do you have to bury many patients?—None at all.

15124. Do you have many collection boxes about?—Only outside our own building.

15125. You have a staff of clerks, I presume?—I have one clerk.

15126. Does he or you or anybody get a commission upon subscriptions?—Not the slightest.

15127. Does the collector?—We have no collector.

15128. What is the number of the medical and surgical staff?—We have three physicians; four physicians who see out-patients, on obstetric physician, an assistant obstetric physician, a physician for diseases of the skin; three surgeons, four surgeons who see out-patients, an aural surgeon, two surgeon dentists, and an administrator of anæsthetics.

15129. You mentioned just now that you have got an endowment of 17,300 *l.* odd for an incurable home?—Yes.

15130. Will you tell us something about that?—It is called the Incurable Establishment.

15131. Where is it?—It is at the hospital; it is a very old endowment, principally from a bequest of a gentleman of the name of Andrew Highstreet; and I think it was probable intended to meet one of our rules, which is, that patients should not be kept in the hospital more than two months. That is a rule that is not at all kept now at any rate, but I think it probably was intended to provide for cases of poor people coming into our hospital and getting no better; it was to prevent their being turned out.

15133. How many beds are there in that incurable establishment?—There is an incurable ward. We have seven beds in it, and they are all female beds; but one of the rules, relating to the incurable establishment, is that male patients shall also be put upon the establishment, and that, until a ward is provided for them, they shall be distributed in the other wards.

15133. Then does the interest of the 17,000 *l.* pay the expenses of this incurable establishment?—Yes, it actually maintains those patients.

15134. Do the incurables remain there for life?—They remain there for life.

15135. Have you any convalescent home?—We have not.

15136. Do you subscribe to any convalescent home?—We send a great number of patients away to convalescent homes.

15137. By letters procured?—By letters procured; and there are one or two homes to which the Samaritan Fund subscribes. 208 I see is the number we sent away in 1889 to homes.

15138. You subscribe to one or two you say?—Yes, we subscribe to the Margate one I know.

15139. How much is that subscription?—I might answer your question by reading from our disbursements for the year 1889: "Annual subscriptions for 1889–90: Bath Mineral Water

Chairman—continued.

Hospital, 10 *l.* 10 *s.*; All Saints' Convalescent Hospital, Eastbourne, 10 *l.* 10 *s.*; St Andrew's Convalescent Home, Folkestone, 13 *l.* 13 *s.*; Home for Poor Children, St. Leonards-on-Sea, 13 *l.* 13 *s.*; Metropolitan Convalescent Institution, 10 *l.* 10 *s.*; Royal Sea Bathing Infirmary, Margate, 20 *l.* Total, 78 *l.* 16 *s.*

15140. And do you find that answer the number of calls you have upon you?—I think so.

15141. Now as to the cost of beds on which a question was asked you just now; your cost per bed last year was 62 *l.* 18 *s.* 4 *d.*?—Yes.

15142. We have had a memorandum put in here by the Charity Organisation Society, and the cost, per bed, as given in that varies between 100 *l.* and 60 *l.* But none of these returns are of the slightest use, are they, unless they are on the same basis; we do not know what is included in the cost, per bed, of one hospital, as compared with another?—I would hardly say that they are not of the slightest use. I think as long as the method by which the result is arrived at is set forth they are of great use.

15143. If they are on the same basis, that is to say?—Even if they are on a different basis, if you can check the method you can institute a comparison.

15144. But taking an ordinary hospital subscriber, who does not know what the difference in estimating it in the different hospitals is, the return is of no use to him, is it?—It depends upon the amount of information available to him.

15145. But take the ordinary subscriber; he does not know much about these questions, does he?—I do not think that any subscriber who was to examine into the method by which we calculate it would find any difficulty, because we set forth how it is done.

15146. But would it not be simpler to have one system of hospital accounts, or would you rather not have that?—I am in favour of one system of hospital accounts in principle, though I think it would be difficult to carry it out fully in detail.

15147. Why difficult to carry it out fully in detail?—Because different hospitals have different methods.

Earl Spencer.

15148. About the incurables; how long has your incurable ward been established?—I cannot charge my memory with that, but it is a long time, a hundred years or more.

15149. Can you say at all what the average length of time a patient remains in it is?—Now it is very short, because much worse cases are recommended than used to be.

15150. What do you call "very short"?—It may be six months, or it may be a couple of years. If they are very bad cases we take them in just to end their days.

15151. A great many people do get the benefit of it?—Yes, certainly.

Chairman.

15152. Would you put cancer cases in there?—We have a cancer case at present.

15153. With regard to the Samaritan Fund, do you out of the Samaritan Fund help the families

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[Continued.]

Chairman—continued.

families of any patients in the hospital?—I think not; I am afraid it is not large enough. The income that the Samaritan Fund has to deal with is about 335 *l.* at present.

15154. Where does it come from; voluntary subscriptions?—Voluntary subscriptions, a little comes from dividends, and we get an occasional offertory from Westminster Abbey.

15155. The chaplain of the hospital administers that fund, you say?—Yes.

15156. Does he present his accounts to the finance committee?—No; there is a Samaritan committee.

15157. How often do they meet?—Once a month.

15158. And they check these accounts?—They check these accounts.

15159. Have you anything else you wish to say?—I think that it has come before your Lordships that the hospitals of London were in an insanitary condition and ought to be pulled down, and so on. I made some little inquiry with reference to the mortality in hospitals, and I found that the mortality in our hospital would compare very favourably with the mortality in one or two country hospitals about which I inquired.

15160. What is the percentage of mortality in your hospital?—The percentage last year was 8·52, the year before 8·14, and the year before that 8·30; but I made inquiry of the hospital at Leamington, of the Sussex County Hospital at Brighton, and of the Royal Infirmary at Bristol, and I found that the mortality in our surgical wards compared very favourably with the mortality, for instance, at Brighton.

15161. Will you put in a list of all your

Chairman—continued.

employés and their salaries?—Yes; I have brought that with me (*the same is handed in*).

15162. I believe you wish to correct something in your previous evidence?—I was asked a question about casuals; I am not sure that I made my meaning quite clear. We have the same kind of patients who are called casuals at other hospitals; it is merely that we do not denominate them in that manner; we have the same kind of thing.

15163. What do you call them?—Surgery patients. Then with regard to any resident who might unfortunately misconduct himself, my obvious course in such a case would be to communicate with the physician or surgeon under whom he serves, and also with the *quasi* chairman or some other prominent member of the house committee immediately. I mean to say that it would not be left to run on to the next meeting of the house committee; immediate action would be taken. Then with regard to the drainage, I wish to say that we employ a man whose duty it is to examine every water-closet in the hospital, and every drain every Monday, and to report to me anything wrong; and, in addition to that, I frequently examine into such matters myself. Then I was asked about collection boxes, and I said that we only had them in the hospital. We have a collecting box in the cloak-room of the House of Commons. Then with regard to our subscriptions to convalescent homes, I am not sure that I made it quite clear that that 78 *l.* which is subscribed to them comes from the Samaritan Fund, and not from the main funds of the hospital.

15164. Have you anything else to mention?—Nothing else.

The Witness is directed to withdraw.

MISS MARY J. PYNE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

15165. You are the matron of the Westminster Hospital, are you not?—Yes, and the lady superintendent of the Westminster Nurses' Home as well.

15166. How long have you been matron and lady superintendent?—Ten years.

15167. Do you find this plan of having a separate home for nurses answer?—Yes, I think so. It could not be helped in Westminster, because we have not sufficient accommodation in the hospital to lodge the entire staff, and therefore it is a necessary thing there.

15168. How far is the nursing home from the hospital?—It takes about four minutes quick walking.

15169. Then where do the nurses feed, in the hospital?—The second year nurses live in the hospital; the probationers live in the home.

15170. And we were told by a former witness they have to go out for their dinner?—Yes.

15171. That is possibly a good thing for them?—I do not think it harms them; those that go out to their dinner do not come back again till four in the afternoon generally; some come back at two, some come back at four.

15172. I will get the meal hours from you in (24.)

Chairman—continued.

a minute. Who is the person immediately under you?—The matron of the home.

15173. But in the hospital is there a night superintendent?—There is a night superintendent.

15174. Is there an assistant matron?—No, but the matron of the home renders me a great deal of assistance in the work at the hospital.

15175. Then you have seven ward sisters, have you not?—Eight.

15176. And how many nurses?—Altogether we have 32 nurses, without the probationers; just at present we have 32 hospital nurses, including the sisters, and 23 probationers.

15177. And some of them, of course, do night work?—Yes.

15178. How do you arrange about the night nurses; do they go on for a certain time as night nurses?—We have no specified time; they go on for some months at a time generally, sometimes longer; sometimes they stop on a year or two as night nurses. If they are very well and do their work satisfactorily and wish to remain as night nurses, I do not take them off.

15179. But supposing a nurse found the night work telling on her health?—She would bring it to my notice and I should change her over.

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15180. Have

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[Continued.]

Chairman—continued.

15180. Have you any lady probationers?—Yes, a good many, but no paying probationers. We make no social distinctions between our probationers whatever.

15181. Does that Nursing Home nurse any other hospital?—No, no other hospital.

15182. It is purely part and parcel of Westminster?—We have a large private nursing institute also.

15183. That is for sending out private nurses?—Yes.

15184. What fees do you charge?—We charge a guinea and a-half to two guineas.

15185. Do you send to all cases?—Yes, except to mental cases; as a rule we do not nurse them.

15186. But you send nurses to infectious cases?—Yes.

15187. Would you tell us what the hours are that the nurses work in the hospital?—The sisters go on at 8 and come off at 9, and they have two hours off for dressing and meals during the daytime; and they have three evenings a week from 6 to 9, and four hours on Sunday.

15188. And the staff nurses?—They go on at 7 and come off at 9, and they have two hours three times a week off duty, besides the two hours for dressing and meals every day; and they have four hours on Sunday off duty.

15189. And the probationers?—The probationers have rather variable times; they none of them have less than two hours off duty and many of them have more.

15190. What is that determined by?—It is determined by the kind of work they do. If they are in some of the wards on certain duty they would get from 1 to 4 every day; they would go home to there dinner and get from 1 to 4, and then come back and be on duty in the ward from 4 to 8; that is four days in the week; and two days they would come back in the afternoon from 2 to 5, and be off duty after 5 o'clock.

15191. What is the number of probationers just now?—Twenty-three, but the number varies a little from time to time.

15192. Then the night nurses?—They go on at 9 at night, and come off at 9 in the morning.

15183. Then do they have any food in the wards at night?—Yes; they have a meal in the middle of the night, and they all come down out of the wards at 7 to their breakfast, and then they go back to the ward and finish their duty; they are off duty at 9, and they go to bed at 1.

15194. What does this meal in the wards consist of?—It consists of tea and bread and butter, cold meat, and sometimes an egg.

15195. Where do they take it?—In one of the wards; generally speaking, our night nurses take it in the corridor; our three wards give off to a little corridor, and generally speaking they take it there.

15196. Are the wards large?—No; 10 beds in the surgical and 11 in the medical.

15197. Is that the average, or the largest?—They are all the same size.

15198. How many wards are there?—Nineteen.

Chairman—continued.

15199. How do you divide off your sisters?—We have two sisters who have the charge each of 33 beds; one has the charge of 30 beds; one of 20 and the theatre; one of 20 without the theatre; one of 27; one of 13 cots in the children's ward, and another of 20. They vary from 13, which is the smallest, to 33 beds, which is the largest number.

15200. Then are those wards which they have charge of all quite close to one another?—Quite close.

15201. In the wards, what staff nurses are there?—There are two staff nurses to a charge of 33 beds, and one probationer by day; and there is a staff nurse and a probationer by night to the charge of 33 beds.

15202. One ward, then, is without an attendant?—No, because it has got a probationer.

15203. By night, I mean?—One staff nurse and one probationer do the work by night; they do not sit down very much at night; they go about from one ward to the other.

15204. Where do those feed who feed in the hospital?—They have a dining room of their own.

15205. Have they a separate kitchen?—No.

15206. Have they a housekeeper who dines with them?—My assistant always presides at the nurses' table, the matron of the home.

15207. Does she come for her dinner to the hospital?—No, she always presides there; she has her dinner with the probationers at the home, but always presides at the hospital dinner; and I always have my dinner sent up from theirs every day.

15208. You have your dinner in your own room?—I have it in my own room because it is not convenient for me to dine with them; but I have my dinner always from their table.

15209. Do you ever have complaints of the food from the nurses?—No, not very often; I do not suppose there is any large house in which there are not occasional complaints, but we have very few.

15210. Is the health of the staff good?—Very good indeed. To-day I have no one off duty out of a staff of 122 people.

15211. Have you any idea what the percentage of your sick nurses is?—Out of the whole staff, taking in the private nurses, I should think we have from one to three off duty on the average.

15212. Do the nurses have any holidays?—Yes, they have a day a month, and they have three weeks in the year; the probationers get a fortnight the first year and three weeks the next two years; and the sisters get a month in the year, and they often get a few days besides; if I think they are tired and want a little rest I send them away for a few days.

15213. What is the pay that is received?—The sisters get 35*l.* a year, and uniform and washing; the probationers begin at 10*l.*, and the hospital probationers rise 2*l.* per year to 26*l.*, and then stop; the private nurses begin at 10*l.* and go up to 20*l.*, 25*l.*, 30*l.*, 33*l.*

15214. Do the private nurses get any percentage on their earnings?—No, they get no percentage on their earnings, but all the money over

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[Continued.]

Chairman—continued.

over when the expenses of the institution are paid goes to a superannuation fund.

15215. And that takes the place of a pension?—We do pension off old nurses when they cannot work any more.

15216. How do you manage that?—We have a pension fund, and they would be put on to that if they were superannuated and could not work.

15217. Where does that come from?—It is the money we have earned. The starting point was that we had the money given to start a home in memory of Dean Stanley and Lady Augusta Stanley; now most of the money comes from what we earn ourselves.

15218. The Nursing Home pays its own expenses?—It pays its own expenses.

15219. It does not come on the hospital at all?—No, it has nothing at all to do with the hospital; it is under separate management, and there are separate accounts.

15220. Do they keep any ward maids at the hospital?—No, not by that name; we have not any room for them. We employ scrubbers who live outside.

15221. Do these nurses have to perform what are termed menial duties?—Yes, a good many; they have to sweep and dust and wash up and to keep their sculleries clean; they have to do everything except the floors and grates. We have no ward maids but we have 11 scrubbers who come in by the day.

15222. Would you not like to see some of these heavier duties taken off the nurses and intrusted to ward maids?—No, because I do not think they are over-worked, and I think it gives a much better tone in the wards not to have so many ward maids and scrubbers there. I think the work is much better and more conscientiously done by the nurses than by ward maids, or scrubbers; and I have been in hospitals where there were ward maids. Before I came to Westminster I was seven years in the Royal Infirmary at Edinburgh; so that I have worked under both systems.

15223. Then the nurses have to send down to the dispensary sometimes?—Yes.

15224. Do they send a probationer on such an errand?—The medicines are all brought up to the ward; of course if they want an extra thing one of the nurses would go down for it.

15225. Then there is not much running about?—Very little running about.

Earl Spencer.

15226. I suppose you have not had many nurses yet who have come for superannuation on your fund?—No, we have not, although our institution is already 17 years old.

15227. Is any of their own pay kept back for the purpose?—No, none at all.

15228. You expect to meet the superannuation out of your income and the earnings of the home?—We do; we have nearly 4,000 *l.*; it amounted last year to over 3,000 *l.* capital on the superannuation fund.

15229. How is that superannuation fund formed?—By the surplus earnings of the nurses, (24.)

Earl Spencer—continued.

and also by some few subscriptions and donations.

15230. Specially for the superannuation fund?—Yes.

15231. You keep that fund distinct from the other fund?—Quite distinct; and when anybody makes a present to the home or sends any money, it is put to the superannuation fund and does not go into the general expenses at all.

15232. Is there a superannuation fund for the nurses in the hospital, and the nurses that you sent out also?—Yes, for all our nurses.

15233. Do you think that the capital fund you have got will meet the charge after a time; the charge will increase of course as you go on?—Yes, we hope so; I do not see why it should not.

15234. What are the funds of your home made up of?—By the payments from the hospital and the payments from private nursing.

15235. What profits do you get from the private nursing?—I cannot tell you the exact profit.

15236. Will you give us the amount as you have them in your balance sheet?—These are the receipts: “Westminster Hospital, for nurses’ services, 1,955 *l.*; private nursing, 4,162 *l.*” Then there are various other small sums that make it up to 7,380 *l.*

15237. Now with regard to the 4,132 *l.*, a portion of that is really profit?—A portion of that is; of course not all, because we paid last year 2,839 *l.* 14 *s.* 9*d.* for wages alone, and then there are the other expenses, the housekeeping of the home, and the nurses’ dress and payment for everything that we have.

15238. Have you any landed property or any endowment?—No, nothing at all except that our house belongs to us; our house is freehold and it belongs to us.

15239. You have rather heavy rates, probably?—Yes; our rates are nearly 150 *l.* a year, considerably over 100 *l.*

15240. What are the subscriptions to your home?—Last year the subscriptions to the superannuation fund were 68 *l.* 2 *s.* *d.*, and 75 *l.* 14 *s.* donations.

Lord Clifford of Chudleigh.

15241. Do all your probationers go into the hospital?—Yes, we train all our own nurses.

15242. You train them all in the hospital?—We train them all in the hospital.

15243. What is the condition upon which you admit probationers?—A three years’ agreement. We take them first of all on a month’s trial, and then if we think them suitable we enter into an agreement with them, and they bind themselves to stay with us three years, and we train them on those terms.

15244. Who selects them?—I do.

15245. Do you select them on account of their physical capabilities?—Not only their physical ones, but their capabilities all round.

15246. You have no restrictions as to who are admitted?—We have restrictions as to age.

15247. But not as to their social circumstances?—No, none whatever.

1548. The home was founded in memory of
G G 4 Dean

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Miss PYNE.

[Continued.]

Lord Clifford of Chudleigh—continued.

Dean Stanley?—Yes; and Lady Augusta Stanley.

15249. You have no religious qualification?—No, none at all; we take all denominations, and always have done so.

Lord Monkswell.

15250. I do not think you told us what the regular hours of the probationers were; you mentioned the hours of the sisters and the nurses, but what are those of the probationers?—They go on at 7 in the morning, and they come off at 1, and go to dinner; four days a week they come back to the hospital at 4 o'clock, and are on duty till 8.

15251. That is a full day?—That is a full day.

15252. That is nine hours?—Yes; and the other two days they come back at 2, and they are off duty after 5.

15253. And their hours are much lighter than those of the nurses and sisters?—Yes, their hours are much shorter.

15254. Then as regards the night nurses, you said that their hours were from 9 to 9, and that they had a meal at 7 o'clock, how long have they for that meal?—About half-an-hour.

15255. And how long do you suppose they take over the meal which they have at night?—I do not know; I suppose it depends upon circumstances.

15256. They have to be at work?—They are there on duty, and have to be attending to their work.

15257. So that practically the night nurses are at work for 12 hours, all except the half hour for breakfast?—Yes; and strangely enough they are the healthiest class of the community.

15258. I suppose your accounts show the surplus year by year of revenue over expenditure in your nursing home?—Yes; I have the report here if you wish to see it.

15259. I mean you do calculate, of course, exactly how much the home costs you, how much you pay in salaries and uniform and housekeeping expenses, and so on, and how much you receive both from the hospital and from the private nursing?—Yes.

15260. And you strike a balance every year, and, I suppose, always have a surplus?—Yes.

15261. Have you any pensions now?—Yes.

15262. Then you have a scale of pensions?—No, the committee have never made a regular scale of pensions; they have always said that they wish to judge each case on its own merits.

15263. Does not a nurse, therefore, take her pension subject to the possibility of its being diminished by there being a number of other nurses who ought to have pensions?—I do not know how that is managed.

15264. As far as you have gone you have always had a surplus?—Yes.

15265. And no nurse knows what she is entitled to in the way of pension?—No, there is nothing fixed.

15266. It rests with whom to settle that?—The nursing home committee.

15267. You would advise that committee, I

Lord Monkswell—continued.

suppose?—I should give them the data; how long the nurse had served, and so on.

15268. How many are there on that committee; is it a large committee?—Yes, a large committee; there are a good many on it; I cannot remember exactly what the number is.

Earl Cathcart.

15269. You are lady superintendent in one institution, and matron in the other?—Yes.

15270. I always lament the distinction. I think "matron" gives so much better an idea of what her duty is; that she should be the mother of the family?—So do I.

15271. You agree with me in that view?—I do.

15272. You mentioned your Scotch experience of seven years; is the nursing system analagous in Scotland to what it is in England?—At the Royal Infirmary, Edinburgh, it was, because they sent down nurses from St. Thomas's Hospital, and it was nursed on the same system.

15273. But does the same system prevail in Scotland generally?—I do not really quite know; it is so wide a question. I think in Glasgow they have much the same.

15274. You have mentioned the operating theatre; do you make the poor persons insensible by anæsthetics before you take them in there?—Yes, we have a little room by the side of the theatre where they have the anæsthetic administered.

15275. And that is a very merciful course to take?—Very.

15276. Now, with regard to the social position of your nurses; from what classes do you usually recruit them?—From all ranks.

15277. We had a sort of analysis here once, giving all the professions; do you take nurses from every class?—Yes.

15278. Ladies?—Yes, a good many.

15279. And from the families of commercial men?—And officers' and doctors' daughters.

15280. But you do not give any particular preference to one class over another, only you would require that they should have sufficient education?—And that they should be good women.

Earl of Arran.

15281. When was the nursing institute first started?—In 1874.

15282. You say, I think, that it is very fortunate it has been started, inasmuch as there is no room in the hospital to lodge any nurses?—There is room to lodge thirty-five nurses, but the entire nursing staff, including the probationers, numbers about fifty-five.

15283. How was the nursing done before the institute was started?—They had fewer nurses in those days; they were the days before they had trained nurses at all.

15284. When they were forced to do with fewer nurses?—They used to do with many fewer nurses.

15285. How many nurses have you for the out work; nurses that you send out to families?—Sixty-seven.

15286. And

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Miss PYNE.

[Continued.]

Earl of Arran—continued.

15286. And are they mostly employed?—Yes, they are almost always employed.

Chairman.

15287. Who keeps all these accounts you mentioned just now?—I do.

15288. In addition to all your work in the hospital?—I do not keep the superannuation account; the treasurer keeps it; I keep the nurses' wages and housekeeping accounts.

15289. Have you got any clerk to assist you in that?—No.

15290. Is the number of nurses you have got sufficient for all the needs of the hospital?—Quite sufficient.

15291. Then in the case of your wanting extra nurses for special cases you never have to go outside?—No never; we can draw from our private staff if we want any extra nurses.

15292. But if you drew from the private staff would not the hospital have to credit you with the amount of money for those extra nurses?—They can get a trained nurse from us for 3 s. 6 d. a day or 3 s. 6 d. a night; but the hospital only pays in that way for those over the number of 28; I mean that we are bound to supply the hospital with 28 trained nurses and we cannot charge for any extra ones unless they are beyond the 28.

15293. And then in the case of an extra nurse being required the 3 s. 6 d. is paid which goes to the general fund?—To the nursing home fund.

15294. Have you any male attendants on the nursing staff?—No, we go to the Hamilton Association when we want them.

15295. And do you find that satisfactory?—Yes. We have porters of course always on the place and if anything desperate happens we can call a porter at once. Our bill for male nurses last quarter was 16 l. 18 s.

Chairman—continued.

15296. You are the matron of the hospital, but you receive no salary from the hospital?—No.

15297. You reside in the hospital?—I live there.

15298. And get your board?—Yes.

15299. May I ask what salary you get from the Nursing Institution?—£. 180 a year.

Lord Monkswell.

15300. How often do you go through the wards?—Every day.

15301. And if you dismiss nurses is your dismissal subject to any appeal?—I cannot dismiss any nurse or sister without appeal to my home committee, but I have the full power to dismiss a probationer.

Chairman.

15302. How long do you train your nurses before you send them out as private nurses?—It depends on what the nurse is like. It is a variable time; I do not send them out under a year unless they have had previous experience.

15303. That is left to your discretion?—That is left to my discretion.

Lord Monkswell.

15304. I understand you to say that you cannot dismiss nurses in the hospital without appeal; but can you dismiss the nurses in the Home?—No I cannot dismiss a private nurse either without referring it to my committee.

Chairman.

15305. Do you have to place your accounts before this nursing home committee?—Yes.

The Witness is directed to withdraw.

MR. WILLIAM HENRY ALLCHIN, M.B., F.R.C.P., is called in, and having been sworn; is Examined, as follows:

Chairman.

15306. You are the Dean of the Medical School, are you not, of Westminster Hospital?—I am. I am one of the physicians to the hospital. I am one of the lecturers on the Principles and Practice of Medicine, and I am the Dean of the school; and I may say also that as an independent appointment I have the medical charge of the nurses, an appointment which is made by the nursing home, and not by the hospital.

15307. By the committee of the nursing home?—By the committee of the nursing home; and I have had the medical charge of them since the home was founded in 1874.

15338. Were you formerly a student at the hospital?—No, I was at University College as a student and teacher eight years before I came to Westminster.

15309. As regards the school, first of all how many students have you in the school?—Calling those students who are not qualified (there always being a certain number of just qualified men about) we have 100 exactly.

(24.) e.

Chairman—continued.

15310. Is that the usual average, or more than the usual average?—It has been almost exactly the same number for the past few years; we have very much increased within the past 10 years.

15311. Is that as many as your school could carry?—No, we could accommodate certainly half as many again.

15312. What are the fees these gentlemen pay for the curriculum?—The fee for the complete curriculum if paid in one sum is 105 l.; if in two payments it is 110 l.; and if in five payments it is 120 l.; and then, of course, there are partial fees for a partial amount of instruction.

15313. Then the income of the school is composed of these fees, is it not?—It is entirely.

15314. And how much are the expenses of your school?—The average receipts of the school (perhaps I might mention it first in that way) for the past five years have been 1,860 l. annually, and the average expenses have been 913 l. If I may be allowed to do so I would mention in re-

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Chairman—continued.

ference to that a very important point, and that is this: a few years ago, in 1885, the school was removed from the hospital premises where it had been for some years, namely, from 1852, and was established as a separate building in Caxton-street, about four minutes from the hospital. The establishment of the separate building and separate school, of course, very largely increased the expenses. The school was founded in 1834.

15315. Does the hospital help you at all?—It helps in this way: the hospital bought the site, and built the school, and the school building and site belong to the hospital, for which we pay an annual sum of 160 *l*.

15316. Do you know what it cost to build the school?—I can tell you exactly. The exact cost of the site was 4,617 *l*. 0 *s*. 11 *d*., and the cost of the building was 9,218 *l*. 8 *s*. 8 *d*., making a total of 13,835 *l*. 9 *s*. 7 *d*.

15317. And for the whole of that you pay 160 *l*. a year rent?—Yes; but there is a certain explanation of that which I think it is only due to state, namely, that when the school was moved from the hospital premises a special appeal was made for the double purpose of improving the hospital and building a school, and a sum of 6,000 *l*. was raised in that way. There was also 1,000 *l*. paid down by the lecturers of the school so that, of course, the 160 *l*. can scarcely be regarded as the interest on that total amount, but as the interest of the amount, less those sums which I have mentioned.

15318. Then, taking the 913 *l*. expenses out of the 1,860 *l*., that leaves 900 *l*. odd?—Yes.

15319. Does that provide the fees for lecturers and teachers?—It does. The staff receives nothing from the hospital. We have, of course, certain standing expenses.

15320. Are those beyond the 913 *l*.?—No, the 900 *l*. average is divided amongst the staff, amongst the lecturers.

15321. Could you tell us on what principle it is divided; is it according to shares?—It is done in this way: I may say that there is at the present time an alteration being effected in the method of doing it, but the principles are really very similar; it merely means a little adjustment of the proportion; but the way in which it is done at present is that the gross fees are taken and a certain proportion of them is apportioned to what we call the school payments, and a certain proportion to the clinical and hospital payments. But perhaps it would be desirable to say that, of course, the hospital existed many years before the school, and clinical teaching in the hospital was carried out long before the school was established, and it is a remnant of that arrangement which is continued to the present time; but the total fees taken from the students are apportioned, a certain proportion to the school fees, and a certain proportion to the clinical fees; and then the expenses are taken from both in certain proportions. The clinical fees contribute to the printing, to the advertising, and to the scholarships of the school; and the rest of the school expenses, that is to say, the maintenance, the rates and the other items that I will mention presently, of special expenditure, are provided for out of the school fees. So that both the clinical fees and the school fees contri-

Chairman—continued.

bute to those expenses, and it is a little difference in the adjustment of proportions that is now being effected.

15322. On what basis do you make the division?—We have what we speak of as shares; that method, I believe, has already been brought before your Lordships, and that is the way we do it, by shares. The different shares according to the different duration of the lectures, whether they are winter or summer courses; that is to say, six months' or three months' courses, have certain values, and according to the number of lectures given.

15323. Could you tell us what is the maximum amount of money that a first-rate man would receive?—You see that the great majority of the hospital staff are also lecturers in the school, consequently they draw some from both sources; and with regard to the maximum since I have been connected with the school, which is 20 years as a teacher, the maximum certainly has not exceeded very little more than 100 *l*. a year.

15324. From both sources?—From both sources. Yes, there was one year in which it exceeded that, but certainly 100 *l*. is beyond the average.

15325. And the minimum?—The minimum of some of the lectureships is only a few guineas; viz, those with a very few lectures. May I mention the heads of expenditure?

15326. If you please?—I mentioned the rent to the hospital, which is 160 *l*. a-year. We pay the rates of the building also, which this past year were 71 *l*. odd; we pay the insurance; and I may say that our agreement with the hospital compels us to pay the rates and insurance of the building; and then porters and servants of the school cost us 200 *l*. a-year, and the librarian 100 *l*. a-year; and last year 90 *l*. was devoted to the library and laboratories. Then we have an average of about 50 *l*. a-year for repairs, and every fourth year it costs 150 *l*. to re-paint the building.

15327. Are you strongly in favour of the individuality of the schools as opposed to having some central body, or central university, to control them?—Might I ask to what extent your Lordship means that to go?

15328. Of course, the clinical instruction must take place in the hospitals; but there are a large number of lectures to which you referred just now; could that work be done with advantage, do you think, in a central university?—I think it could be done with very great advantage by some amalgamation amongst some of the smaller schools, but I certainly do not think it would be advantageous to have one central building for the whole of London for teaching those preliminary subjects of medical education.

15329. Would you like to see the students when they arrived at the medical schools more thoroughly prepared than they are at present in general subjects?—I certainly think that that is one of the directions in which improvement is very much to be desired. Your Lordship is probably aware that the general medical council, which is practically the governing body in these kinds of matters in respect to education, has recommended, and it is now under the consideration of the examining boards that the period of study

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study should be extended from four to five years. The present period of study by law is practically four years; it is proposed to be extended to five; it is probable, I think, that in the adjustments of education and examination which will be entailed by such an extension of time, provision will be made for ensuring the better education of the students at the beginning.

Lord Kimberley.

15330. Would you approve of what is termed the preliminary scientific examination being entirely gone through before the medical student goes to the school for instruction?—Yes.

15331. Might it not be possible that though there would not be a central body for examinations, the teaching being done by such bodies as were approved of by the medical council?—Yes, entirely.

15332. You would approve of that if there were certain bodies in London which were considered by the medical council to afford efficient teaching, just as now they consider certain hospitals to afford efficient teaching; so that a student could be taught at any of these places, and then he might pass an examination at the central institution, after which he might go into a medical school?—Yes, that is exactly the case.

Lord Monkswell.

15333. Mr. Gould was examined about the proposal of a scheme of the University of London, and he said he considered that it would be desirable to have teachers of all the London medical schools who would together form a faculty which should have the power of sending a certain number of representatives to the senate of the university, and appointing a board of studies; would you be in favour of some such scheme as that?—Entirely. During the last four or five years I have actively worked in connection with that scheme, and been largely concerned in arranging for it, from the point of view of the Royal College of Physicians.

15334. I will go now to the question of infirmaries; do not you think that infirmaries might be utilised more than they are at present?—Most distinctly.

15335. How would you suggest that they should be utilised?—Dr. Barnes thought it would be a good thing to put the paid infirmary officials under some celebrated physician or surgeon, as they do at the hospitals; do you think it would be as well, if possible, to have some sort of officer over, say, two or three infirmaries, or a separate official, as it were, for each infirmary; I mean some very celebrated physician who might take charge of the students as they do in hospitals, and might to a certain extent have authority over the officials in the infirmary?—I think if I may say what I understand you to mean, it is in this way: that, of course, the physicians and surgeons at present have ample scope in the existing London hospitals to do the clinical work that is required; they have ample scope, for instance, at Westminster; and the question is whether there should be also physicians and surgeons of standing, who should be associated with the infirmaries for purposes of instruction

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there, which, I apprehend, is what your Lordship means. I certainly think that such should be done, and this extra year that I referred to just now, which will be no doubt introduced into the medical curriculum, will almost certainly be applied in the direction of increasing the time of clinical study; and that might be done in part at the infirmaries.

15336. Then independently of appointing physicians and surgeons to superintend the studies of medical students at the infirmaries, a great deal might be done, I suppose, by sending them round and allowing them to have the advantage of the superintendence of the present infirmary officers?—Certainly, but, as your Lordship knows, that is against the law; or, if it is not against the law, it certainly is against the custom; we have no right to teach in the infirmaries.

Earl of Kimberley.

15337. You are aware that the year before last an Act was passed enabling infirmaries to be thrown open for teaching purposes?—I was not aware of that.

15338. Enabling them to be thrown open; but it does not therefore follow that they are thrown open?—No.

15339. For certain purposes they are already thrown open to some extent?—Yes.

Lord Monkswell.

15340. I suppose the permanent officials, the doctors now over the infirmaries, are not quite of the same class as at the hospitals?—Not of the same class as the visiting physicians and surgeons at the London general hospitals.

15341. Therefore, it would be desirable probably that medical students should be in charge of other persons?—Other persons would have to occupy of course the same kind of position towards those resident medical officers that we do at the present time towards our resident officers in the hospital.

Earl Cathcart.

15342. It is of the essence of clinical teaching, is it not, that there should be a multiplicity of schools, inasmuch as wherever the beds are, there the professors and the students will gather together?—Quite so.

15343. It must be so; it is inseparable from it?—Yes.

15344. Have you any means of keeping your students together by way of a residence or club or anything of that sort?—We have no residence; we have not entered upon that; from what we have understood and heard we regard that as being a very expensive matter and have not entered upon it.

15345. Have you any sort of reading room or a room where the students can have luncheon?—We have in the school building a club, a reading room and a bar, and a dining-room, where they lunch and dine together.

15346. You have no difficulty as regards discipline?—No; the discipline falls upon me; I have to maintain it.

15347. You have not a great deal of trouble; not more than might be expected?—Not more than

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than might be expected with a number of young men.

15348. Is the apparatus, microscopes and so on, provided by the professors or by the school?—In the main, by the school. I named a certain sum that was spent last year, and it was devoted to providing material for some of the laboratories. Of course, the lecturers, all of them, have their own private instruments as well.

15349. Great complaint was made at our last meeting with reference to the difficulty of getting subjects; have you any difficulty of that sort?—That does not come actively under my control. I daresay your Lordship is aware that the arrangements in regard to subjects within the past few years have been a little modified; the teachers of anatomy in the different schools work together in regard to that; but we have no difficulty more than other schools. Certainly a few more subjects in the year would be desirable, but we have no ground to complain.

15350. But you have not heard many complaints on that score?—No, not many; we certainly should like a few more subjects.

Earl of Arran.

15351. Do all your physicians and surgeons hold the London diploma?—They have to by the laws of the hospital.

15352. And you do not think that you lose any good men by insisting on that arrangement?—Not at all; I think it is a most desirable arrangement for several reasons.

15353. Could you name any of your reasons?—I know that that is a question which has engaged your Lordship's attention with most of those witnesses in my position who have been before you, and I have carefully thought over the matter as to what I should say. One very important reason, I think, is this: For the purposes of the London hospitals, the general hospitals I mean (my remarks apply only to those, of course, which have medical schools connected with them; I am not expressing opinions about other hospitals, but am speaking in regard to the general hospitals), I think it is of great advantage that they should have these London qualifications for this reason; not by any means what might at first appear to be the reason that the holding of these qualifications ensures a higher professional standard, because I have no doubt your Lordship knows that the examinations of these colleges are not to be regarded in the same way as the examinations, for instance, of the London University; we look rather to the universities, in the case of physicians, for the professional qualifications; but the Royal colleges in London exercise a disciplinary control over their members and fellows to a very considerable extent; and I may say that the London Royal colleges possess the control to begin with, and that they exercise it with far more certainty than do the colleges in Scotland or Ireland. That is one reason, the value of which, of course, I think would at once be apparent when you have teachers in schools who have to teach a number of students, not only as regards the actual methods of inquiring into disease, but

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their methods of behaviour in regard to sick people. Further, also, the position which necessarily is attached to an individual connected with a London hospital is a very powerful one for influencing medical opinion in one way or another; and it is highly desirable that those who are in that position shall be of the highest possible character, and shall be subject to such control of a disciplinary character as will ensure that they will not give way to practices which we should regard as unprofessional. That is one kind of reason which I venture to think would be a very powerful reason. Perhaps I might say that my authority for that statement in regard to the differences in the disciplinary control exercised by the Royal colleges in London and the colleges in Scotland and Ireland is information which is published in the Minutes of the General Medical Council. Then again another kind of reason, which is a very important one, although perhaps it would not be of the same general character, and might not appeal to your Lordship in exactly the same way as it would to me as a teacher, is this: The greater number of our London students necessarily go to the London qualifying bodies for examination, and it is therefore desirable that the teachers of those students should be associated with the colleges where those examinations are held. I do not put that on the same level as the former reason. But, to put it the other way, supposing that the teachers in the London schools were not members or fellows of the Royal Colleges in London, but belonged to the Royal Colleges in Scotland or Ireland, it could not be worked so conveniently, at any rate with regard to the teaching and examination. I hardly think that it would be looked upon as a hardship in any way that any one should be called upon to pass those examinations; because we know of several illustrations; I might mention one distinctly: The late Dr. Matthews Duncan, a most distinguished physician in his line, already a most distinguished physician, first, perhaps, in his department, before he came to London a few years ago, notwithstanding that he held that position, submitted himself to the Royal College of Physicians for the purpose of becoming a member, and subsequently, as he did, becoming a fellow.

15354. Could you tell me whether hospital appointments in Dublin and Edinburgh are mostly confined to the members of the medical profession holding diplomas of the Dublin and Edinburgh schools?—Whether there is a restriction of the same kind there, you mean?

15355. Yes?—I have no knowledge; I do not know at all.

Lord Zouche of Haryngworth.

15356. Would you say that this insisting upon the membership of the College of Physicians or Surgeons runs the risk of depriving you of the services of eminent men; that question has been frequently asked of other witnesses during this inquiry, and therefore I put it to you?—I should say not at all. With regard to the various appointments which occur in the London hospitals,

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pitals, of course, one knows as a matter of common knowledge, that there are many applicants for them, and there is no risk whatever, I should say, of perfectly competent men not coming forward to fill them; there is no loss from that restriction, in my opinion.

15357. You think that there would be no difficulty whatever in any eminent practitioner, even, so to speak, late in life, if he wished to hold an office in London, submitting himself to and passing a difficult examination?—The case of the late Dr. Matthews Duncan exactly illustrates that.

15358. But possibly he might have been one in a thousand?—One could mention others who have submitted to that. I do not think there would be the slightest difficulty whatever. Perhaps I might mention to your Lordship that, of course, the fellowship of the College of Physicians is not conferred by examination; the fellowship of the College of Physicians is obtained by election from amongst the members, and consequently there is no question there of any difficulty in examination.

15359. The examination merely relates to the membership?—In the case of the College of Physicians, and to a certain extent in the case of the College of Surgeons. The fellows of the College of Surgeons are some of them fellows by examination and some by election; but at the College of Physicians they are all by election from members of a certain number of years standing.

Lord Thring.

15360. Do you not think it is rather a bad example for London to set, because if London restricts its degrees to its own people, surely then Dublin or Edinburgh, or any other place, might plead that as a reason why they should restrict theirs to their own people, and that certainly would be injurious?—I do not know that it would be injurious; but may I say again that it is not a question of restriction to London degrees; the degrees of the university are not the question; it is a question of the qualifications of these Royal Colleges which exercise a control other than the purely professional standard.

15361. I quite understand that; I may have used the wrong term; but supposing they require as a qualification for a man to be an officer of a London Hospital, that he should be a Fellow of the College of Surgeons, or a Fellow of the College of Physicians in London, would it not clearly have a detrimental effect, in this way, that it would justify the Dublin College in making the same restriction, and saying that nobody shall have a place in their hospitals unless he has a Dublin qualification?—I think it might quite justify their doing so, but I am not aware that any definite evil result would follow. I think they have a perfect right to do it.

15362. Then if no definite evil result would follow, I do not understand why you should insist upon the London qualification; why should you make the London qualification a *sine qua non* if you consider the Dublin qualification as

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Lord Thring—continued.

good?—The reasons that I am adducing in support of the method which is followed, are those two which I have just mentioned to his Lordship who questioned me just now.

15363. I am quite aware of that, but I ask this question: I will put it in another way; do not you think it would be a great disadvantage to Dublin, for instance, that nobody should be allowed to be an officer of a great Dublin hospital unless he had a Dublin qualification?—I really do not know exactly how to answer that, because if I said yes, it would imply that I thought therefore necessarily that the London qualification was so much better. It is not on the ground of the professional qualification, it is on the ground of the control which these bodies exercise that I am urging the point.

15364. I do not understand the control; they exercise it over the members of the profession generally, do they not?—Only over those who are their own members and fellows.

15365. And what particular control do you mean?—I mean in this way; that persons who practise certain kinds of remedies, who offer to treat persons with liquid electricity, for instance, if they were members or fellows connected with the Royal Colleges of Surgeons and Physicians in London, would most assuredly have their diplomas taken from them.

15366. But I thought that under the general medical law a doctor who did anything improper could be deprived of his status as a doctor?—May I explain that to your Lordship? It occurs in this way: The disciplinary control over the medical profession is exercised by the general medical council, so far as striking the name off the register; and an individual who has his name taken off the register, to all practical purposes ceases to be a practising medical man; he has no right to practise then. His name would be taken off the register at once by the medical council if he was convicted of any felony or crime against the laws of the country. Unprofessional conduct is included in the Act under the term “infamous conduct,” for which the name can be removed from the register by the licensing bodies taking the name off their own lists, first, and reporting to the medical council. Now what I have just said is that many of the licensing bodies, other than in London, either do not possess those powers to the same extent as the London colleges, or if they do, they do not as certainly exercise them; and it is on that that I base my reasons for thinking it better that we should have men belonging to the London colleges connected with the London schools.

15367. I cannot see the force of that; because, surely it is almost in the highest degree improbable that a man coming, we will say, from Dublin, and elected for his great eminence (because they would not be too ready to elect an outsider to be a doctor of one of the London hospitals) could be guilty of anything which would require a more severe law than the general medical law; what possible chance could you conceive there would be that any doctor of great eminence so elected would require this extra control over him?—I should not like to think that he would do anything that would require it.

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15368. Then

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Lord Thring—continued.

15368. Then why should he require this control; I should have thought it was the very thing that a doctor would not require?—I say that a certain number are appointed to the hospitals before they become such great doctors.

15369. The long and short of it is this: I cannot conceive why you require the special disciplinary control of two particular London Colleges over such a man as would be elected to a London hospital when we have got the general medical law; and therefore it seems to me that imposing the London qualification is a restriction that ought not to be enforced; I do not see the force of your argument?—I do not know that I can state it in any other words; it is a form of argument that I must confess occurred to me as being cogent.

Earl of Kimberley.

15370. Admitting, at all events, for the sake of argument, that this disciplinary control is so valuable that those who are elected to a hospital ought to be subject to it, could not that be met by a very simple provision that every person not holding the qualification of the London colleges should, on his appointment to a hospital, engage to submit himself to the rules of those colleges on pain of dismissal if he did not do so; would not that meet the difficulty?—I can quite conceive such an arrangement as that being made.

15371. It is open to the hospital to annex any conditions of a reasonable kind to the appointment, and if it be (I do not myself give any opinion) on certain grounds desirable, in order to prevent what is termed unprofessional conduct, that this control should be exercised, would there be really any difficulty in imposing that condition upon any person who was elected, and would it be likely that any person elected would object to subject himself to a condition which is imposed on all London physicians?—Except that it would be somewhat invidious to suggest that an individual who does not belong to an institution should be subject to the laws of it.

15372. But if the laws are considered reasonable why should a man object to that, any more than to pass an examination to place himself under those laws?—It could be done.

15373. Would it not come to the same thing; it would leave to the hospital the power of selecting without an examination; at the same time if such a control is desirable they could enforce it?—Certainly.

Earl of Arran.

15374. This danger might arise perhaps supposing these appointments were open to men of every school, that the appointments in London might be so sought after that it would tend to all the most eminent men gradually collecting in London and rather denuding the other parts of the country of excellent men?—I should rather doubt whether it would practically come to that, because there certainly has been within the last few years (doubtless it is associated with the greater facilities of communication) a far wider spread throughout the country of those

Earl of Arran—continued.

who would be called eminent men, rather more than have been concentrated in London. There are many, that is to say, in the provincial towns, and in Scotland and Ireland; or, limiting ourselves to England, there are many provincial towns in England where some most eminent men are in practice, a greater proportion than would have been the case many years ago.

15375. I had in my mind at that moment more distant parts, Scotland and Ireland?—You mean whether it might not attract a large number of them from those countries to London?

15376. Yes?—I think it is possible that it might do so.

Chairman.

15377. Who keeps all the accounts of the schools?—The accounts are kept by one of my colleagues, the treasurer of the school; but it is only right to say that in the readjustment which I mentioned the accounts will be kept by the secretary of the hospital; because the school is under the direction of the School of Medicine Committee, which is a body of the governors, as the secretary told your Lordships just now.

15378. Are there any professional members of the weekly committee?—Yes, a certain proportion; there may be nine professional members.

15379. Does the hospital give anything in the way of scholarships to the school?—It gives one; that is to say, the governors do. May I be allowed to put that prospectus of the school in for the information of the Committee on some of those points (*handing in the same*).

15380. As regards the resident medical men in the Westminster Hospital, when a vacancy occurs what do you do; do you advertise it at all?—It is advertised in the hospital. Of course naturally we appeal to our own students whom we have educated.

15381. But supposing you have none suitable among them?—Then we should advertise outside; I have known that to be the case before the school was as large as it is now.

15382. Are you prepared to speak about the out-patient department of the Westminster Hospital?—Yes.

15383. We were told the number of cases that occurred in the out-patient department; will you tell us what happens when a patient first of all comes to the hospital; who sees him first of all?—Not a surgery patient, you mean?

15384. Take anybody you like who comes to the hospital for the first time?—Of course there are those two great groups of those who come to the hospital who will not be in patients; assuming that they will not be in-patients, the two great groups I mean of surgery patients and out-patients.

15385. Supposing I came to the hospital, where should I go; what should I do?—That would somewhat depend upon the nature of what was the matter with you; and it would also depend upon what time of the day you came. I will take two kinds of illustrations which will show what I mean. An individual meets with a slight accident, cuts his finger, or has a cut head. He goes to the hospital, and goes into the surgery, where he is seen by one of the resident officers, the

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Chairman—continued.

the house surgeon. Or supposing, for instance, that it be a child who is in a fit, and is taken into the hospital, he would be seen by one of the house physicians in the surgery. Those are what are called surgery patients, or, to use the expression your Lordship used just now, casualty patients. Those are not what we call the out-patients proper. Those patients in the surgery amounted during the year 1889, in the form of surgical accidents, to upwards of 5,000; medical cases in the surgery, 4,500; and separately, what are known as diarrhoea patients, 1,100.

15386. Then who determines whether this person is to go to the surgery, or to the out-patient department?—He determines that, one may say, of himself, because those are the cases that occur at all hours of the day and night. But the real out-patient department, is managed in this way; it is practically free; practically the governors' letters are not used, but it is practically a free department; and the patients go to the hospital, the doors are open at one o'clock and remain open from one to half-past; and then generally by the character of their ailment, they are apportioned to the out-patient surgeons or out-patient physicians. The regulations of the hospital which have been mentioned to your Lordships are, that no out-patient officer shall be obliged to see more than 20 new cases per day; but, I may say (and I have made inquiries particularly, it being some few years since I was an out-patient medical officer) that that law is interpreted very liberally indeed, and the number of new patients are seen directly at half-past one by the medical officer attending as out-patient physician; he makes his own selection. I am rather desirous of emphasising that point, it not being the arrangement, as your Lordship knows, that obtains very often elsewhere. The selection of the cases he shall see, he makes himself, so that he is thereby responsible for the whole thing. If the number only slightly exceeds the number of 20 they are all seen; and on the heavy days in the week which happen at Westminster to be Tuesday and Thursday, two out-patient physicians sit; so that although there are a certain number of cases sent away, they are the least important, and the great majority of them are actually seen. With regard to the surgical out-patients, and the out-patients in special departments, ear, eye, skin and so on, those are all seen.

15387. When a man attends at the out-patient department do you give him any letter for so many attendances?—Virtually the prescription paper or letter as it is called is unlimited.

15388. He goes on until he is cured or does not come back?—Yes.

15389. Are you of opinion that the out-patient department is necessary for teaching purposes?—Absolutely necessary; in some respects the most important department of the hospital for teaching.

15390. Is your out-patient department so crowded that it is inconvenient for teaching purposes?—No; the accommodation for the out-patient department in Westminster was constructed when the school was removed, and is very commodious and convenient. We have not a

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Chairman—continued.

large school, therefore it would not tell in the same way with us as with a very much larger school.

15391. Were you an out-patient physician yourself?—Yes, I was; I had to serve so many years in the out-patient department, till a vacancy occurred on the senior staff.

15392. Is it your opinion that the charity was abused when you were connected with that department?—Very seldom; there would be exceptional cases; that is my experience, and it is the experience of most of my colleagues; in fact, of all that I have asked. Occasionally there is a case of abuse. An exceptional case occurred only a day or two ago.

15393. But those cases do not occur in sufficient numbers to require an inquiry officer, in your opinion?—I should think not myself; that is my own opinion.

15394. What was the particular case to which you allude?—It was the case of a lady who came with her child to one of the special departments and brought her nursemaid with her. It was thought that a lady who had a nursemaid for her child, was not a fit and proper person to be a recipient of the charity. That did not occur to my own personal knowledge; I am quoting from others in mentioning it. Another case was that of a lady who applied to one of the out-patient physicians a week or two ago, and from something that she said, he made inquiries, and she turned out to be the wife of a colonel in the Army, who lives in the west-end of London. He wrote to the husband afterwards, and ascertained that that was the fact. Such cases are very exceptional, as I mentioned to you.

15395. Now have you ever heard any opinion expressed as to the effect of the free out-patient department upon the profession; that is to say, upon what is known as the poor practitioner?—I have heard that very often; it is one of those vexed questions that one naturally hears a great deal about.

15396. What is your individual opinion?—My individual opinion is that, it does not press particularly hardly upon the poor practitioner.

15397. Do you have many people sent to you for consultation to the out-patient department?—There are cases sent, no doubt, at the present time. For the past ten years, during which I have been one of the senior physicians, I have had a fair number sent as in-patients for consultation; but I know that they are frequently sent to the out-patient department also for consultation, and they were to me when an out-patient physician.

15398. That is to say, sent by practitioners?—By practitioners in the neighbourhood, and in the country, and by old students particularly.

15399. To return for one moment to the subject of the school; have you any opinion as to whether a school is a great expense to a hospital?—On the contrary, I do not think it is in any way an expense to the hospital. I think, owing to its existence, a large amount of necessary hospital work is done for nothing. The work of the resident officers and clerks, and dressers, in looking after the patients, is done

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absolutely free; to say nothing of the fact that, wherever a medical school is attached to a hospital, it necessarily insures a high standard for the medical staff, who have to teach.

Earl Cathcart.

15400. In your experience in that particular neighbourhood especially, do you find that successive crops of children tend to deteriorate; that the children of this day are inferior to what they were some years ago?—I am not prepared with any figures in answer to such a question, but my impression would be this; that if you were to take ricketts, which is essentially a disease of towns, and of bad feeding, I see much less ricketts now than I used to.

15401. But still there is a great want of milk among that population, is there not?—No doubt; and that complaint is always one of the results of improper feeding.

Chairman.

15402. Is there anything else you wish to say?—If I may do so, I should like to mention one or two points which have occurred to me. It was mentioned to your Lordships by Miss Pyne that the wards were small. Of course there are certain small wards besides, but the average size of the wards is 40 feet by 24 by 14.

15403. Totting it up what does that give in cubic feet?—It gives about an average of 1,200 cubic feet per patient, which as your Lordship knows is very good. I should also like to say that from my position in respect to the nurses, which is an independent position, it falls upon me to select the nurses from a physical point of view; when they first come, before they are actually engaged, it falls upon me to consider them from that aspect, and I may say that the health of the nurses generally is excessively good; I very seldom have much to do with nurses that are ill, except for very trifling ailments, and within the past five years there have been only two deaths of nurses, and within the past ten years only four deaths. I should like also to be allowed to say that my experience, and it is entirely the experience of my colleagues on the medical staff of the hospital, is one of unqualified satisfaction with the present nursing arrangement, the existing of a nursing school independent from the hospital itself. I had experience of the hospital before that arrangement came into force, and I have a knowledge of other hospitals as well, and I have no hesitation in saying that my own individual opinion is strongly in favour of the arrangement that we have at Westminster; it works most satisfactorily. I might say something also in regard to a question which a noble Lord asked with regard to the post mortem examinations. You were told that the pathologist makes the post-mortem examinations; but the right is retained for the medical officers to make their own if they choose. I am the only member of the staff who exercises that right, and I make my own post-mortem examinations, and I have, therefore, special knowledge of the conditions. Everything is done in order to ensure decency and consideration for the feelings

Chairman--continued

of the friends; and we have a very large proportion of *post-mortem* examinations made upon patients. Possibly your Lordships would like to know those figures; because it is not likely we should get so many if there was any dissatisfaction, as the power of refusal rests in the hands of the friends. In the year 1889, 226 bodies were taken into the mortuary; of these 17 were brought into the hospital dead, leaving 209 who died in the hospital; and of those 226 who were in the mortuary, *post-mortem* examinations were made on 208, and exactly a similar number occurs for 1890. There is one other point which, if I might be allowed, I would refer to; it is as to a matter that has not been touched upon in any question that I have been asked, but it is one which, as I know, has engaged your Lordships' attention, judging from the inquiries addressed to other witnesses; I refer to the question of the special hospitals, as to any limitation of those. I should like to be allowed to express the opinion that there should be distinctly some limitation of them.

15404. What is your principal reason for objecting to special hospitals?—My special reason is this: that I think that with very, very few exceptions the work can be done better in the general hospitals. I think that they are necessarily the means of diverting funds for the expenses of such hospitals, which funds, perhaps, I am prejudiced in thinking, should more properly go to the general hospitals. I think these individual special hospitals should be made to justify their existence. And also I feel very sure that they do draw away a number of cases which are of great clinical interest for teaching purposes, and that they are, in the greater number of cases, but very slightly available for such a purpose. In that sense they starve the clinical field for the general hospitals.

15405. Would it also operate in this way: that by accepting the payment of small fees they starve the poor practitioner?—Yes, still more than the out-patient department of the general hospitals. Those special hospitals, I mean, that do insist upon a fee; and when they do it becomes worse, in my judgment.

Earl of Arran.

15406. Should you like to see some system of licensing enforced?—I should like to see some system of licensing enforced.

Earl Spencer.

15407. Does your objection to special hospitals extend to all hospitals; we have had witnesses who held the same view as you have expressed, but who made some exceptions; would you make any?—I should make some exceptions; first the infectious hospitals; and also I should make exceptions of children's hospitals; also, I should be inclined to make exceptions of hospitals for essentially chronic cases of all kinds; but beyond those I am not at all clear that I would approve of any special hospital.

15408. I think some witnesses have mentioned that they would except eye hospitals?—Yes, I know one or two members on the staff of hospitals have expressed that opinion; I believe Dr. Ord and Dr. Barnes expressed that opinion.
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Earl Spencer—continued.

As those eye hospitals exist, well and good, but I do not exactly see the justification for them.

15409. You think that those patients would be as well treated in the general hospitals?—I think they would.

Lord Clifford of Chudleigh.

15410. Whatever the limit of the control, your contention is that there should be control of hospitals?—Yes.

15411. And would you exercise that control with regard to hospitals which do not appeal to the public for subscriptions?—I have never thought of that. I do not suppose there would be the same ground for doing so in their case.

Chairman.

15412. Do you know any hospital which does not appeal to the public?—I do not know of any.

Lord Monkswell.

15413. Dr. Barnes said that specialists were very often hampered in the general hospitals, and he said that in his own department these specialists are under the command of the staff of surgeons and physicians who exercised their authority in rather an arbitrary manner; that when a specialist first comes in, though a good man in his profession, he is treated with great contempt by the others; what do you say to that?—That I do not agree with. I think that refers to an arrangement at St. Bartholomew's, especially where particular operations of a character with which Dr. Barnes is associated are not performed by the physician in charge of

Lord Monkswell—continued.

those cases at St. Bartholomew's, but by one of the surgeons, and it is a rule which obtains elsewhere.

15414. Would you think that that rule is desirable; do you not think that a specialist ought to be allowed to go on with his own case?—I think so, but I am rather disposed to think at the same time that he should not call himself a physician. But I am afraid that that is a professional question.

Earl of Kimberley.

15415. I want you to recur to the out-patient question; did I understand you rightly that the medical officer alone determines which of the patients are fit to be treated in the out-patient department?—Yes, he alone determines on the fitness as regards disease; should he suspect any person to be out of the range of what he considers to be fit subjects to be treated, he refers them invariably to the secretary.

15416. And does he make any inquiry, or merely judge by the appearance of the people?—Of course by experience he soon forms some notion; and especially by ascertaining the occupations of the individuals, and then whether they are married, and how many children they have, you can roughly come to a conclusion.

15417. Then inquiries are made on points such as you have mentioned?—Yes, but those are initial inquiries in relation to the case.

15418. But the answers to those inquiries enable you to judge if the case is one which you ought to entertain some doubt about?—Exactly.

The Witness is directed to withdraw.

MR. SIDNEY M. QUENNELL, is re-called; and further Examined, as follows:

Chairman.

15419. Do you pay rates for your hospital?—We do.

15420. How much?—£. 125 last year.

Chairman—continued.

15421. And what is your assessment?—£. 600 gross, 500*l.* net.

The Witness is directed to withdraw.

MR. CLINTON THOMAS DENT, is called in; and, having been sworn, is Examined, as follows:

Chairman.

15422. ARE you a surgeon or a physician?—A surgeon.

15423. What are the qualifications you hold?—I am a Fellow of the Royal College of Surgeons of England.

15424. Are you engaged in practice?—In practice.

15425. And are you an honorary member of the staff of St. George's?—Yes, at St. George's.

15426. Have you ever considered at all how far the out-patient department of a general hospital might be made to work in with the provident dispensary?—Yes, I have considered the point. At a hospital where the number of out-patients is limited, I do not think it interferes with the provident dispensary at all. I am thinking chiefly of the view that is put forth that the provident dispensary could do
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Chairman—continued.

equally well as the hospital the out-patient work. I think that is quite impossible. Where the number of patients is limited, the dispensary and the out-patient department of a general hospital practically do not cross each other's path.

15427. But do you think that the capabilities of the provident dispensary are insufficient?—I think so for this reason largely: that hitherto, at any rate, it has not been found possible to get people as highly qualified, at all events as regards diplomas, to become physicians and surgeons to a provident dispensary as it is possible to get for a general hospital. Attachment to a general hospital is looked upon, as you can understand, rather as a prize; the attachment to a dispensary is of course a wholly different matter.

15428. But is not one reason for that that the
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Mr. DENT.

[Continued.]

Chairman—continued.

provident dispensary movement is rather in its infancy?—It does not seem to grow and thrive; it has lived some time, but it is rather stunted in its growth.

15429. Is not one of the reasons of that because everybody can be treated at a general hospital?—To a limited extent only. I have always thought from the inquiries that I have made to a great extent among patients themselves, who are of that class of patients, that a large number of out-patients (I am thinking of those who come to a general hospital) come there because they believe that a guarantee is given that they will be efficiently treated. They will be treated by people of a certain standing or status, and they know that. With regard to the class of out-patient, a hospital patient generally knows an astonishing amount of the way in which hospitals are worked, their inner working.

15430. And therefore, these persons put more faith in the management of the hospital; the reason they go there is more because of their faith than because they are absolutely unable to pay for their own medical treatment?—They have to be sifted; I think that they ought to be sifted where abuses come in; that is to say, where a patient comes who is unfitted to be a hospital patient. Very often he comes because he wants an opinion; he would often be anxious to pay something; but it is the duty of a hospital to protect itself against such; it must not treat those people who could afford to pay.

15431. Would you like to see an inquiry officer at every hospital?—I think the hospital staff (I speak only for the one I know best in this matter, and one or two others which I know to some extent) are, as they ought to be, perfectly capable of doing that for themselves. We at St. George's have supplemented the work of the enquiry department, I think, for a few years past, possibly less, by the Charity Organisation Society; we refer doubtful cases to them.

15432. Do you know at all what proportion of cases you find abusing the charity, or is that very rare?—It is an extremely small proportion. At our hospital I think it must be because a patient has to go through three separate inquiries, as it were. He comes before the secretary or an assistant who takes down the particulars; he is next seen by the resident medical officer of the hospital who sorts the surgical and medical cases, but also again notes the position of the applicant; and then again he comes before the out-patient physician or surgeon. Those would be the three. I have known this occur; I have seen a case, and it struck me from manner, dress, or bearing that the patient might, possibly, be in a superior position, and I have referred back to find out; and in one or two instances they were dressed in borrowed plumes, and were extremely poor. The Charity Organisation Society inquired most carefully into one such case, and it was found to be altogether of a class which might properly be treated at a hospital on the score of extreme poverty.

15433. Then as regards general practitioners in the neighbourhood, are they very much starved by the out-patient department?—Not if the number of out-patients is limited.

15434. Before it was limited at St. George's

Chairman—continued.

was the work very much in excess of what the officers could properly attend to?—At first we limited the number of out-patients to 20, and then for the whole of the nearly 11 years that I have been on the staff the number has been 15 to each medical officer: 15 to the surgeon, and 15 to the physician. Previously to that, I cannot speak by book, ever since I have known the hospital, the number has been limited, and that is about 19 years now.

15435. Then you are fully in favour of the out-patient department for teaching purposes?—It is absolutely essential for the instruction of the students in the cases which he will meet with much more often than any others in after life. He would not see in-patients, as we call them; that is to say, the severer cases. He will be largely concerned with the class we know as out-patients.

15436. Those include every description of disease, do they not?—Every description of disease.

15437. Then have you any opinion as to the waste of material for instruction in the infirmaries?—I should very much like to see the infirmaries and the chronic cases which they harbour used for purposes of clinical instruction. There is a wonderful field for that. The unfortunate thing at hospitals is that cases are pushed through quickly; the moment that it is possible to draft them off to a convalescent hospital, or send them out, it has to be done.

15438. Are you speaking now in the interests of education or in the interests of the patient?—I am speaking in the interests of both, because I believe the better you educate a medical man the better it will be for that patient and for any future patient; and it is the basis of all clinical instruction.

Earl of Kimberley.

15439. What kind of standard have you in your mind in determining whether a patient is a fit subject for relief by the out-patient department? I will take, for instance, an imaginary case: supposing the child of an artisan, who has a wife and four children, and in the receipt of 30s. a week regularly, is brought to the out-patient department, and the case is not a very serious or alarming one, would that be considered to come fairly within the rules of the hospital as a free charity?—Such matters are inquired into by the secretary's department first. I should imagine that such a case would be probably rejected if there were over the prescribed number of 15, if 16 presented themselves.

15440. But supposing that they happened not to be over the number of 15, would such a case be received?—Probably it would be received.

15441. Should you think that such a case as that should be received?—I should think that such a case as that would be perfectly fit for the opinion which a great number of the patients come for. It is not for treatment but for a consultation opinion that a large number come.

15442. But supposing it was not a case for consultation or an opinion, but some case that might be considered not to be a serious injury, but one which could be treated by any ordinary medical man, do you not think that a man in that position ought to pay for medical attendance himself?—

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Mr. DENT.

[Continued.]

Earl of Kimberley—continued.

I have hardly reckoned up the case. He would be a man when in work just able to hold his own.

15443. My question really is whether you think that a man in that position ought to provide himself with ordinary medical attendance?—I think he ought through his club, and they mostly do.

15444. Would he not be tempted by the proximity of the hospital not to trouble himself about providing for it through the club, but to come to the hospital whenever he was in need of medical attendance?—It is not my experience that they do that much. They come for a skilled opinion much more than is generally thought. I am bound to say that a great number of them do not altogether believe in any opinion unless it is backed by a bottle of physic.

Earl Cathcart.

15445. The space in your out-patient department is very cramped, is it not?—Very cramped.

15446. Those four little dens or cabins must be very difficult to officiate in?—We are better off on our side, the surgical side, than the physicians are; I have practically two rooms.

15447. But still the space is too confined?—It is too confined and too noisy; but we are on the eve I hope of better things.

Chairman.

15448. Have you got any view with regard to the centralisation of medical education in the earlier parts of the curriculum?—That is to say, chemistry, anatomy, physiology and such like; those are the subjects I am speaking of, or the preliminary science as it is called. I believe that if that were taught at a central institution or institutions in London for the London students, there would be a considerable saving of expense; and I am inclined to think that the schools, especially the small ones, might do their

Chairman—continued.

work more efficiently. They are hampered by having to have a complete staff of teachers, sometimes almost as many teachers as students; there will be a single student or two students (I have known such a thing happen) for one particular subject, and you are obliged to provide a teacher. Obviously no small school can afford that. I believe that the centralization might be effected very well by the amalgamation of some of the smaller schools; but I do not think that a central institution should be out of London. I am thinking of universities such as are being established, or such as it is sought to establish in Wales or in the provinces, and so forth. I do not believe that the teaching, broadly speaking, would be as effective there as it would be on the spot in London.

15449. Then you would amalgamate these small schools for the lecture purposes, and let the clinical instruction go on in hospitals?—That would go on in hospitals with lectures and so forth in the later subjects, that is to say, the education that follows after the passing of the first examination, the first examination being their chemistry, their anatomy, their physiology. A student is then passed on into the wards, and he begins to learn about disease, and that is a kind of work which, I believe, a hospital alone can do.

15450. Is there anything else that you desire to state?—No. It is chiefly about the limited number of out-patients and the value of that department when worked in that restricted manner which I have described, that I have come to give evidence.

15451. You cannot speak too strongly in favour of the out patient department for educational purposes?—I think that it is absolutely necessary for instruction, and that nothing you could devise would replace it.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 2º Martii, 1891.

LORDS PRESENT:

LORD ARCHBISHOP OF CANTERBURY.
 Earl of LAUDERDALE.
 Earl CATHCART.
 Earl of KIMBERLEY.
 Lord ZOUCHE OF HARYNGWORTH.
 Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.
 Lord SANDHURST.
 Lord FERMANAGH (*Earl of Erne*).
 Lord MONKSWELL.
 Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. NEWTON H. NIXON, is called in; and, having been sworn, is Examined,
 as follows:

Chairman.

15452. You are the Secretary, are you not, of the University College Hospital?—I am.

15453. Would you tell me please where that hospital is situated?—It is situated in Gower-street, St. Pancras.

15454. And is it what is known as a free hospital?—It is practically a free hospital, but there are governors' letters issued.

15455. And do those governors' letters have the same power as at other general hospitals that we have had before us?—Precisely.

15456. That means to say that the qualification for admission is the severity of the disease, and that there is not any favour shown to a governors' letter?—Just so; it is practically merely a pass to the doctor.

15457. When was your hospital started?—It was started as the University Dispensary in Gower-place in 1828, and was founded as a hospital in 1833.

15458. Has it a school attached to it?—Yes, a very large school.

15459. What is the number of beds in the hospital?—207.

15460. And what is the average number of beds occupied?—181.

15461. Is there an out-patient department?—Yes, a large out-patient department.

15462. And are they badly-off in that district for other free medical assistance, or are there a large number of other hospitals and dispensaries?—There are only two dispensaries to my knowledge, the Bloomsbury and the St. Pancras, in the immediate district; and with regard to the hospital accommodation, the nearest hospitals would be the Middlesex and the Royal Free Hospitals.

15463. How far are you from the Middlesex Hospital?—About six minutes' walk.

15464. Very much the same remark therefore I suppose would apply to University College
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Chairman—continued.

Hospital, as was made by a witness in reference to Middlesex Hospital, in regard to the number of other hospitals and dispensaries within a radius of a mile?—I have not made a calculation, but it would be practically the same.

15465. He quoted the hospitals and dispensaries from a certain medical directory, and he stated that there were about 2,000 beds within a mile of the Middlesex Hospital; you think the number in your case within the same radius would be practically about the same?—Yes.

15466. Do you ever have to send away patients from your hospital because you have not sufficient beds for them?—Yes.

15467. And is the out-patient department largely attended?—It is very largely attended.

15468. Will you just give us the figures. I should like to have first of all the number of new cases?—The new cases are as follows. Ordinary medical and surgical cases, 4,389; lying-in-women that are attended at their own homes, 2,265; ophthalmic cases, 1,124; skin cases, 840; diseases of women, 714; throat diseases, 97; ear diseases, 388; dental cases, 185; casualties, 29,476, making a total of 39,478; and to those we add patients whom we call ward out-patients, 963; those are patients who have been in the wards, and where it is thought desirable by the medical man for the in-patient physician or surgeon to continue the treatment outside; so that those patients would remain under that officer.

15469. Would remain under what officer?—Under the officer who had charge of them in the wards. And then there are those seen on the recommendation of local and other medical men: 1,291; making a grand total of 41,732.

15470. Are those all new cases?—Yes, all new cases.

15471. And do you keep your number of attendances?—We do not keep the attendances;
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Mr. NIXON.

[Continued.]

Chairman—continued.

it is found almost impracticable to do so; but there is a rough sort of average total of three and a-half attendances per patient.

15472. What do you base that calculation upon?—Experience, really; you find, checking it from time to time that it works out in that way.

15473. But if you can manage to keep a record in that way, could you not keep a record for the whole number?—Yes; but it would increase the staff very much indeed.

15474. Anyhow you say it is an average of about three and a-half?—Yes.

15475. That would make it from about 130,000 to 140,000 attendances?—Just so.

15476. How many lying-in women do you attend outside?—2,265.

15477. And then there was another item: 1,291; I did not quite catch what they were; they were not the ward patients?—Those are patients who are sent in on the recommendation of local and other medical men who send their card with a special application that the patient shall see a special physician or surgeon.

15478. That is to say, treating your hospital more as a consultative body?—Yes.

15479. For superior advice, in fact?—Yes.

15480. Would you tell us what is the constitution of your hospital; by which, I mean, what is the organisation and management, beginning with your annual meeting down to the duties of the secretary, or the executive, or whatever it may be?—There is an annual meeting, summoned by circular and advertisements, of donors and subscribers.

15481. Are those necessarily governors?—Yes.

15482. Is there any minimum subscription by which governorship can be attained?—Yes, a guinea subscription and upwards.

15483. But you take subscriptions of less than a guinea, I presume?—Yes, we take subscriptions of half a guinea.

15484. Do not subscribers of half a guinea attend the annual meeting?—I think I misunderstood your Lordship; I was thinking of election to the committee. All subscribers attend the meetings, subscribers of half a guinea and upwards.

15485. And are able to vote?—Able to vote.

15486. That is the annual meeting. Then what is the next body below that?—The hospital committee.

15487. How often does it meet?—Every fortnight.

15488. And how is it composed?—The hospital committee is composed of fourteen donors and subscribers, seven nominees of the Council of University College, and three delegates from the medical committee.

15489. Are they practically the executive of the hospital?—Yes.

15490. And have they any sub-committees from their body?—Yes; there is a committee called the house and finance committee, and the Samaritan funds committee; those are the fixed sub-committees.

15491. Is there not a nursing committee?—No, because the sister superior is summoned to the house and finance committee once a month.

Chairman—continued.

15492. The house and finance committee meets once a month then, does it?—No, it meets once a fortnight, but the sister superior is summoned to it once a month.

15493. What are the duties of the first body; I think you called it the house committee?—No, the hospital committee.

15494. What are the duties of the hospital committee?—The hospital committee is practically the executive committee, and of course the minutes are read as usual, and the minutes of all the sub-committees are read and recommendations from those sub-committees are considered; and they also read the minutes of the medical committee, who make recommendations, which are generally carried out; but still they are subject to the decision of the hospital committee. Then there is the book called the "Proceedings Book," giving details of the work in connection with the patients, and the financial state during the past fortnight. The appointments of resident officers, clerks, and dressers are considered on the recommendation of the medical committee. The decisions of the council of University College are also considered. Then there is a book called the "Visiting Governors' Report Book," which is brought up; one member of the board acting as the visiting governor by appointment from time to time. Then the rest of the business is any miscellaneous matter that it may be necessary to bring before the board.

15495. Then the business of the hospital has been done in detail already by these sub-committees?—To a great extent; so far as possible, matters of principle are dealt with by the hospital committee, and matters of detail, by the sub-committees.

15496. Then all the small books and the various housekeeping books, and so on, and the banking pass-books are examined by the house and finance committee?—Yes.

15497. Perhaps you could tell us what the house and finance committee's duties are?—The house and finance committee, as its name implies, has to audit all the accounts fortnightly; they recommend payments to be made on bills and salaries; they examine the dietary and stimulant accounts, the housekeeper's store accounts, and the out-patient porter's diary, which is a record of the rota of officers and the work that they have, and any special circumstances requiring attention; such as sending away a scarlet fever case, or anything of that sort; and, of course, the appointments of porters and servants; that is their business.

15498. I will come to that directly; and what are the duties of the Samaritan Committee?—The Samaritan Funds Committee deals with the administration of the Samaritan funds; its accounts are audited by the Samaritan Funds Committee; it makes payments practically for what is called grants and allowances to poor patients; those are sums of money, either a half sovereign or sovereign, or so much a week given to the friends while the father, mother, or friend is in the ward.

15499. To maintain the family while the bread-finder is in the wards, in fact?—Yes, just so. Then they have a report upon the invalids' dinner table

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[Continued.]

Chairman—continued.

table, which is an outside body, to which they pay part of the cost.

15500. What is the invalids' dinner table; that is something we have not heard of before?—The invalids' dinner table was started many years ago by a private individual, and the management was afterwards taken over by the hospital. Every medical officer in the out-patient department has a book in which he can order a certain number of dinners for patients requiring support in that direction, as well as medicine, then they go to this dinner table and eat those dinners.

15501. Then they are convalescent?—Then they are convalescent, practically; and private people can buy books of tickets also, and give them to anybody they like.

15502. Where does that dinner take place?—At Woburn Buildings, near St. Pancras Church.

15503. Is that close to the hospital?—Yes, it is about three minutes' walk.

15504. Then with regard to your own position, first of all I will just ask this; what is your salary?—My salary is 600 *l.* a year, made up as follows: 500 *l.* as secretary to the hospital; 50 *l.* for collection of subscriptions; and 50 *l.* as secretary of the Samaritan Fund.

15505. And you have no other commissions?—Nothing whatever; and the appointment of myself to look after the subscriptions was in order to do away with the collector.

15506. You have no collector?—No collector.

15507. Do you have board and lodging?—No, only luncheon.

15508. You live out?—Yes.

15509. Who assumes control when you are absent?—An officer living on the other side of the road, called the clerk and steward; my duties devolve upon him.

15510. And he also lives out of the hospital?—Yes, across the road.

15511. What powers have you got as secretary; you are the hospital committee in the absence of that committee practically, are you not?—Well I suppose I am.

15512. Then supposing that any egregious conduct took place, would you have power to suspend any officer?—Do you mean lay or medical?

15513. Either; anybody?—I should only have the power of suspension in the case of servants. In the case of lay officials I should consult the treasurer; in the case of medical officials I should consult the dean of the faculty of medicine, who is chairman of the medical committee.

15514. Does your treasurer live on the premises?—No.

15515. Does he live near at hand, or far away?—He lives in Westbourne-terrace.

15516. That is some distance off, is it not?—Yes.

15517. And the dean of faculty lives some distance off, practically?—He lives in Harley-street.

15518. So that there is no actual head in the absence of these gentlemen?—The resident medical officer is a paid official; he lives in the place.

(24.)

Chairman—continued.

15519. Is he superior to you?—No; our duties are independent of each other's.

15520. There are then two independent heads so far as that goes?—Yes, generally; but in the general work you cannot be independent entirely of one another.

15521. So that, practically, in your hospital are there not three independent heads; the resident medical officer, yourself, and the head of the nursing staff?—Yes; in the nursing there is a separate head, and in regard to general medical questions there is a head who works under the medical committee, and the dean.

15522. That is two?—But I have the general management as the rules provide.

15523. Perhaps you will read the rules?—"The secretary is charged with the general superintendence of the hospital, with the preservation of order throughout the building, and the control of the officers and servants of the establishment, except the nursing staff, but is not to interfere with matters placed under the control of the resident medical officer by Section X. He is to communicate with the medical and surgical staff, to supervise the condition of the building, as to general working order, structural repair, and cleanliness, &c., and to bring before the hospital committee any matter which, in his opinion, may require their attention." That is practically a summary of my position.

15524. The house and finance committee has the financial control of the hospital, I understand?—Under the hospital committee.

15525. Would you tell us where the money comes from for the support of the hospital?—From annual subscriptions. Do you want the amount?

15526. Yes?—Annual subscriptions, 2,020 *l.*, I need not give the shillings; dividends, 2,944 *l.*; legacies, 1,973 *l.*; fees of students for clinical instruction, 596 *l.*; people's contribution fund in aid of the hospital, 500 *l.*; donations, 7,853 *l.*, which include the Sunday Fund grant of 1,250 *l.* last year, and 232 *l.* from the Saturday Fund.

15527. That is about 1,500 *l.*?—Yes. Those are the principal sources of income.

15528. Have you any landed property?—No.

15529. What is the total of all your receipts added up together?—The total amounts to 19,334 *l.*

15530. That is what you received last year?—Yes.

15531. And what was your expenditure last year?—£. 19,560.

15532. Then your deficit was only about 200 *l.*?—Just so.

15533. Was that an unusually good year?—No, I cannot say that it was an unusually good year.

15534. In what respect was it deficient?—The legacies were extremely low.

15535. Could you give us any idea what the average of your legacies has been during the last 10 years?—The legacies have been about 4,300 *l.* a year during the last 10 years; but it would be fairer to consider 3,300 *l.* the average, because one very large exceptional legacy came in of 11,000 *l.*

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15536. Have

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[Continued.]

Chairman—continued.

15536. Have you any large dinner that accounts for the large sum of 5,000 *l.* in donations?—Yes, we have always a dinner. One year we had a special appeal, but the rule is to have a dinner.

15537. Do you find that you get more money from one special appeal than from a continual system of appealing?—My experience is that they ought to go together. We send out something like 60,000 appeals a year.

15538. In fact you find the best plan of getting money is to keep always advertising?—To keep always advertising and applying.

15539. Then as to the 2,900 *l.* in dividends; is that all from stock, or does it include any rent?—No, stock only.

15540. Was it the interest on any permanent endowments?—Partly; it is partly drawn from permanent endowments, and partly from money bequeathed for general purposes. I can give you the figures if you like.

15541. I should like to know what your permanent endowment is, first of all?—Shall I divide it?

15542. If you please?—For investment only, 62,515 *l.*; invested for general purposes, 13,488 *l.*, and Samaritan fund, 36,048 *l.*, making a total of 112,042 *l.*

15543. And you cannot sell out the principal of that?—We can only sell out that for investment only, of which the present value has been calculated at about 18,000 *l.*

15544. The other is permanent endowment?—Permanent endowment.

15545. Then was there not an item among the sums you gave us of rents?—There is a very small sum of 3 *l.* 1 *s.* 6 *d.*

15546. Is that the only money you derive from rents?—Yes; and that is money collected by the College about which we know little or nothing.

15547. Does this sum of money enable you to keep all your beds full?—They are always full.

15548. All the beds you have got are full?—With the usual hospital margin for emergency.

15549. And you do not have to keep any beds closed for want of funds?—No.

15550. Who admits to your hospital; what is the system of admission for in-patients?—The resident medical officer admits them in the first instance; but then a large number of patients are admitted from the out-patient department by the out-patient staff; beds are kept for that purpose in order that they may be admitted.

15551. Does the resident medical officer admit to both departments, surgical and medical?—Yes.

15552. Is he a gentleman of standing in his profession?—Yes.

15553. What is his salary?—£. 150 a year with board and lodging.

15554. Then every case filters through his hands?—Every case which is sent directly on a governor's letter, or some other form of recommendation.

15555. Then he does not see all that come through the out-patient department?—No.

Chairman—continued.

15556. Who admits them?—The officer on duty.

15557. Is he what is termed a resident?—No, he would be a member of the staff of the hospital, either the physician or surgeon in charge of the out-patients.

15558. Do you make any inquiry as to the circumstances of in-patients or out-patients?—In regard to in-patient's letters, the responsibility is thrown upon the governors, and it is distinctly stated that admission is necessarily conditional on there being vacant beds at the time of their application, as well as on the fitness of the cases in the judgment of the medical officers.

15559. Do you take all sorts of diseases?—Not infectious diseases.

15560. What course do you pursue if an infectious case presents itself?—An infectious case is at once isolated in a separate ward for the purpose, and a telegram sent to the Metropolitan Asylums Board; an ambulance comes with a nurse, and the case is sent off at once to one of the hospitals for infectious diseases.

15561. Is scarlet fever the only infectious disease you do not take?—We take diphtheria from the door if it is a very severe case; that is to say if there is danger to life.

15562. Do you isolate such cases?—Yes, there are separate wards for the purpose, separate nursing and separate attention.

15563. Then all other infectious diseases, small-pox, &c., you do not take?—No.

15564. And lock cases?—Not as such; I should hardly think we should. We have a certain amount of that treatment in the out-patient department, but it is rather in the secondary stage. I think that that question had better be put to one of the staff.

15565. You have no beds set aside for that purpose?—No.

15566. Who makes the contracts for the food of your hospital?—In the first instance they go before the house and finance committee, and they recommend the hospital committee to select a firm that they think the best.

15567. Is it done by open tender?—Yes.

15568. Do you advertise for tenders?—Yes, we advertise for tenders for food.

15569. But the contract is made under the responsibility of the committee, is it not?—Yes.

15570. Then who takes the food in when it is supplied?—The steward.

15571. Does he take it in in person always, or does he delegate that duty to some other person?—He has an assistant, but he generally receives it himself.

15572. What sort of man is the assistant, a clerk?—He is an old Army man.

15573. What, a pensioner?—Yes, he was a colour serjeant.

15574. But, as a matter of fact, you consider that the steward does actually take the food in?—Yes.

15575. What sort of standing has the steward; what sort of position in life, I mean to say; what are his wages, that will give one an idea. He gets 250 *l.* a year; but then he holds a composite appointment; he is the officer of the college as well as the officer of the committee, he is practically
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Chairman—continued.

night custodian of the College and they give him a salary and a house in the College grounds in return for those services.

15576. He is subordinate to you, I think I understood you to say?—Yes, they are all subordinate to me.

15577. Would you have power to suspend him?—I should take upon myself that responsibility, certainly.

15578. Suppose the food is not good, how do the complaints from the patients reach the ears of the authorities?—If there were any complaints, they would go to the sister first.

15579. You say if there were any complaints; is your hospital absolutely free from complaints?—I never heard of any complaints being made.

Earl of Kimberley.

15580. You are quite perfect, I suppose?—I do not say that, my Lord; but I do not hear of any complaints.

Chairman.

15581. But the course that would be pursued is that they would complain to the sister?—Yes, and then they would come to me.

15582. So that as far as you know, there never is a complaint made?—So far as I know. The question of the quality of the meat is dealt with before it reaches the patients.

15583. How is that?—The steward sends it back.

15584. But some damage may possibly occur in the cooking, which will even in the best regulated family sometimes occur; a patient or a sister may complain; then what happens?—It would come to the steward if there were a complaint of that sort; but anything touching the deliveries of the tradesmen I should hear of.

15585. The steward is responsible that the food is good when it comes to the hospital; I am not disputing that?—Yes.

15586. But supposing that it has been burnt, or that a large number of dinners are all bone or gristle, which will occur from time to time, the sister would discover it?—The sister superior would then make a representation to the cook, and the steward would also do so.

15587. But you have no practical experience of such complaints?—No, I have never had any.

15588. But would you consider that you would hear of it if complaints were made?—Yes; I do not say that occasionally a few chops may not be slightly scorched, or something of that sort; but I am talking of real complaints.

15589. But that is what I am endeavouring to get at. If a chop is scorched so that it is uneatable, especially in the case of a patient, what would happen?—It would have to go down to the kitchen, and they would have to supply something in place of it.

15590. You would not be told of that?—Not in that case.

15591. Do you not think that that is serious enough to get to the proper authority?—It does, to the steward, who sees the dinners served up.

15592. Do you think that is sufficient, that it

(24.) e

Chairman—continued.

should go to a subordinate officer?—Yes, for a single occasion; but if it were repeated I should deal with it.

15593. If you heard of it?—I am about every day; I am in the kitchens three or four days a week, and in the wards every day.

15594. And are you quite satisfied with the arrangement as it stands?—I am fairly well satisfied, certainly.

15595. And your committee is too?—Yes.

15596. Who is the officer who is responsible for the sanitary condition of the hospital. I think you mentioned that that was in your charge just now; but is there any skilled officer who has to deal with it?—We have a surveyor.

15597. Is it his business to make any annual report on the state of the drains, or state of the hospital generally?—No.

15598. Is he frequently in the building?—Constantly.

15599. Then supposing a sister at the head of a ward discovers a bad smell, whom would she go to, the surveyor or you?—She would come to me, and the resident medical officer would also be called into consultation.

15600. With the result that the surveyor would be called in?—The surveyor would be called in. If it were urgent, I should send for him myself at once without any instructions from the committee.

15601. Have you a plan of the drains?—Yes.

15602. Is that kept up to date?—Yes (*handing in the same*).

15603. Is the surveyor an honorary officer or salaried?—He is paid by commission.

15604. Commission on all the works, do you mean?—On the works that are carried out.

15605. On all works of every cost?—Yes.

15606. What is his commission?—It would be five per cent.; but he has not had to deal with large amounts, so that I cannot say what the action of the committee would be with reference to large accounts.

15607. But his actual pay is five per cent.?—Yes.

15608. I think the Sister Superior is here, is she not?—Yes.

15609. She will go into the question of nursing, I suppose?—Yes.

15610. Is it nursed by a Sisterhood?—It is nursed by the Sisterhood of All Saints, in Margaret-street, under contract.

15611. I will not go into details; I will only ask one or two questions; is that a Church of England Sisterhood?—Yes.

15612. Do you admit any nurses to your hospital who are Roman Catholics, for example?—Anybody.

15613. You admit any nurse?—Any nurse.

15614. Do you find the plan of having a Sisterhood to nurse in your hospital, answer?—Excellently.

15615. You have not had any difficulty from the division of authority?—Not the slightest.

15616. One other finance question I want to ask you; do you pay rates?—Yes; the average payment for the last ten years was 72*l*.

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15617. What

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Chairman—continued.

15617. What is your assessment?—£. 305.

15618. And how much land do you cover, do you know at all?—I am afraid I cannot say; I can give you the area of the wards, but I cannot give you the land exactly.

15619. Do you employ a chaplain?—Yes, of the Church of England.

15620. What is his salary?—£. 70 a year.

15621. Does he reside on the premises?—No.

15622. Then are Roman Catholic priests admitted?—Certainly; there is a rule to that effect hung up in every ward, that the ministers of all denominations are admitted at any time.

15623. Have you separate wards for children?—We have one separate ward for children; but there is a large sprinkling of children in the general wards.

15624. Are those male children that are put in the separate wards?—The children's ward is divided into male and female by a light partition; they are all under 12 years of age.

15625. And the other children are dispersed about the wards?—Just so.

15626. Do you know whether that is considered a good plan; have you any opinion yourself?—Yes, I have an opinion myself.

15627. Will you tell us what that opinion is?—I think it is convenient for the staff, no doubt, to have certain cases in their own wards when they have not charge of the children's ward, and of course also for the purposes of teaching; but, personally, I should like to see the children's ward, for young children specially, separated from the adult wards.

15628. You think they disturb the patients?—I think they do to a certain extent.

15629. Do you ever have to bury any patients?—No.

Earl of Kimberley.

15630. Is your drainage an old system, or has it been at all improved of late years?—It has been twice improved.

15631. Recently?—In the year 1879 half the drainage was done and other considerable improvements carried out in the direction of sanitation; and the last alteration of drainage was completed in 1888; I can give you the data, if you like.

15632. I do not want the particulars of it; I want it generally. Is your surveyor a skilled sanitary engineer?—I think he would hardly be styled so.

15633. Have you had any inspection by an expert?—Yes.

15634. When was that?—In 1888.

15635. Do not you think it would be an advantageous thing in your hospital, and in all other hospitals, that there should be a yearly inspection by an outside expert wholly unconnected with the hospital, who should report whether anything was wrong with the drains?—I think it would be a very good thing indeed, if the right sort of person were selected.

15636. At the present time it is possible to find such an expert sanitary engineer?—Yes.

15637. And you agree with me that it would be a great security to the hospital, and a protection?—Yes.

Lord Saye and Sele.

15638. You stated that 2,265 confinement cases were attended in their homes by the hospital?—Yes.

15639. Where did they come from?—They were drawn from an area extending a mile and a half in two directions, and others locally.

15640. Are the cases of single women also attended in that area?—The question is sometimes put I gather, from the obstetric physician, but I should not think that is often inquired into.

15641. Who attends to the confinement cases?—There is a rota of students told off for the duty, under the supervision of the obstetric physician and the assistant obstetric physician; and in addition to that there are the resident obstetric physician at the hospital, and three out-door obstetric assistants.

15642. Do those physicians always attend the cases?—The senior physicians do not, but the assistant obstetric physician would naturally be called in to assist the obstetric assistants if they required it, the obstetric assistants being qualified I would beg to point out.

Earl of Kimberley.

15643. Has there not been some dissatisfaction on the part of the hospital authorities with the buildings being old and not furnished with all the modern appliances?—Yes, but the building in its present state is as workable as you could expect.

15644. Has it recently been improved?—Not structurally; but the drainage and everything else has been put in thorough repair, of course the hospital is an old hospital.

15645. But it is structurally inconvenient, is it not?—Yes. It is contemplated to rebuild the hospital.

15646. You have a certain number of houses in connection with the hospital?—Yes.

15647. What are they used for?—Four are used for the nursing staff, and the rest we let off at a rental; the All Saints' Sisters of Margaret-street have rented three houses of us for a nursing home.

15648. They adjoin the hospital, I think?—Yes, they are all in the quadrangle.

15649. Would you tell us what the connection between the hospital and University College is?—The hospital was originally founded as the medical school of University College, and the first of the hospital rules is this: "The government of the hospital and the making and altering of the rules for its management are vested in the council of University College."

15650. Therefore the ultimate control rests with the council of University College?—Yes.

15651. And they appoint, I think, a hospital committee, to act on their behalf do they not?—No, the hospital committee is appointed as I have already explained; there are seven delegates from the college told off.

15652. Then the hospital committee reports to the council; that I know?—On matters requiring the council's sanction, yes.

15653. And the hospital committee's minutes are regularly laid before the council?—Yes.

15654. Therefore the council could intervene if

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Earl of *Kimberley*—continued.

if they thought there was anything requiring their intervention?—Yes, certainly.

15655. With regard to the finances of the two bodies; are they entirely separate?—Entirely separate, the College merely acting as trustee for the hospital funds; they hand over the dividends and leave the hospital to deal with them, as they may think best.

15656. In point of fact, however, from the fact of the medical school being connected directly with the council, the professors are really the lecturers, are they not, in some cases for the medical school?—In some cases, certainly.

Lord *Monkswell*.

15657. How much power is exercised by the annual subscribers?—The people attending the annual meeting would have power to vote for the committee, if they subscribed to the rules. The fourteen donors and subscribers who are appointed on the committee are practically elected at that meeting.

15658. Is that all the meeting does?—They hear the report on the condition of the hospital during the past year.

15659. Supposing that they disagree with anything that is reported to them, what power would they have to set the matter right?—I should say they would have power to call a special meeting.

15660. And then who would compose that special meeting?—Here is the rule for the requisition. "If a requisition in writing signed by the treasurer, the chairman of the hospital committee, any five members of the hospital committee, or any ten of the persons mentioned in rule 7, requiring an extraordinary general meeting to be held for the purpose of considering a matter stated specifically in the requisition, be presented to the hospital committee, or to the secretary of the hospital, the hospital committee shall appoint a time for holding such meeting not more than twenty-one days after the service of the requisition, and shall convene the meeting by seven days previous notice."

15661. What meeting would they convene?—This special meeting, I take it, of the subscribers.

15662. Then the subscribers in the last resort would really have the whole management of the hospital in their hands; if they chose to object to anything they could do so?—Yes, up to a certain point they could, no doubt.

15663. In point of fact you have never known that done?—I have never know it done.

15664. How long have been secretary?—Fourteen years next May.

15665. Then in point of fact, the annual meeting is a very formal matter?—Very formal.

15666. You say the rule is that you are not to interfere with matters under the control of the medical officer; are those duties strictly defined in your rules?—Yes; but practically his position is that he has to watch the cases under the care of his immediate superior officers during their absence; they pay periodical visits to the wards, and he is responsible for them; and he looks after cases in charge of the house physicians and house surgeons in the wards; and is appealed to in all cases of emergency.

(24.)

Lord *Monkswell*—continued.

15667. About the conduct of the medical students, the Dean, I suppose, would be called in if you saw anything that you thought required his intervention?—I should immediately bring it before the Dean.

15668. Then I suppose you might perhaps suspend a student if you could not see the Dean at once?—No, I should not suspend him; I should report it at once to the treasurer as well; he might suspend him perhaps.

15669. With regard to these letters, I understand that patients must have a letter, or if they have not, they must be admitted through the out-patient department. I suppose that is not necessarily so; they need not necessarily go to the out-patient department first to be admitted if they have no letter?—They go to the out-patient department if they have not a letter constantly, and then they go to the sister in charge.

15670. Supposing that a person very ill were driven up straight to the hospital, would he not be taken in at once?—Certainly, that is only cases that are in too bad a condition to come there by themselves.

Archbishop of Canterbury.

15671. I gather that you do not think there is any difficulty in the relations between the hospital and the college?—None whatever.

15672. No modifications of the relations are required at all?—I do not see any.

15673. Are the medical classes of the college identical with the students in the hospital; are they the same persons in all cases?—I would rather that you should address that question to the dean.

Earl *Cathcart*.

15674. The drawback to your hospital appears to be that it is semi-detached; that is to say, that you have not got the aerial zone which is thought so important?—It is open all round.

15675. But it is abutted on by the street on one side; you have three fronts open, but the fourth is abutted on by the street?—There is a street all round.

15676. But the street actually leans upon one side of your hospital?—University-street, Gower Street, and Huntley-street are almost in touch with the area; at the back there are houses.

15677. I refer to what is called an aerial zone in the technical hospital term, and you have not got that now; you have not got a circulation of air all round the hospital?—No.

15678. In case of rebuilding, could you obtain the houses which abut upon the back of the hospital?—We have obtained a good many of them now.

15679. In case of rebuilding, would you be able to have them all?—I trust that the whole site would be occupied.

15680. That is to say, the back would not be covered by houses belonging to the street?—No, it would all be used simply for hospital purposes.

Earl of *Kimberley*.

15681. And in point of fact the hospital authorities have been endeavouring to buy the premises

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[*Continued.*]Earl of *Kimberley*—continued.

premises for that very purpose?—Yes, they have been buying up the leases.

Earl *Cathcart*.

15682. The fault of the site is, that you have no aerial zone, and every hospital ought to have an aerial zone; is not that so?—Yes.

15683. With regard to the drains I have nothing to say; your plan seems to have been kept up down to date, viz., 1887; but you have already stated to the noble Lord your opinion about an annual inspection, and I entirely concur in your view, that there ought to be an annual inspection of all drains in every large establishment?—I think so.

15684. That is an efficient test, is it not?—I think it is a protection.

15685. With regard to water, how is your water supply?—It is constant.

15686. Have you ever estimated in your own mind how many gallons of water per head you ought to use?—I cannot say that I have; but in our place it is unlimited.

15687. Are any precautions taken about fire? Yes.

15688. What do you do about fire in the way of precautions?—First of all there is a bell between the college lodge and the Great Portland-street Fire station; then there is a bell between the hospital and the college lodge; and then we have electric communication with the resident officers' bedrooms, and the nurses' bedrooms, all of which ring in three places; on each landing we have large tanks always full of water, with a tap, and brief instructions by the side; we have extinguishers, garden engines, and fire pails.

15689. Have you thought in your own mind how you would get your patients out in case of fire?—Yes; on the occasion of my visit to the head quarters at Great Portland-street, I said to the inspector, "What would your first step be?" and he said that the first step would be to remove the patients; and we have the college to go to to put them in, if necessary.

15690. With regard to the 2,265 midwifery cases, are you quite satisfied in your own mind that not one of those cases could afford to pay 10 s. 6 d.?—I cannot answer that question; but I can tell you that the lowest wage has been 15 s., and the average has been 19 s.; but if anything up to 30 s. came, a medical officer would consider before he ordered attendance upon the case.

15691. Then in that case, the poor practitioner who would get 10 s. 6 d., has no reason to complain of your arrangement, you think?—I think the arrangement is excellent.

15692. I mean in the way of interfering with his practice?—Not at all; I do not think they are the same class of cases.

15693. And you take care that they are not so?—Certainly; a person having a wage of two pounds would not be treated.

15694. Have you more cases than you require for instruction?—No. The department is very comfortably arranged at present.

15695. But I mean that you do not take more cases than you absolutely require for the instruction of your students?—We take all who come.

Earl *Cathcart*—continued.

15696. But seeing that your students only require absolutely 25 cases here, why should you take everybody who comes; is not that hard upon the poor practitioner?—I do not think so, because the class of cases is so extremely poor.

15697. You are satisfied in your own mind, that it does not interfere with the poor practitioner in any way?—Perfectly so.

Earl of *Kimberley*.

15698. Is not such a system as that a directly pauperising operation; you are creating a number of paupers by your charity?—It is difficult to define what is a pauper.

15699. Do you think it is a desirable thing that there should be a system by which people should know beforehand that they need not provide for the expenses attendant upon the births of their children, but that they will have them provided by the parish or by a charity?—I do not think that enters into the consideration of working men at all.

15700. But do not you think that it ought to enter into their consideration?—That is a wide question. I think it ought, myself, to enter into their consideration.

15701. Do not you think it a very undesirable thing that in any hospital in London more cases should be taken of this kind than are necessary for the purposes of instruction, which are, of course, indispensable?—I find it difficult to answer that question, because I think the cases are really of the very poorest.

15702. But I must press you upon it. I do not in the least affirm that the cases are not poor, but what I want to know is whether you do not think that any system whatsoever which tends to encourage people to make no preparation for the expenses of the birth of their children is not essentially vicious in principle?—Socially I think it is bad, certainly.

Earl *Cathcart*.

15703. You have not much knowledge of the country generally probably?—I have a fair knowledge, but I should not like to answer any special questions.

15704. You do not know, of your own knowledge, that very poor people in the country are generally very particular about making arrangements for confinements with a private practitioner?—I cannot say.

Earl of *Kimberley*.

15705. Would you be surprised to hear that in a district that I am acquainted with it is an absolute rule that there shall be no relief given under the poor law except in very extreme poor cases of midwifery?—I am afraid that is rather hard upon the poor people.

15706. Would it surprise you to hear that it is a regulation of which there is never any complaint?—I should certainly be rather surprised.

Earl *Cathcart*.

15707. To go to another subject now, do you think it would be possible that the various hospitals should be put in telephonic communication with one another, so that in case of an overflow

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[Continued.]

Earl Cathcart—continued.

of patients in one hospital they could be received in another hospital?—I have been thinking about that.

15708. And what is the result of your deliberation?—I was thinking that in the interest of the patients it would be very useful indeed; but it is very difficult to define what sort of case would be accepted by the other hospitals. For instance, one might decide that a case was a suitable case for admission, and yet could not take it in; and one might send it on, and the patient might go from pillar to post and never be taken in.

15709. But I want you to answer my question. Do you think it desirable that the various hospitals should be put in telephonic communication one with another for such a purpose?—So far as in-patients are concerned I should not object to it.

15710. I am talking now entirely of in-patients; do you think it would be desirable, if your hospital were full, that you should be able to telephone to another hospital: "Here is a very serious case, will you take in"?—I should like to do so myself.

15711. With regard to vacant beds, you said that about 10 per cent. of your beds were kept vacant for emergencies?—I do not know the exact percentage; but they cannot practically be called vacant, because you cannot put a medical case into a surgical ward, and you cannot put a surgical case into a medical ward.

15712. But 10 per cent. is a fair allowance for cleansing purposes, and one thing and another?—Yes.

15713. Do you snub complaints when they come to you?—No.

15714. You are of a sympathetic nature?—There are distinct instructions that I should see everybody who has a complaint.

15715. And if any case of real importance came to you, you would investigate it?—Yes, and the patients when they are discharged go through the hands of the steward every day at 3.30 p.m., and are asked where they are going.

15716. You consider it your bounden duty in every case not to snub complaints, but to listen to suggestions?—I should listen to every suggestion.

15717. With regard to the laundry, it must be a most convenient arrangement, having a laundry in the house?—We have no laundry in the house.

15718. It is marked on the plan?—That is the position of the old laundry; that is used as a sorting and drying-room. We have a contract with the Nine Elms' Mission.

15719. What is the Nine Elms' Mission?—It is an institution where a benevolent lady employs discharged prisoners, I believe.

15720. With regard to the nurses, you admit anybody, I understand; Presbyterians, Wesleyans, Roman Catholics; you do not ask questions with regard to their religious profession, but you take anybody who is efficient?—Anybody is taken.

15721. There is no religious test?—No. It is known what their religion is.

15722. But there is no exclusion because they are of a certain religion?—No.

(24.)

Lord Thring.

15723. What are the floors of your hospital made of?—Deal.

15724. And you wash them?—Yes.

15725. Do not they get very foul?—No, they are washed twice a week all over.

15726. Have you ever taken up a floor and looked to see what is beneath it?—Yes, and we do not like the condition underneath.

15727. Have you found them extremely foetid underneath very often?—No; they are very dirty.

15728. Does it not stand to reason that your floors ought to be renewed?—I should very much like to see them renewed.

15729. And that they are, in fact, in an unsanitary state?—They are old-fashioned deal boards; we keep them as clean as we can.

15730. You do your best with the bad floors?—That is so.

15731. With regard to the food, I understand you to say that during the 14 years that you have been secretary, you have never had any complaint of the cooking, or any complaint of the meat?—I do not say that. I have had no patients' complaints about the food, and I constantly talk to them myself; the constant remark is upon the general excellence of the food.

15732. Then in the 14 years you have been there you have had no patients' complaints of the meat or the cooking?—I have not.

15733. Do not you think that a very strange thing?—No, because the complaint would be noticed by ourselves; the sister of the ward would immediately notice anything of that sort, and the cook would be dealt with accordingly.

15734. It is in the hands of the sister in the ward then?—The sister in the ward receives the diets as they come up from the kitchen, and if she is not satisfied she sends it down at once.

15735. The sister in effect does hear complaints?—She would.

15736. She does as a matter of fact?—I cannot not say. I should like you to ask the sister that.

15737. Very well, I will ask her. What wages does your cook get; is your cook a man or a woman?—£.25 a year; the cook is a woman.

15738. What assistance has she?—A kitchen-maid and a kitchen porter.

15739. Do I rightly understand then that the patients' complaints of the food would not practically come to you?—Unless there were anything serious.

15740. Do not you consider then, as the noble Lord said, that the very complaint of food by a patient is a serious thing?—I should consider it a serious thing if it came to me, and I should take immediate steps to rectify it, if I could.

15741. However, you are satisfied that there is no occasion for it?—I am satisfied that the general food distribution is very good indeed.

15742. Are you aware that in general in a number of hospitals unfortunately, the patients are very fastidious and complaints of the food are constant?—I have heard patients say to me that they come to us because the food is so good.

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15743. Have

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[Continued.]

Lord Thring—continued.

15743. Have you never heard to the contrary?—I have not.

15744. Do you boil your milk?—No.

15745. Have you got a mortuary?—Yes.

15746. With regard to the examination of bodies, what is your course?—They go down to the post-mortem room after the death.

15747. Who superintends in the post-mortem room?—We have a porter to look after it, but it is under the resident medical officer.

15748. Who sees that decency is observed in the post-mortem room, and that bodies are properly sewn up and delivered up to the relatives?—Either a sister or a nurse goes down with the friends when the body is sent away.

15749. And is in attendance?—And is in attendance.

Earl of Lauderdale.

15750. Is your hospital insured against accidents by fire?—Yes.

15751. What is the amount you pay on?—£. 20,000.

15752. It is insured for 20,000 *l.*?—Yes.

Chairman.

15753. You mentioned in giving us the details of the receipts of the hospital fees from students 596 *l.* for clinical instruction, is that apart from the school, or how do you get hold of that?—The clinical fees last year amounted to about 2,000 *l.*, and it is the rule that the medical officers of the hospital should take two-thirds and the hospital one-third. When the hospital started the medical men gave up their claims upon the fees generously; but as the hospital became more prosperous there was a redistribution.

15754. You go round the hospital frequently?—Yes, every day.

15755. And you are in a position to see if beds are kept empty?—Certainly.

15756. Have you ever had to complain that beds were kept empty for what are termed interesting cases?—No; indeed, it is generally too full; patients waiting to come in.

15757. Can you tell me what paid staff there is in the hospital; the secretary and medical officers?—I can give you a return for the whole staff.

15758. I should like to know the senior officers?—I have already given the chaplain and myself; the resident medical officer I have given, 150 *l.* with board and lodging; surgical registrar, 75 *l.*; clerk and steward, 250 *l.*; dispenser, 225 *l.*; assistant steward, 124 *l.* 16 *s.*; clerk, 50 *l.*; senior assistant dispenser, 120 *l.*; two junior dispensers, each 60 *l.*; making 10 officers.

15759. That is the first I have heard of the assistant steward; who is he?—He is practically downstairs; he looks a good deal after the men servants, and sees that they attend to their duties; and he draws the wines and spirits and that sort of thing.

15760. Then there is the kitchen porter?—He has to do the rough work of the kitchen, and carves the joints on a hot-water dish to go to the wards.

15761. Is he an expert carver?—I think he becomes so. If I see the meat cut up in a rough and chunky sort of condition, if I may say

Chairman—continued.

so, I immediately seek him myself and tell him that he must be more careful in carving.

15762. Have you had any complaints of the carving?—Yes, and that is why I have done that.

15763. Where do the officers of the hospital dine?—They dine in the hospital.

15764. They have a separate dinner table of their own?—Yes, they have a separate dinner table of their own; the committee allow them to use the board room as our space is limited.

15765. Where is their dinner cooked?—In the hospital kitchen.

Lord Monkswell.

15766. You say that you insure your buildings; I have been told that only half the premiums are sufficient to pay for fire losses, and that the rest goes for expenses and dividends. If that is so do not you think that it would be a good thing if all public buildings came together and insured themselves as a sort of mutual insurance company?—I am not conversant with the management of insurance companies, but off-hand I should say that was rather a good idea.

15767. That is an idea which was put before the London County Council, when it was stated, and it was not contradicted, that half the premiums only were sufficient to cover fire losses. If that is so you will agree that it would be a good thing?—Anything that would decrease expenditure we should welcome.

Earl of Cathcart.

15768. Would you tell us what you were before going to the hospital?—For six years I was a principal clerk of the School Board for London.

Lord Zouche of Haryngworth.

15769. Do you take paying patients into your hospital?—No.

Lord Saye and Sele.

15770. Does the chaplain perform any other duties outside the hospital?—Yes, he has a living in the neighbourhood.

15771. Is that why he does not administer the Samaritan Fund, as is usually the case in other hospitals?—I cannot say: the question has never come up; it is much more convenient as it is.

15772. In all other hospitals the chaplain administers the Samaritan Fund, but in this case you receive 50 *l.* a year for administering the Fund?—Yes, and it is very convenient in many cases for the out-patients to come to me because I am always there.

15773. By that means you get a larger salary and the chaplain a smaller one?—That I cannot express an opinion upon.

Chairman.

15774. Is there anything else you wish to call the attention of the Committee to?—I should like to make one suggestion, my Lord. It is this: It occurs every now and then that cases of mania break out in the wards when the patient becomes dangerous to himself and to the other patients, and very annoying and noisy. It is then necessary to remove that patient, and the whole machinery has to be gone through of the relieving

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Chairman—continued.

relieving officer; and all I wish to suggest is that it would be a very great convenience to the hospital staff generally, I believe, if the certificate of the officer under whom the patient had been in the wards was accepted as sufficient to send the patient in our ambulance direct to the workhouse or the infirmary. The relieving officer is permitted by law to spread the business in any particular case over three days; after that he is subject to heavy penalty. We have cases every now and then when it is very dangerous to keep the patient in, and the relieving officer takes his time.

Earl of Kimberley.

15775. But in a case where the patient is really in such a state as you have described it would be necessary, would it not, to remove him to a lunatic asylum?—There is a difference between cases of mania and actual lunacy. In a case of lunacy they send to the relieving officer, and he would bring the district medical officer who would certify to the man's condition; then a magistrate would be called in, and the patient would be removed at once. Also a case crops up sometimes when a man is not actually a pauper, he might be a man in a fair condition of life, and the relieving officer would say, "Your friends must take care of you;" and it is a very serious thing to send a man home with only a woman (and perhaps two or three children) to look after him.

15776. Why should you not look after those cases in the hospital?—We have no accommodation for looking after them in the hospital until we can relieve ourselves of them in a proper manner.

15777. In cases of lunacy the machinery is provided as you have correctly stated; but there are cases of what we may call violent delirium;—Yes, and sometimes temporary.

15778. Ought not the hospital to provide for those cases themselves; why should they be sent to the workhouse?—I should argue myself that when a person is not competent that person becomes the property of the State.

15779. But was it ever intended that workhouse infirmaries should relieve hospitals of that particular class of cases?—I do not know what the workhouse infirmaries are for, but I take it that they are simply receptacles for transmission in due course to asylums.

15780. But I am speaking of those delirious cases. If the patient is a pauper of course the workhouse will be bound, if application is made, to take charge of him?—Yes.

15781. So it seems to me to be rather inconsistent for a charity to send them away to a workhouse. Assuming there is no means of attending to them in the hospital, of course they have to be transferred to the workhouse; but have you ever considered whether it would be consistent with any of the principles of the administration of the poor law that the workhouse should take charge of patients who are able to provide for themselves. I understood you to mention just now, that there were patients who were not paupers, and you thought they ought to be transferred to the workhouse?—I consider that a patient in a state of mania is a danger to

(24.)

Earl of Kimberley—continued.

the community, and that he ought to be looked after; and we have no machinery for that purpose.

15782. Just let us clear the matter up. If it is the case of lunacy the State has provided the proper steps to be taken?—Yes.

15783. There we may dismiss the case. I understand that these are cases not of lunacy, but of what from the illness of the patient I will term delirium (I know no better term), and violent delirium?—Yes.

15784. And requiring some special control?—Yes.

15785. If that patient were a pauper his friends would be entitled to apply for parish relief for him of course, and he would be received into the workhouse infirmary?—Yes.

15786. But supposing the case is not one where the patient can be called a pauper, do I understand you to say that you think that the workhouse authorities or the State ought to take charge of that person?—No, not if the people have proper provision at home. My point is, that there is not always proper provision at their home. They go home and transfer the dangerous condition to one private room perhaps.

15787. Is that not a case in which it is absolutely necessary that the workhouse authority should have time to make inquiry as to what the nature of the case really is?—We should allow them to do that if they raised that point.

15788. But I understood you to say that the inconvenience arose from the time they took to make the inquiry?—Just so.

15789. They ought to take reasonable time, and that reasonable time must be allowed, must it not?—Yes; but I think the inquiry could be made when the patient is in the workhouse afterwards.

15790. Why should such a patient be received into the workhouse because your hospital does not provide the proper means to treat him?—We should treat them in every way properly until we got rid of them. My point is the delay.

15791. I would ask you the same question perhaps over again. Why should there be any State provision of any kind to relieve a hospital from one of its duties?—I do not think it is the duty of a general hospital for the treatment of the sick to take in cases of mania and treat them.

15792. It has nothing to do with mania at all. I understand that these are cases that come into the hospital for other reasons, and being there, become delirious, and that you have no means of treating them, or controlling them; and I ask you again, do you consider that a proper state for a hospital to be in?—I should like to see a padded room, but if you have not the space, you cannot provide padded wards.

15793. Is it not a matter for the hospital to diminish its accommodation in order to provide for such cases, rather than to continue its present accommodation, and not to be able to provide for them?—That is a matter for the hospital committee.

15794. But what is your opinion?—I should like to see it done.

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15795. You

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[Continue d

Lord Archbishop of Canterbury.

15795. You refer to cases of acute mania?—Yes.

15796. And you cannot say whether it may stop or become permanent; but while it is going on they are as bad as they can be?—Yes, and require special attendants.

15797. Would you not require a special staff and special wards for such cases?—Certainly.

Earl of Cathcart.

15798. The majority of such cases in hospitals are cases of delirium and delirium tremens, are they not?—I should not like to say so.

15799. A great many at any rate are cases of delirium tremens?—It does break out sometimes, no doubt, after accidents.

15800. And you could not shunt those cases out on to anybody else?—We should not shunt cases of delirium tremens; we treat those cases as long as we can.

15801. But delirium tremens is very frequent in hospital treatment?—Yes.

15802. In cases of that sort, what do you do for male nurses?—We tell off one of our own staff.

15803. Have you always a sufficient number of your own staff to deal with cases of delirium tremens?—No.

15804. Then what do you do in such a case?—Then we send out and engage one from one of the recognised homes.

15805. To what homes do you refer?—There is one in Henrietta-street, Covent Garden.

15806. Is that under the Hamiltonian Society?—No; I do not think so.

15807. I do not understand what you mean by the term “recognised home”?—I mean a home where they let out duly qualified nurses.

15808. Have you never heard of the Hamiltonian Institute for providing male nurses?—I have read of it in the evidence, but not before.

Earl of Lauderdale.

15809. Is the number of such cases, to which you refer, numerous?—No; but while they last they are very troublesome.

15810. What is your average, taking five or six years?—We have not struck an average.

15811. Could you give me any rough idea of the number?—We might receive 12 cases a year, perhaps, speaking roughly from memory.

Lord Clifford of Chudleigh.

15812. Would not such cases be just as objectionable in a workhouse infirmary as they would in a hospital?—No; because they make, I think, special provision for them.

15113. Are you certain of that?—No; I am not certain of it; I conclude so by their taking them.

15814. Would any of these cases be cases which would be rightly forwarded to a lunatic asylum?—Some of them.

15815. And in those cases, I suppose, it would be an advantage if you could transfer them

Lord Clifford of Chudleigh—continued.

direct from your hospital to a lunatic asylum, in the same manner as they would be transferred from the infirmary of a workhouse to a lunatic asylum?—Yes; the object is to have them provided for, out of the general wards of a general hospital.

Earl of Kimberley.

15816. Is there anything to prevent a lunatic being transferred straight from your hospital to a lunatic asylum?—Only what I say; that the medical officer of the district has to certify the case, and he calls in a magistrate, and the magistrate gives an order. But I am talking of the other cases; cases of mania.

15817. But there is, I think, a confusion in the matter. If a person is suffering from acute mania, you are aware, no doubt, that he cannot be detained in a workhouse, he must be transferred to a lunatic asylum; if he is not suffering from that, I do not understand why you cannot treat him yourselves; but I will not press it further?—

Chairman.

15818. Do you find great difficulty in getting the medical officers to give certificates?—That is the difficulty.

Lord Archbishop of Canterbury.

15819. Do you mean that there are three classes of cases, or two?—Three.

15820. Do you mean that between delirium and lunacy there is a class of cases that you cannot treat now?—I refer to cases of acute mania, in which the medical officers will not certify that they are lunatics.

Lord Thring.

15821. I do not understand how there can be a case of acute mania in which you cannot get a certificate of lunacy, because lunacy includes every species of mental aberration: acute mania, imbecility, and everything; the Act includes everything, and certainly, eminently, acute mania. What do you mean?—I mean simply that the doctors do not give their certificates in such cases. I do not mean cases of lunacy where they will not get well, but I refer to cases of mania where they may get well.

15822. Do I rightly understand you to tell us that your medical officers will not certify that a case of acute mania is lunacy within the meaning of the Act?—I would rather that you should ask one of the medical officers that question.

15823. But you have been telling us that they will not. Do you mean to tell us that, so far as you know, your officers will not certify a case of acute mania to be a case of lunacy within the meaning of the Lunacy Acts?—There would be a difficulty according to my experience.

The Witness is directed to withdraw.

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THE SISTER CECILIA (Miss CECILIA PHILLOTT), is called in; and, having been sworn, is Examined, as follows:

Chairman.

15824. You are the head of the nursing staff of University College Hospital?—I am.

15825. Do you belong to a sisterhood?—Yes, to the Community of All Saints; the Sisters of the Poor we are.

15826. Do you reside in University College Hospital?—We have houses at the side; it is the same thing, our houses adjoin the hospital; we live there entirely.

15827. Would you tell us what the staff of nurses is that you employ?—There is myself filling the post of matron; there are two night superintendents, who alternate every three months night duty and taking charge of a ward; nine ward sisters, 56 nurses, and 13 probationers.

15828. Are there any, what have been termed lady probationers amongst those, who pay?—We have no lady probationers now; we are just giving that up and taking them all on the same standing.

15829. Is that for greater convenience of administration?—I think it is a better arrangement. We have a great many gentlewomen among our nurses, and I think it a better arrangement to have them all on one standing.

15830. You have nine ward sisters, you say?—Yes.

15831. How many wards are there?—There are 17 wards, but some of the wards are small wards, and one sister manages several. There is one ward sister between two or three wards.

15832. And what would be the staff in a large ward?—There is a sister between two wards; one charge nurse, one assistant nurse, and one probationer; in some of the wards we have two assistant nurses, one assistant or two according to the size of the ward, and one probationer; that is by day.

15833. Does the hospital employ any ward maids?—No, none; we have scrubbers to do the rough work in the morning.

15834. That is by day. Then by night what is the arrangement?—On night duty we have one charge nurse, and one assistant to each ward, except of course a small ward that has one.

15835. Then by night you have three people in each ward?—Two people in each ward.

15836. One night nurse and one assistant?—Yes.

15837. Could you tell us what the hours of the nurses are by day and night; at what time

Chairman—continued.

they begin in the morning in the ward?—Probationers go on duty at 8.30 a.m. and come off at 9 p.m.; the charge day nurses go on duty at 8.45 a.m. and come off at 9 p.m.; the assistants go on at 8.45 a.m. to 9 p.m.

15838. And the sisters, at what time do they begin?—The sisters are practically on duty from six in the morning until 10 at night; they have times off, of course, but they are liable to be called on to go into the wards at any time. They go into the wards at a quarter-past six in the morning to take the night report.

15839. Then the hours of the night nurses?—The night nurses go on duty at 10 minutes to nine at night and come off at nine in the morning: each duty overlaps for about 10 minutes.

15840. Have you got sufficient nurses in your staff for the whole needs of the hospital?—Yes, quite sufficient.

15841. Then in regard to very severe cases requiring special nurses, what do you do?—I am bound to bring them in. The contract is that the hospital committee pays us so much for the nursing, and we are bound to supply nurses for whatever is required. If a nurse is required the resident medical officer asks for one.

15842. She comes from your sisterhood?—From our private nursing staff; we have a large private staff.

15843. You have not to go out to the public as is the case with some other hospitals?—Never.

15844. How are the nurses paid; does the hospital pay you so much per annum?—The hospital pays us 195 l. 5 s. every month.

15845. Will you kindly read your contract?—I have not got the contract; the secretary has it, I think. (*The secretary hands the document to the Witness.*) This is the old agreement before we increased our number; it does not give us quite so much money as we have now.

15846. That I am afraid is of no use?—It is on the same basis, but that is the old agreement.

Chairman.

15847. We will ask the secretary to read it, and then, if necessary, you can tell us where it has been altered.

The Witness is directed to withdraw.

MR. NEWTON H. NIXON, is re-called; and is further Examined, as follows:

Chairman.

15848. WILL you read the agreement, please?—“Memorandum of agreement, entered into between the committee of University College Hospital and the All Saints' Home, Margaret-street, 23rd April 1862. It is agreed that the entire arrangements of the hospital, as far as they apply to the nurses and female servants of the establishment, shall be committed to the charge

All Saints' Home for a period of one year,
(24.) e

Chairman—continued.

from the 2nd of June next, subject to the following conditions: (1st) That All Saints' Home shall provide and maintain at all times in the hospital at least the following staff: one head sister, one sister (head nurse) to each pair of the six main wards, and one to ward No. 7; two nurses to each main ward; two nurses to Ward 7; two nurses to Ward 8; one housekeeper, and the following servants: one cook, three housemaids,

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one

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Mr. NIXON.

[Continued.]

Chairman—continued.

one kitchen maid, two laundry maids; and shall also provide such assistance as shall be necessary for efficiently performing all the scrubbing required throughout the hospital; it being understood that this does not include the annual cleaning required in consequence of repairs or alterations in the buildings. (2nd) That, for the above service, the committee shall pay to All Saints' Home the sum of one thousand pounds in quarterly payments of 250 *l.* each, commencing on the 2nd of September next. (3rd) That All Saints' Home shall refund to the committee out of each of these payments such sum as shall be ascertained to be the cost of the board of the sisters, nurses, and female servants during the preceding quarter. (4th) That the appointment of the head sister and of the housekeeper shall be subject to the approval of the committee. (5th) That the committee will appoint and pay the wages of house steward and the male servants of the hospital. (6th) That the house steward shall have the charge and the ordering of all the stores, and the charge of the patients' library, and shall see to the daily provisions being properly distributed; shall give out the wines and

Chairman—continued.

spirits, and shall be responsible for the men servants, and keep the general accounts. (7th) That the housekeeper under the head sister shall have the charge of the linen, lint, bandages, and other medical stores of that character. (8th) That the head sister shall be responsible for the good discipline and order of the nurses and female servants; shall make to the committee, at their fortnightly meetings, a written report of the state of each ward during the preceding fortnight, and shall attend the committee when requested to do so, in order to give such information and explanations as may be required. (9th) It is especially understood, as an essential condition of this agreement, that no one connected with the home shall in any way, by word or deed, or by the distribution or withholding of books, interfere with or attempt to influence the religious opinions of the patients. (Signed) H. Brownlow Byron, Mother Superior of the All Saints' Home." Then follow memoranda adding to the staff, which was rendered necessary by the enlargement of the hospital in 1879.

The Witness is directed to withdraw.

THE SISTER CECILIA (Miss CECILIA PHILLOTT), is again called in; and further Examined, as follows:

Chairman.

15849. THE staff of nurses has increased since that contract was made I understand?—Yes.

15850. The hospital feeds these nurses we understand?—They give us so much money and we board them; they give us a certain sum of money and we board ourselves out of it.

15851. You board yourselves where?—In our own houses.

15852. Therefore the hospital has no responsibility for your food?—The hospital has no responsibility for our food. They give us lodging also.

15853. And they pay the lodging as well?—They give us house room, furniture, coals, and candles, and our allowance of money; and out of that we do everything else; we pay the nurses' wages and uniforms, and board them, and ourselves.

15854. That includes yourselves too?—Yes, that includes ourselves.

15855. Then your Sisterhood makes arrangements for the nurses' holidays?—Yes, we are responsible for that.

15856. Where do the nurses breakfast, in their home?—Yes, they have a dining room; a large dining room.

15857. What time are they allowed off duty for their dinner?—They have two hours off duty three times a week, and after six months they have leave from 6 to 10 at night once a week; occasionally that leave from 6 to 10 is extended and they sleep out, by asking leave; and sometimes they have leave for the long pass sooner than six months. Each nurse and probationer has occasionally longer leave of a day, sometimes a day and a night. Each nurse of one year's standing has a calendar month's holiday in each year; and under a year's standing, their holiday varies from two to three weeks according to what

Chairman—continued.

I think they require; some nurses sometimes are not so strong as others.

15858. Then the whole responsibility for the welfare of the nurses rests with the Sisterhood, and not with the hospital?—Entirely.

15859. What number of nurses have you in your Sisterhood altogether?—I think the number goes up to 112; but we have private nurses as well at the private nurses' home.

15860. But those nurses have nothing to do with the hospital?—I bring them in if we want help.

15861. You merely carry out your contract?—We carry out our contract.

Lord Clifford of Chudleigh.

15862. How many nurses have you besides the sisters?—Fifty-six in the hospital and 13 probationers.

Lord Monkswell.

15863. I did not hear you say how long they have for dinner?—They have about half-an-hour for dinner; they go to dinner in two detachments.

15864. And they go on duty at 8.45 after their breakfast?—Yes.

15865. Then they only have dinner between 8.45 a.m. and 9 in the evening?—No, they have a good deal more than that; they have breakfast at 7.45, tea and bread and butter, and always meat for the nurses nursing in the diphtheria wards; luncheon at 9.30, coffee or beer and any odds and ends we may have.

15866. How long have they then?—That lasts half-an-hour; they go down and take it as they like. They have tea at 4.

15867. How long do they have then?—They have

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Sister CECILIA (Miss Cecilia Phillott).

[Continued.]

Lord Monkswell—continued.

have half-an-hour for tea; it depends a little, they very often sit over their tea if they have time. They have supper at 9; they are supposed to have half-an-hour for supper but they sit over it if they are inclined.

15868. They go off duty at 9 o'clock?—They go off duty at 9 o'clock and go straight down to supper when the bell rings.

15869. That does not come out of their work time?—No.

15870. Then they have $12\frac{1}{2}$ hours a day, with about two half hours off and two hours three times a week?—Yes, and they have often more than that if they ask me for it.

15871. If they want more they ask for it?—Yes; we are not very strict about the time.

15872. And the sisters have 16 hours you say?—Sixteen hours; during which they are liable to be called on duty; I do not say that they are on duty all that time.

15873. And they go away for breakfast; they do not breakfast at 6 o'clock in the morning?—No they breakfast at 8 o'clock.

Chairman.

15874. Do they have to go out of the home before breakfast?—No, we have a covered way to the hospital.

15875. The night nurses have some food in the wards?—The night nurses have hot dinner at 9 o'clock in the morning and they have supper of meat or pudding at 8 o'clock before they go on; they also have a meal in the night.

15876. Does that come out of their board wages, or does the hospital provide it?—We provide it; not the hospital. The night nurses also have their tea at 4.30 p.m., but it is taken up to them in bed.

15877. But that is out of the responsibility of the hospital altogether?—Yes.

Earl of Kimberley.

15878. If any complaint is made of the conduct of the nurses it comes to you, I suppose?—Yes, it comes to me.

15879. And you would deal with it?—I should deal with it.

15880. Do you go round the hospital every day?—Every day, always, and sometimes oftener; sometimes at night.

15881. I conclude that you take some holiday in the year?—I have a calendar month generally.

15882. Who takes your place then?—One of the ward sisters.

Lord Archbishop of Canterbury.

15883. Do the nurses ever receive complaints from the patients with regard to their food?—I do not think so; occasionally if the food is not nicely cooked the sister would send it down to the cook at once, and she would send up something else at once, in case of an accident, such as its being smoked or underdone or burnt, the ward sister would take it down at once and get something else. If the cook refused to send up anything else the sister would come to me about it, but I do not think I ever remember that occurring.

15884. And with respect to the quality of the

Lord Archbishop of Canterbury—continued.

food in the hospital, what do you say?—It is quite good.

15885. You never have complaints from the patients about it?—I do not think so; I never heard of them, and I go round pretty often.

15886. But there is an instant remedy of complaints?—There is an instant remedy for complaints if anything is said: sometimes if patients are delicate they will want little different things.

15887. But that can be met?—That can be met.

Lord Thring.

15888. The food of the nurses is provided by your establishment, is it not?—Yes, by us entirely.

15889. The hospital has nothing to do with it?—Nothing to do with it.

15890. With respect to the death-rate of the nurses; do you lose many nurses by death?—No. I have been Sister Superior for the last nine years, and I think we have had five deaths. I have been in the hospital 21 years. One was from typhoid; two were from operations; not anything to do with the hospital at all; and one was a case which really had nothing to do with the hospital, it was cerebral hæmorrhage. I think that is all I can remember.

15891. Do you think that the nurses, including yourself, get holiday enough; is one month only in the year enough?—It is a calendar month, it is a full month; I think it is quite sufficient.

15892. Do you consider that the nurses are injured often by nursing, apart from death?—I do not think so. I think that every nurse, when she becomes a nurse, knows that she takes 10 years off her life; but I do not consider they are injured at all.

15893. You do not consider they are injured at all, but you consider that they take 10 years off their lives?—I think every nurse considers so when she becomes a nurse; but I do not think so.

15894. Is there any reason why they think so?—The work is hard and the area confined. We all of us expect not to live as long as other people.

15895. That is the very thing; do you not think it would be wiser to have more nurses, and for the hospital to go to greater expense rather than to work the hospital cheaply at the expense of the lives of the nurses?—I do not think they are overworked; I do not think that has anything to do with it.

15896. Then, what do you think occasions it?—I think it is the constant coming in contact with disease, and also a certain amount of risk to the nurse from infectious diseases; I mean it in that way.

15897. I am struck by your saying that in the nine years you have been there there had been only five deaths. That does not mean that they contract deadly diseases, but that they contract a state of health that shortens their lives at an earlier period; they are overworked or underfed, in fact

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Sister CECILIA (Miss Celicia Phillott).

[Continued.]

Lord Thring—continued.

fact?—I should not say it was from that at all; I do not think they are overworked, and I do not think they are underfed.

15898. Then to what do you attribute the shortening of their lives?—To the constant coming in contact with disease, it is not one's normal condition to live in constant contact with disease.

15899. Do you mean that it is a physical strain or a mental strain upon them, or both?—I mean that nurses must run the risk of taking the diseases of the patients they nurse, and that if they do they may die; and therefore they must understand, when they become nurses, that there is a certain amount of risk to their lives.

15900. I am sorry to trouble you, but you see, according to your account, they do not take deadly diseases as a general rule; in your experience, only five nurses have died in nine years, and two of those died of diseases which were not contracted at the hospital; therefore, three nurses only have died in nine years. I think the question is very material. What I cannot help thinking is that if, as you consider, the nurses are not killed by contracting deadly diseases, they are killed either by mental strain or physical strain or overwork or under-feeding; is not that the fact?—I suppose it is.

15901. Can you tell me the average time for which a nurse remains at the hospital?—One of our nurses has been there very nearly 20 years.

15902. I asked you for the average time?—On the average, I think, that the nurses we have in the hospital now have been there eight and six years. After they have been there about eight or ten years, I generally pass them on to the private staff.

15903. And do they contract the disease, I forget what it is called, of the foot coming down flat?—New probationers do occasionally.

15904. Is not that from over-standing?—I think it comes from the first going about in the wards and on the floors, which are not carpeted; but it passes off again, and it is only with new probationers.

15905. It passes away, does it?—Yes.

15906. Then you cannot suggest, from your

Lord Thring—continued.

experience, any way in which the lives of the nurses could be lengthened?—I do not think I can.

Lord Clifford of Chudleigh.

15907. What is your reason for supposing that the longevity of the nurses is very much affected; have you any statistics which would show that?—I do not know that I have.

15908. Is it only a general impression upon your part that nurses do not live as long as they possibly might otherwise?—That is so; I cannot say exactly why.

Earl of Kimberley.

15909. What you mean is, that, looking at it on the whole, it may be considered an unhealthy occupation as compared with some others?—Yes.

15910. And you would be in favour of mitigating it by every possible means?—I take every care I can. If I see them flag at all I give them rest.

Chairman.

15911. Are the nurses medically examined by a doctor before they come to you?—Yes.

15912. Is there anything else you wish to state to the Committee?—No; I do not think so.

Lord Archbishop of Canterbury.

15913. You engage the nurses, do you not?—Yes.

15914. Do you engage them from any denomination?—From any denomination.

15915. Do you make any inquiry as to what religion they are of?—Yes; I send them a paper like this (*handing in the same*).

15916. And they have to enter their religion on it?—Yes.

15917. Do you give any preference on account of any religious profession?—None whatever.

15918. You go by their qualification as nurses?—I go by their qualification when they become nurses, but I do not give any religious preference.

15919. And there is no interference with any denominations?—None.

The Witness is directed to withdraw.

MR. THOMAS BARLOW, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

15920. You are on the staff of the University College Hospital?—I am.

15921. How long have you been connected with the University College Hospital?—I have been on the staff for 10 years.

15922. What are the qualifications you hold?—I am Doctor of Medicine of the University of London, and Fellow of the Royal College of Physicians.

15923. You have to do at this moment, have you not, with the out-patient department?—I have to do with the out-patient department and also with the medical beds in the children's wards.

15924. Will you tell me, briefly, what is the

Chairman—continued.

system of organisation in your out-patient department, taking it from the first moment of the arrival of the patient?—The out-patient department consists of two portions, the casualty department and the out-patient department, strictly so-called. The casualty department is operative strictly between 12 and 1; that is to say, any cases of urgency are seen at any time, but between 12 and 1 people can come for small ailments, and be seen for, say, a couple of visits.

15925. They are casuals for a couple of visits?—Yes. That department is worked by the hospital residents and the dressers and clerks. The out-patient department, strictly so-called, is managed in the afternoons only between half-past

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Chairman—continued.

past 1 and 4. Then there are certain visits also in the morning in some of the special departments. In order to gain admission to the out-patient department there are three modes, either of which are required; in the first place, there are governors' letters, which entitle to admission; in the second place, there are urgent cases from the casualty department, which require further treatment; and, in the third place, there are cases sent by clergymen, medical men, and others.

15926. Then in the casualty department there is a certain amount of sifting, as it were?—Yes.

15927. Who does that?—It is done by the residents; the house surgeons and house physicians.

15928. Supposing the house physicians are in doubt, to whom do they apply?—To the resident medical officer, who is the chief of the residents.

15929. Is he, therefore, in the capacity of the chief of the out-patient department?—He is the standard of reference.

15930. So that it might be possible, if there were no one to apply to, that a young man might send away a patient who ought to be taken as an out-patient?—But it does not occur.

15931. Do you teach in the out-patient department?—Yes.

15932. Do you find you are very much crowded and over-worked?—We are not over-crowded, because although the hospital is not by any manner of means perfect, the out-patient department is very satisfactory indeed as to space. We lately have spent a considerable amount of money upon it; we have now a fairly satisfactory waiting-room for the patients in which they are classified; good-sized examining rooms and several small rooms into which we can send the patients whom it is desirable to partly undress.

15933. You teach the students in your room?—Yes.

15934. The students never do anything to a patient without your being there, do they?—No, they do not. I am now speaking of the department of which I have cognisance. In the medical out-patients' room the patients are never prescribed for by students; they are seen either by the physician or his qualified assistant.

15935. Is there any limit of time within which you may see your out-patients in your own department?—The hours commence at half-past one, and the period varies between half-past one and four; may I ask, do you mean the hours within which the patients can come, or during which the medical officers stay; if you mean the latter, he stays, either he or his assistant, until all the cases are done; he never leaves whilst there is a patient to see.

15936. Therefore, there is no limit of time?—No.

15937. But there is a limit for the entrance of patients?—There is no number limited, but there is a time-limit, between one and half-past two.

15938. Is there any inquiry made into the circumstances of an out-patient?—There is no systematic inquiry, but if one sees a well-dressed individual, one makes inquiries, and our medical staff have the right to refuse to continue the

Chairman—continued.

treatment of a case they deem unsuitable in point of circumstances.

15939. Supposing that somebody, a well-dressed person, although that is really no criterion, presented himself to you, and you considered that he was not a fit person, would you merely refuse to treat him, or would you report to the secretary that you had doubts?—I should prescribe for him that time, or give my opinion, and tell him not to come again, and if he had a paper I should make a note that he should not come again; a stamp is used for that purpose, setting forth that no further attendance is required.

15940. But you would not be able to carry your inquiry very far?—That is very true.

15941. Do you think it is desirable to have an inquiry officer in the out-patient department?—I think it is, but it is a matter which requires to be dealt with in a very broad way; it should be done by a superior person, not a mere mercenary individual, because the system requires to be interpreted in a very elastic fashion.

15942. You are very much in favour of out-patient departments yourself, are you not?—Yes, very much so.

15943. Do you find that you have sufficient material for teaching purposes in them?—Yes.

15944. Not too much?—Not too much; the average of new patients upon the medical side is about from 18 to 22; the surgical ones are a smaller number than that.

15945. Per diem?—Yes, and the old patients average about three to one new one.

15946. Do a great many people send to you for consultative purposes?—A considerable number; many doctors send cases in that fashion.

15947. What class of practitioners is it who send those cases?—They are generally good men who send them, working of course chiefly in mixed practice; mixed poor and lower and middle-class practice; those are the sort of men.

15948. Do you consider that you at all starve the so-called poor practitioner by your thus giving advice?—I would not like to say that is never done, but with regard to our own hospital I do not think we do. I am quite certain that in the surgery department we greatly relieve the poor doctors. In many of the surgical cases, fractures and wounds which require careful dressing, it is a considerable relief to poor practitioners to send their cases on; and, as a matter of fact, many of the club doctors send their patients to the casualty department in large numbers, as the number of attendances and appliances that they need could not be supplied within the limits of their remuneration.

15949. Are you satisfied with the nursing arrangements at University College Hospital?—Yes.

15950. Do you think the dual control works well?—It works very well; it is not an ideal plan, but as a matter of experience it works extremely well.

15951. Are you, as a medical man, satisfied with the state of the wards and the walls, and so on, in the hospital?—I think it is eminently desirable

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desirable that we should have a new hospital, but I think the place is sanitary, and practically it is very difficult to lay hold of anything overt which shows its defect; that is to say, which shows its ill effect upon the patient.

15952. In fact in your hospital, as in some other hospitals, constant supervision is required?—Yes, precisely.

Earl Cathcart.

15953. For instance, the drainage is all non-scientific; you have all your soil pipes coming down through the building, and that sort of thing, which is inseparable from the circumstances of the building?—More or less.

15954. You would prefer an aerial zone, would you not, all round if you could get it?—Most decidedly.

15955. Do you think any of your midwifery cases could afford to pay 10 s. 6 d., and that you, therefore, interfere at all with the poor practitioner?—I do not think so.

15956. I believe you take a great number of poor cases, amounting to 2,600 in a year?—I think the number was 2,265 in 1890.

15957. Is it absolutely necessary for instructive purposes to take so many midwifery cases?—It is very much a matter of opinion as to how much is necessary. I heard a noble Lord mention the number of 25 as being required; our men attend on the average between 40 and 50 cases, and of course obstetrics is the one department in which it is exceedingly imperative for the public good that men should have very large experience; they should be very carefully trained for it under proper supervision.

15958. Only that midwifery is not a disease?—It is not a disease, but still in our crowded cities it is a thing in which disease is very likely to supervene, and is responsible for a very large number of deaths of poor women.

15959. I think Dr. Steele told the Committee that 25 cases were the necessary number for the examining board?—That is so.

Chairman.

15959.* Have you any system of giving letters to out-patients; for instance, a man coming first to the casualty department, he is then sifted, as you call it, and he then becomes an out-patient?—He may.

15960. If he becomes an out-patient do you give him a letter or a bone, or what it may be, which is good for so many attendances?—Yes, a letter which is valid for two months; at the end of the two months there is a stamp applied by the porter which indicates that his card should lapse, and if the physician thinks that it should be continued, he notifies that, and it is authorised to go on; and we have then the governor's letters, which receive the same kind of dealing.

15961. Do you think that there are no cases of abuse of the charity?—It is a very difficult question to answer; there may be some cases of abuse, but I do not think there are many. It sometimes happens that a well-dressed person, when one catechises him or her about it, states that he or she has been attending a doctor for a long time, and that his resources are exhausted;

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many of the seeming cases of unfitness are really suitable.

15962. Do not you think you get people who could pay sometimes in some of the special departments, the skin or eye, or whatever it may be?—I think we do; undoubtedly the officers in those departments very frequently suggest to people that they should go to their own doctors, and the answer that they get is, "I have attended my own doctor for so long, and I have received no benefit."

15963. As regards the mass of casualties, you do not think there is much abuse?—That is a difficult question to answer absolutely, but I do not think there has been great abuse.

Lord Zouche of Haryngworth.

15964. It has been suggested to the Committee once or twice that all out-patients should come provided in the first instance with a letter of recommendation, either from some member or medical officer, before they were allowed to become patients of the hospital, with the view to diminishing the over crowding and the over pressure upon the department; have you ever considered that question, or would you think it a system which would be likely to work?—The fundamental difficulty of all these suggestions is that very often the most urgent cases for hospital relief are those in which acute illness comes on suddenly; and when you are very exacting in regard to a recommendation of that sort, you run the risk of the patient becoming seriously worse; a very dangerous delay happens. It appears to me that a good general hospital has to allow a very considerable margin with respect to the admission of any downright ill person coming to its doors.

15965. Would you say that that which I have suggested was a system which would work in cases which were not very urgent; take the ordinary run of out-patients who, no doubt, have complaints, but are not in a state of great danger?—No doubt the system of governors' letters partly covers the difficulty.

Earl of Lauderdale.

15966. What is your rule with regard to midwifery cases in the case of single women?—It is not the rule to attend single women; it is understood that the people who come to us for attendance in that way are married women, but now and again it happens, generally by mistake, that one or two cases of that kind are attended.

15967. That is to say, if you knew she was a single woman you would not have her attended?—I do not think I should be entitled to say that, but it is understood; I am not quite positive at this moment, but I think it is on the paper, that the people applying are supposed to be married women.

15968. But in the case of single women, what would be the result?—I do not think that single women would be refused.

15969. But as a matter of fact, they do not apply, do they?—Now and again; I remember when I myself was obstetric assistant one or two of that kind who had applied under false pretences, told a lie, in fact.

15970. Does

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[Continued.]

Chairman.

15970. Does your hospital take Lock cases?—Not as such.

15971. How do you mean “not as such”?—Many of the venereal cases do not need, in the primary stages, to come into the hospital; they can be treated as out-patients; if there came one case apparently of very great severity, the patient suffering extremely, it might be taken in just as any other case.

15972. But you do not keep any beds for such cases?—No, not specifically set apart for them.

15973. Have you a ward for women?—No, not a ward set apart for that purpose.

15974. Is there any suggestion that you wish to make to the Committee in addition to your direct evidence?—I should be glad to answer any questions as to the relationship of the students to the poor. I believe there is a misconception abroad, in this sense, that the medical school, as such, is not favourable to a hospital as a charity; that is to say, that the presence of a number of students in the wards of a hospital in the out-patient department is not thought favourable to the interests of the poor as objects of charity.

15975. Upon that I will ask you this question: Do you think that the poor suffer in a hospital from the presence of students in the wards?—I think the poor are distinctly benefited by it; I have verified statistics which show that clearly. I find that those hospitals which have medical schools attached to them are those which are most popular amongst the poor, and that those hospitals in which the medical school element is most predominant, are the hospitals which stand largest in the number of attendances.

15976. Is not one reason of that because they are the largest hospitals?—No, not at all; for example, our own hospital is one of the smallest hospitals, but the number of attendances is very great indeed.

15977. The number of attendances has to do with the out-patient department?—Yes, and the fact of the filling of the wards.

15978. But we are told that no accurate return is kept of the attendance of the out-patients?—It is very difficult to get exact figures, but approximate estimates can be obtained; and, secondly, we hear from many sources, district visitors and others, that the school hospitals are the most popular amongst the poor. So far from the poor resenting examinations being made by students, they feel it is a security to them that their cases are more thoroughly considered; and with regard to the midwifery cases, I think I may say without any hesitation that the precautions we are able to take are greater than can be obtained in any general practice. In the first place our students are not allowed to attend until they have got into their fourth year, when they are fairly grounded in medicine and surgery, and they are not allowed to do any other kind of work whatever while they are attending to this department; and we have always three qualified obstetric assistants, who are at their beck and call, and in fact who see every woman either at the time of her confinement or within 24 hours after it.

(24.)

Earl Cathcart.

15979. We were told that in St. George's Hospital the women were all interrogated by the board as to whether they were satisfied with the treatment they had received in the midwifery cases; is that the case with you?—No; they are not interrogated, but they have the opportunity of making complaints. It has happened that they have made complaints, and then such complaint is thoroughly investigated.

15980. But in St. George's they can come up to “return thanks,” as it is called; have you that system?—We have not that system.

Chairman.

15981. Is there anything else you would desire to add?—I should like to be asked further about the health of the nurses in the hospital; I have had a great deal to do with that, because for many years I examined all the nurses who came to the hospital.

15982. Is the health of the nurses generally good in your hospital?—I think it is very fair.

15983. Could you give the Committee an idea as to the percentage of nurses that have been disabled by sickness?—I do not know that there are any figures beyond those which the Sister Superior read out.

15984. There were seven deaths in five years I think?—Five, I think, in nine years.

15985. Upon what do you base your statement that the health of the nurses is very good?—Only from the sort of cases one is asked to see, and that the cases of break down amongst the nurses are comparatively rare.

15986. That is possibly because of the care with which they are examined previously to their admission into the hospital?—I think it mainly arises from the care that is taken of them during their work in the hospital; there has been a progressive improvement in many of the hospitals, and with the rise in tone of the superiors of the nursing system the health of the nurses rises with it, because more care is now given to their recreation and food and to the sanitary protection of the nurses than was formerly the case.

15987. Did your hospital ever feed its own nurses?—I think it did before the sisterhood took charge.

15988. Do you remember whether that was satisfactory or not?—I think it was in many ways unsatisfactory.

15989. The present system is preferable?—Yes.

15990. What diseases do the nurses generally suffer from?—They get hospital throats and they get a certain amount of dyspepsia which in part arises from the same causes as the doctors get it from; that is from all the work being crushed into the middle of the day and the time for food being hurried.

15991. Therefore, you would like a longer time for them to take their food in?—That is one of the greatest difficulties with the hospital nurses, the crowding between 11 and 4 in the afternoon; the work tends to get massed into that part of the day; although time is allowed for meal times, now and again it happens that it gets infringed upon.

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15992. Is

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Mr. BARLOW, M.D.

[*Continued.*]*Chairman*—continued.

15992. Is 11 to 4 the most crowded time?—It is the most crowded time.

15993. What time do the house assistants do their work in?—They begin work at 10 and they are supposed to be done at 12.

15994. Then the afternoon visits?—Doctors come at half-past 1. and sometimes at 2.

15995. Do you find that the residents get out of the wards before 12?—Yes, generally.

15996. What supervision is there of them?—They are under the direction of the Resident Medical Officer, a man of good standing.

15997. And it is his business to supervise and to report?—Yes.

Earl Cathcart.

15998. You could hardly accept the statement that ten years is taken off the life of every nurse who enters into a hospital?—I think that was an over-statement.

15999. Would they be called good lives for insurance?—My opinion is that they are bad lives in the same way that doctors are bad lives; they have anxious times; the nature of their work is anxious; they have to get their meals in a hurry, but I do not think, so far as our hospital is concerned, that there is any special wear and tear.

16000. But an insurance company would not consider your life a bad life because you happen

Earl Cathcart—continued.

to be a doctor, would it?—I cannot say that, but the Registrar General's statistics prove that doctors as a class have a bad mortality.

16001. And you would apply the same rule to nurses?—I do not think we have numbers enough to put it in black and white, but that would be my impression, and I should say it was inevitable.

Earl of Erne.

16002. The wear and tear and the bad air of the hospitals would necessarily tend to shorten life, would it not?—Yes, it would.

16003. Without the presence of any specific disease?—Yes.

Chairman.

16004. Do not the nurses get acclimatised after the first year?—Yes, they often get a bad throat just after they come to the hospital, or when they come back after their holidays.

16005. That would be owing to the change of food and the system altogether?—Yes.

16006. Is the system the same upon the surgical side as upon the medical side in University College Hospital?—Yes, very much the same, but Mr. Barker will be able to mention any differences that there may be.

The Witness is directed to withdraw.

MR. ARTHUR BARKER, F.R.C.S., is called in; and, having been sworn, is Examined, as follows:

Chairman.

16007. You are a surgeon on the staff of University College Hospital?—I am.

16008. How long have you been one of the staff?—Since October 1875.

16009. Were you formerly a student at the hospital?—No.

16010. May I ask what qualification you hold?—I am a Fellow of the Royal College of Surgeons of England, and a Fellow of the Royal College of Surgeons of Ireland.

16011. You have to do with the surgical side of the out-patient department?—Yes.

16012. Is your system exactly the same as was explained by the former witness just now?—Yes, in most respects it is the same.

16013. It would shorten matters if you would tell the Committee in what respects it differs as regards organisation?—In regard to the organisation, it is practically the same.

16014. As regard casualties the people come in as out-patients, or possibly as people admitted to the hospital?—Yes.

16015. Then you have dressers and clerks?—Yes, we have dressers and clerks; and an assistant, that is a qualified assistant, who sees the patients who only require their medicines to be repeated, so as to save their time and our time. Of course a number of patients come in who have been there before, and who merely require to have their bandage or their splint set right, and to have their medicine repeated; and the assistant up at the other end of the room sees to them, and if there is anything about a case that requires our attention he sends it round the screen to us.

Chairman—continued.

16016. Do you find that the out-patients come to you in such droves as to render your diagnosis and your teaching difficult?—No; I think a few years ago we were, perhaps, overcrowded; but at present we are not overcrowded; we made a stand against it, and we are now I think within reasonable limits. I myself personally see the largest number of the surgical out-patients of the hospital. Mondays and Thursdays are always busy days, but I do not find the new comers are too many for me.

16017. It is a time restriction?—Yes.

16018. But there is no restriction upon the number of cases?—No, there is no restriction upon the number of cases, but I find that the daily average number of new patients for the year is eight and a decimal; it is under 10.

16019. How long do you take to see those people?—From half-past 1 till 4 o'clock or half-past 4 or 5; I used to be there frequently from half-past 1 till six.

16020. Do you find that you have sufficient surgical material for teaching purposes?—Abundant.

16021. Are you a strong upholder of the out-patient system?—Yes; I am a very strong upholder of the out-patient system.

16022. Do you go so far as to say that it is the most useful part of the teaching which can be carried out before the students?—Yes, I do. I am strongly of opinion that the out-patient department is as valuable as any other part of the system, and perhaps more valuable.

16023. Do you consider that the free out-patient department wrongs the poor practitioners much or at all?—I think not; there is a class of practitioners

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Mr. BARKER, F.R.C.S.

[Continued.]

Chairman—continued.

tioners who no doubt have a grievance against us, but I question whether they are anything but a very undesirable fringe to our profession. Every profession I take it has such a fringe which is simply struggling and fighting for practice any how. I believe that we do interfere with those, and I believe it is a very desirable thing that we should do so; that a poor patient should be at the tender mercies of that fringe, I think very undesirable indeed; that class of patient I think should have charitable relief and of the very best kind.

16024. In regard to the examination of women in the out-patient department, are there nurses always present?—Nurses are always present, and frequently a friend. I might explain that there is a little difference upon the medical side. We of course frequently have, perhaps more frequently than on the medical side, to make examinations of a very private character indeed. That is invariably done in a small room, which will contain only a very few people; there are generally a few students present; perhaps one, perhaps none. I always exclude any students when the patient objects or appears nervous. There is a nurse, and sometimes a nurse and a sister, and frequently a friend in the room. The examination is just as private as it would be in one's own consulting room. I might add this in answer to a part of your earlier question: I asked for a return of the number of practitioners who recommended patients to us, taking the year 1889, as I thought it might interest your Lordships. I find that a very large number of medical men made use of the hospital. This list before me shows that many of them have sent more than one patient.

16025. Is it too much to say that that is making use of the out-patient department in its highest sense?—Very often it is used as a consultative department, and very frequently they send out-patients to be treated.

Earl of Erne.

16026. Is that a return of medical men unconnected with the hospital?—Unconnected with the hospital.

Chairman.

16027. Unconnected with it at present, but many of them may have been students?—Yes.

16028. Whereas students from the other hospitals would recommend their patients to their own hospitals?—Yes, very often; but very frequently we get patients from men who were not students at our own hospital. There were seen upon doctors' recommendation in the special out-patients' department, 206; in the ordinary out-patients' department, 207. That was in 1889.

16029. Will you hand in that Paper?—I will (*handing in the same*). Then there was another matter which I thought might be of interest; it is this—I have read the evidence in the Blue Book of last year—namely, the number of cases which came from the immediate surroundings of the hospital, from the suburbs, and from the country. Taking the out-patients, out of the total of 2,762 treated from the 1st January to the 31st December 1889; there were from London and the immediate neighbourhood, 2,475; from the

Chairman—continued.

suburbs, 114; and from the country, 173. Then of the in-patients, out of a total of 3,007, 2,485 were from London and the suburbs; from the country, 329; and from abroad, 3.

16030. So that the bulk of all your patients come from London?—Yes, the enormous majority; but still a considerable proportion, 11·6 per cent., of the in-patients came from the country, and they come from great distances to us also.

16031. Is there any payment made for those patients who come from unions or from individuals?—The secretary informs me that those in-patients are charged 1 s. 6 d. a day.

Earl Cathcart.

16032. We are very much indebted to you for having brought that precise statement about private patients coming to the out-patient department, because hitherto we have had nothing but vague statements; do those patients bring cards or letters, or how do they come furnished?—They as a rule bring a medical man's visiting card, and from that my list is compiled; there is a column in the register for "By whom recommended."

16033. What might be the minimum fee to a private practitioner in your neighbourhood; not going to the extreme point of the fringe you spoke of, but taking the ordinary poor man's fee?—I am not in a position to say; I have never been a general practitioner.

Chairman.

16034. You are honorary officer; you receive no pay?—Not from the hospital.

16035. Is that the case with all the staff?—I believe so.

16036. Is there any other matter that you desire to mention to the Committee?—There is just one point of which I made a note, that was, that it appears from our returns that the hospital is pretty largely used for consultative purposes. Now I do not see any reason why it should not be more largely used. I think that would, in a large measure, get over the difficulty of the provident dispensary question. That question would be in great measure affected by the question whether the hospitals as they are now could be more freely used for consultative purposes or not; I think they might be.

16037. Do you favour the provident plan?—I do not. I think there are great difficulties in the way of it. I think if the present system were properly supported by the public and properly worked there would be no need for it. I think we should meet the wants which are not met by the conscientious practitioner.

16038. Do you think that the public have great confidence in the general hospitals of London?—Very great confidence, and the poor patients also seem to have the same who have been under treatment elsewhere; one hears that every day.

16039. Do you find you have very often people refusing to undergo operations?—Very rarely; men occasionally, but women much more rarely.

The Witness is directed to withdraw.

2 March 1891.

MR. BERKELEY HILL, B.M., is called in; and, having been sworn, is Examined, as follows:

Chairman.

16040. You are, or have been, dean of the medical school at University College?—I was so some years ago in my turn; all the professors are dean in their turn.

16041. Does the same system prevail now as prevailed when you were dean?—I think so.

16042. Do you know the number of students that there are at present upon the books of the school?—I have a copy of the College Calendar here which will tell us; there are 353 upon the books of the college as students of the medical faculty. You are aware that University College has several faculties.

16043. Would you explain the various faculties?—There is a faculty for arts and laws and fine arts; there is a faculty for science; there is a faculty for medicine. The students studying in those different branches of knowledge are separated into those different categories, and they are controlled in their teaching by professors who are arranged in the different faculties. I belong to the faculty of medicine, and I do not teach in in any other department.

16044. The 353 includes all the students in the faculty of medicine?—Yes; there are about 1,500 together in all the faculties in University College.

16045. Is that 353 a larger number than usual, or is it about the average?—I think it is about the average; perhaps it is a little larger; the school fluctuates from year to year, but I fancy that is a fair average.

16046. What do the gentlemen pay when they enter the school?—If they pay the whole of the fees at once, the fee for the ordinary curriculum would be about 120 guineas; some of them do not need instruction in all the different courses for the curricula required by the examining bodies, and they pay proportionately less or they pay the fee by instalments.

16047. What was the income of the school in the medical faculty last year?—These questions concern the Secretary of University College; the medical professors do not receive the income of the medical school. I have here a statement with regard to the amount of fees paid for the entire medical curriculum, if the Committee wish to see it (p. 138). (*Handing in the Calendar.*) I also hand in a copy of the Report of the Council of University College presented at the annual meeting of the members, 25th February 1891. On page 6 it states that the fees paid last year for instruction in the faculty of medicine amounted to 5,589 l.

16048. How are the lecturers and teachers paid at University College?—They are paid according to a scale of which this is a printed copy (*handing the same to the Committee*). The student pays fees in guineas. This is an extract from Calendar of University College, p. xxx:—“8. The twenty-first part of the gross amount of fees paid in a session for the class or classes of any professor or other teacher is first deducted and retained by the college. When, after such deduction, the fees so paid do not exceed 125 l., nine-tenths of the amount are to be paid to the professor or other teacher; when they are above that sum, but not more than 300 l., the professor or other teacher shall receive 100 l. and one-half

Chairman—continued.

of the remainder; when they are above 300 l., two-thirds of the amount shall be paid to the professor or other teacher.

16049. What is the minimum amount that a teacher receives?—It depends upon the number of students who apply to be taught in his class; I do not think any of them are worth more than 400 l. or 500 l. a year.

16050. We may take that as the maximum?—Yes.

16051. And the minimum might be what, 50 l.?—Less than that; I have one down at 10 guineas. That would be a small class upon a particular subject.

16052. Is payment made for clinical teaching?—These payments are for teaching in the college. For clinical teaching the student pays a proportionate fee, included in the general fee of 120 guineas, and then a third of that goes to reimburse the hospital for providing the medical education; the other two-thirds is divided amongst the teachers in the hospital as distinct from their work in the college, the hospital being only a part of the college.

16053. Therefore, one professor might possibly get fees for his lectures, say 400 l. a year, and so much for clinical teaching?—Yes, the professor of medicine or the professor of surgery would have two sources of income; he would have his fees for teaching in his chair of surgery in the college and fees for teaching in the wards of the hospital in addition.

16054. Assuming that the income of the school is about 3,000 l. for one year is there anything to come out from that sum excepting the third which goes to the hospital for clinical teaching; are there any school expenses?—The school expenses are paid by the council of the college, from those portions of the students' fees reserved for that purpose by the college. The one-third share of the fee for clinical teaching, which goes to the hospital, is to pay for the expenses incurred in the hospital by the clinical teaching, they do not come from the funds of the charity in any way.

Earl of Kimberley.

16055. With respect to the Professor of Anatomy for instance, and the Professor of Physiology, what would their emoluments be; simply from their pay as professors of the college?—Exactly.

16056. They of course discharge their duties in fact as professors to the college?—Yes, they have no concern with the hospital.

16057. But the lectures they give are directed to that part of their education which is necessary for the students?—Yes, but it is no part of the hospital teaching.

16058. There must be professors of anatomy and physiology, and so on, to give that instruction in the medical school, but owing to the peculiar constitution of University Hospital in connection with the college that class of instruction which is not clinical is given by professors of the college?—Yes, and in the college quite distinct from the hospital.

16059. You were speaking of that as the general system; do not you think that that general

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[Continued.]

Chairman—continued.

general system has advantages over the system where the medical school connected with the hospital has to provide all the instruction, not only clinical, but instruction in anatomy, physiology, and so on?—I do not quite follow your question; in all the schools the student pays his fees as he does with us.

16060. In your particular institution the lectures upon those subjects are not lectures provided by what I may call the medical school of the hospital, but they are rather the lectures of the college as an institution which are upon such subjects as the medical students can attend; is that, in your opinion, a more convenient system than the system adopted elsewhere where the professors of those subjects must be provided by the medical school itself; it has been suggested to us that there are advantages in that system?—I do not see how our system can but be greatly superior to that where the medical school is a private concern of the medical staff of the hospital, who have to provide teachers for all subjects from a limited choice.

16061. From so many professors being connected with the college, may there not be more facility in obtaining eminent persons who will devote themselves to instruction than there could be in a small school?—Quite so; and University College has always provided itself with instructors and professors by going out into the open market and getting the best it can find; there has been no preference, so far as I know, given to any candidate because he has been educated at University College.

Earl Cathcart.

16062. We have heard a great deal about the importance of having a preliminary examination, so that the students who come up to any of the schools in London should, by having gone through a preliminary examination, show that they have an elementary knowledge of the subjects before going through the schools; have you ever considered that matter?—Yes. I am one of the examiners of the College of Surgeons, and one has occasion to consider that matter a good deal, because the council of the College of Surgeons arranges the curriculum for candidates for its diplomas.

16063. It seems to be thought desirable that all students coming into the schools should be subjected to a preliminary examination, so that the schools should not have to teach them elementary subjects such as botany and so on?—I think one reason for that opinion is that a student now has so many things to learn, and has only the same time to learn them in as when the number was much less, so that it would be of advantage for him to get rid of all the generally scientific portion of his curriculum before he began his medical studies proper.

16064. It would be of advantage that the medical schools should not be called upon to teach subjects which could be equally well learned outside?—It would be a question whether you could get such good teaching, it is not every botanist who can teach. I am an examiner, and I do not believe much in tests. I believe much more in individual teaching. What I mean is that if there were a syllabus for each individual candidate before he began his medical education I think it would be a routine and useless knowledge he would acquire, whereas if he comes to a large

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Earl Cathcart—continued.

London medical school like St. Bartholomew's or University College, he is certain to have good teaching in every subject he is instructed in.

16065. Even this uniform preliminary examination would chiefly benefit the very small medical schools?—I do not think it would benefit them at all; perhaps it might by relieving them from the necessity of employing as teachers men who have not paid special attention to the subjects which they teach.

Earl of Kimberley.

16066. I do not know whether you are aware that there has been a suggestion that you might disconnect from all medical schools the examination upon those subjects which would not require to be taught in the hospital itself, so that the students might qualify themselves in such subjects as anatomy, physiology, and other branches which are not clinical, before they entered the medical school proper; do you think that that system would be a desirable one?—I think not, for this reason, that in some respects the instruction that would be given would also dissociate itself from the medicine and surgery which are to be the man's business in life; therefore he would learn anatomy in not a medical or surgical way; it would be general anatomy; and so with other branches; his chemistry would not be medical or physiological chemistry, it would be general chemistry.

16067. Therefore you prefer the present system?—I do.

16068. There would, perhaps, be some objection to the small medical schools that a sufficiency of good medical teachers could not be found?—There is no compulsion upon students to learn all the subjects at one particular medical school. If they think proper, by the regulations of the examining bodies, they may pick up the instruction which is wanting in their own school at another school. It so happens that some branches are believed by students to be better taught at University College than at other schools, and there are certain men who come to University College for those subjects, and then go back to King's or Guy's, or some other school to continue their education. The fact that they had been partly trained at University College makes no difference to the Examining Bodies when they come before them.

16069. Does not that point to the advantage of having more means of instruction than you can give in University College?—Quite the contrary. The good teaching at University College brings students thither from other schools. Again, if you multiply the colleges and schools, you diminish the income of the individual teacher at any rate.

16070. Do you think that London is sufficiently supplied with teaching appliances in medicine and surgery?—It is difficult to find money to pay for the appliances. Some of the medical schools are well and some are ill equipped; but there are plenty of teachers for the medical curriculum in London.

Earl Cathcart.

16071. Would it not be of advantage if there were some system of training in the town from which the student came, that he should learn those

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Mr. HILL, B.M.

[Continued.]

Earl Cathcart—continued.

those elementary subjects in the town in which he lived, and not be subjected to the dissipations of the town?—I think not.

16072. The dean (of Charing Cross Medical School) mentioned that he thought it was desirable that a student should have a general view of botany or chemistry before he took to medical botany and chemistry?—They would have to learn their medical botany and chemistry afterwards. The pressure upon the candidates is so great at the present day that a young man only learns in these preliminary subjects what will pass him, and if he were expected to have a general knowledge of a subject as well as a medical knowledge, he would not get any knowledge at all, probably.

Earl of Kimberley.

16073. Do you think that the medical profession suffers at all from the education of students being so much narrowed to medicine and surgery, from their not having sufficient general education?—I think that is a matter which is correcting itself. We find that the student of the present day is better educated than he was ten years ago, and certainly far better than he was fifteen or twenty years ago.

16074. You would be in favour of students having a greater amount of general culture?—Certainly, of culture, not cramming, the more the better for the students when they come to the hospital.

16075. Also that it should not be too exclusively professional, so that he should not have any knowledge beyond that?—That is quite true. The best educated lads are those who take either a degree at the University of London, or at Oxford, or Cambridge, where there is an Arts curriculum which precedes the medical studies.

16076. You are quite alive to the disadvantages of too narrow an education?—Certainly, the endeavour of the licensing bodies is to widen the range of preliminary knowledge, but then a certain standard is required in even these subjects, not a mere smattering acquaintance; that is what I was arguing against.

16077. I mean knowledge capable of being tested in an adequate manner?—Yes.

Earl Cathcart.

16078. It is most essential in order to be a thoroughly scientific medical man that the student should know French and German, so as to be able to read the different periodicals or publications in those languages?—He is at a great disadvantage if he cannot.

Lord Monkswell.

16079. You say you are rather afraid that if the preliminary examination were altogether severed from the various schools of clinical instruction the subjects taught would not be kept sufficiently medical in their nature?—Yes, that the teaching of them would become so general that they would aid the student but little.

16080. Could not you by quarterly examinations so modify them as to do away with that defect?—Then they would become medical examinations in a certain case.

16081. You might give instructions that anybody who wanted to be a medical student and go

Lord Monkswell—continued.

in for clinical instruction must be properly educated in certain forms of chemistry we may say?—That is already done in this sense that the regulations of the licensing bodies prescribe particularly what kind of chemistry shall be taught before they proceed to study subjects more specially belonging to medical education.

16082. But I understand that these preliminary examinations are rather conducted by the various bodies very much as they please; how do you know that a person has been properly instructed in preliminary subjects at head-quarters?—Only by testing him when he comes up for examination, which is done in this way, that the candidate is not examined alone in medicine and surgery, but is examined in physics and other branches.

16083. But I rather understood that each school insisted upon its own standard?—The schools have nothing to do with fixing the standard; it is the examining bodies who do that.

16084. I had understood that at the preliminary examination each school said to its students, "You pass our preliminary examination, then we will admit you to the hospitals; you shall walk the hospitals, and get clinical instruction"?—No, they have to pass the preliminary examination laid down by the examining bodies.

Earl of Kimberley.

16085. Have you in University College Hospital sufficient means for the clinical teaching of the medical students in the college?—We have plenty of patients, and we have sufficient means generally I should say. Of course, we are very exacting; we are always wanting more apparatus; every faculty is always wanting more.

16086. Have you a sufficient number of beds?—The beds are not enough for the patients who apply, but the patients for whom we have room are sufficient in number to give us instruction for the students, excepting that all medical students, not only of University College, but of other medical schools, suffer, because we have not means of giving them appropriate instruction in infectious diseases, because the introduction of such cases would affect the other patients.

16087. Therefore, I take it, that it is necessary, in your opinion, that the students should be admitted to the fever asylums?—It would be a very great improvement if that were done.

Earl Cathcart.

16088. How far would they have to go from your hospital to find such an asylum?—They would have to go to Hampstead.

16089. That would occupy time?—Yes; it would not be possible to take the ordinary students. It would be the advanced students who could do that.

Earl of Kimberley.

16090. Taking such a disease as measles; you have no opportunity of instructing your students in measles?—No. I believe sometimes they get into the out-patient rooms, and then they are sent into an isolated room as quickly as they can be. It is a great want in our system of medical education that we have not access to hospitals for ordinary infectious diseases, such as measles, scarlet fever, and so on.

16091. I suppose

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16091. I suppose it is almost essential that some such instruction should be found somewhere?—I suppose we learn it after we begin to practice.

Earl of Kimberley—continued.

16092. What kind of examination would a student who had been to no university have to pass?—He would have to go to the examining bodies, and pass their preliminary examination.

The Witness is directed to withdraw.

Mr. R. BRUDENELL CARTER, F.R.C.S., is called in; and, having been sworn, is Examined, as follows:

Chairman.

16093. You, I believe, are a Fellow of the College of Surgeons?—I am.

16094. Have you any very decided opinion as to the advantage of general over special hospitals, or *vice versa*?—I have a very strong opinion from the point of view of the relative effects of the two upon medical education. I am a member of the General Medical Council, with which rests practically the control of the medical curriculum, both preliminary and professional, and I am able to say that the effect of special hospitals in London is to a very great extent to deprive the general hospitals of means of teaching which are greatly required for the proper instruction of students. I would take as a special example, if I may do so, the question I probably know most about, the question of special eye hospitals. Forty years ago, when I was a medical student, no cases of eye disease were treated in a general hospital at all, so that as a student I never saw one. I was educated at the London Hospital. There was, I believe, only one eye hospital in London at that time, namely, that in Moorfields, and for the men who wanted to learn something about eye disease, it was a very valuable institution, they went there, and learned something on the subject. About 1860, or thereabouts, a very considerable impulse was given to the study of diseases of the eye, and their connection with a great many diseases of the general system was rendered very apparent, so that it became exceedingly important for medical practitioners generally to be more or less conversant with them. About 1866, I think, special eye departments were founded at the chief general hospitals; I think Guy's took the lead, it was followed by St. George's, and ultimately by the others. All those institutions suffer very much, so far as their teaching power is concerned, by the withdrawal of a very large number of patients to special eye hospitals, of which there are now six or seven, at which there are no students, or only a few occasional ones; men who have finished their curriculum and gone there for a month or two to see something of eye work, but where the work is liable to be very much less well done as regards the patient, because there is nothing which is so valuable a stimulus to a physician or surgeon in doing his work as the presence and inquiries of medical students; they keep a man constantly on the alert; it is impossible to look at any case negligently, and they form the best possible antidote to that fatigue which comes to most practitioners about matters which to them are matters very much of routine. Where a man has a very large succession of out-patients passing before him one after the other, and no students

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Chairman—continued.

around him, these patients do not as a rule receive the same amount of careful scrutiny that they would in a general hospital, where students were present and were asking questions.

16095. We were told the other day by a witness here that one of the disadvantages of general hospitals in treating special cases, was a certain amount of professional jealousy, have you had any occasion to remark that there is not the same facility given for examining special cases in general hospitals as in special hospitals?—I think there is no reason to say that; at St. George's we have 20 beds set apart for ophthalmic cases; at Guy's there are, I think, fifty; at Bartholomew's they have 30 or 40 beds set apart for them, and not used for other cases. The greatest possible facilities have been afforded me for the last 20 years at St. George's to do everything in the way of treatment and teaching. The officers of the special hospitals, all the more distinguished of whom hold office in general hospitals also, might be utilised at the latter. The only officers of the special hospitals who, as a rule, do not hold office in general hospitals, are comparatively young men who have chanced to get a special appointment first, and who hope to get a general one by-and-bye.

16096. You think that the patients do not benefit by that system?—The patients do not benefit at all by it; on the contrary, I think, they get a less amount of attention than they would in a general hospital. Then there is another objection that I feel very strongly, and it is this: when the special departments were first established at the general hospitals, each had only one officer in it. I was, for perhaps 10 years alone at St. George's, and the students at St. George's got in that department the teaching of only one man, whereas in general surgery they got the teaching of six, and they were able to see and compare the practices of different men. Now at most of the hospitals they have two ophthalmic surgeons, and it would be an enormous boon to medical education, and no loss to the patients, if all the special ophthalmic hospitals were shut up to-morrow, and their staff transferred to the general hospitals to carry on the work.

16097. You think that now the general hospitals have these departments, the functions of the special hospitals have passed away?—Yes, no doubt the special hospitals have had their field of usefulness; no doubt Moorfields was very useful some 40 years ago, but the system tends to become fossilized, while still absorbing funds and materials for teaching.

16098. Do you express disapproval of all the special

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[Continued.]

Chairman—continued.

special hospitals?—No, there are some which I should look upon as mere asylums where people go who are not valuable for teaching purposes, where people who are often incurable go to have their last moments soothed. For example, there is the Consumption Hospital, which deals with a disease which is greatly more common than the requirements of teaching; so that there would never be a difficulty in meeting the requirements of teaching elsewhere, even although that hospital is always full. There are some which may be looked upon as impediments to teaching, and others as survivals; others are mere speculations, open to everybody just as a greengrocer's shop is.

16099. Would you except the Hospital for Children?—I think that a Hospital for children has many disadvantages in the sense of interfering with medical teaching, because children's wards are perfectly practicable in general hospitals. At the London Hospital there was a children's ward in which children under the age of eight years were received, which was practically a special hospital within that hospital. We have no arrangement of a similar character at St. George's. I am constantly called on to treat children as in-patients, and I have to send them to the women's ward, where they may be very troublesome to the other patients. I think children's wards might be placed generally at all general hospitals.

16100. Would you apply your observations to the Lying-in Hospital?—I have no knowledge upon the point, but I think I may add that owing to the use of antiseptic precautions they are no longer open to the charge of producing an undue mortality as they once were.

16101. Or the Lock Hospital?—The introduction of a lock ward into a general hospital would be objectionable for certain reasons. It would be obviously undesirable that respectable women in the ward of a general hospital should be called upon to mix with prostitutes; for that reason I think the prostitutes are best in a place by themselves.

Earl of Kimberley.

16102. What difficulty would there be in establishing a special ward for those where they would not mix with the others?—It would not be impossible; but cutting up a hospital into a great many special wards would become a matter of difficulty; it would tend to diminish the average number of beds available, because if you had one ward intended for the reception of venereal cases and you had that only half full, you could not, under the supposed conditions, put other people there.

16103. Does not that conflict with your opinion that special wards supply all the necessity for that class of patients?—What I think is, that we see in general hospitals quite a sufficient amount of syphilitic disease for teaching purposes; and I do not think any of the surgeons or physicians would complain of the paucity of material on that score; the material is only too abundant.

16104. Then looking at the matter now, not only from a teaching point of view, but looking at the matter from the point of view of the health of the population, is not the existence of sufficient

Earl of Kimberley—continued.

lock hospitals for the treatment of diseases of that kind as important as that of any department of medical science can be?—Certainly; there is further a difficulty in the way arising from the circumstance that the governing bodies of some London general hospitals forbid the admission of venereal disease into the wards; no doubt this is a mistake; a mistake made, however, mainly through ignorance.

16105. They may do that for the reason stated just now, namely, the objection to the mixing of that class of patients with the other classes of patients; does not that point to one of two things, either that you ought to have special hospitals for this purpose, or that the general hospital ought to have separate wards?—Yes; and if it were not for the very large number of separate establishments there would be funds available for increasing the wards at the general hospitals.

16106. It has been the opinion of some very competent men that, in the interests of medical science it is desirable that there should be some special hospitals, because it is contended that in the general hospitals there is apt to be not the same openness of mind towards new discoveries and experiments, and that things are very apt to go very much in a groove there, and that in that view special hospitals, when they are under the control of competent men, lead to the advancement of science?—There is sufficient human nature in medical men generally to make the profession desirous to do all they can for their patients. I do not think there is much in that objection, but there is this: that the progress of medical science sometimes reminds me of the movement of an amoeba, which puts out processes now in this and now in that direction from its surface, and engulphs everything it comes in contact with. In the same way medical science is putting out its processes in various directions to certain points of investigation which for a time may be in the hands of only a few men, and I think it is very desirable that there should be arrangements made by which men making such investigations should have sufficient opportunity for their work. As an instance of that, I would take the hospital for the epileptic and paralysed, the place where Mr. Victor Horsley has been doing some very remarkable work in brain surgery, and where Dr. Ferrier and other physicians have done some very remarkable work in the way of localising brain disease so as to bring it within the reach of the surgeon, and it may be very useful that those who are engaged in work of that kind should have greater facilities for performing it than would be afforded them in a general hospital. But after six or seven, or ten years, the tendency of medical progress will be in some other direction, and then what is now comparatively new will become part of the general practice of the profession: it would then be desirable that patients should be distributed, so that their cases could be brought as fully as possible under the notice of medical students. My very complaint against the special hospital is that it tends to remain as a survival after the period of its utility has passed away.

16107. I thoroughly understand that; but by what system can you secure the benefits of both those

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[Continued.]

Earl of Kimberley—continued.

those arrangements, that is to say, that there shall not be those survivals, and at the same time that there shall be those opportunities for special scientific investigation?—I do not go into details. My scheme would be rather that there should be some controlling body over the hospitals, something such as there is in Paris, and that opportunities should be given of devoting certain buildings, and certain funds, to such purposes as medical science might from time to time require.

16108. Assuming for the moment that there might be great difficulties in establishing such a central body, or that at all events it might not be found practicable to establish it; do not you think that in that case the special hospital, even with all the disadvantages you have pointed out so clearly, is necessary?—I very much doubt it; no doubt no change that I could suggest would be an unmixed benefit whatever it might be; but I think the advantage of doing away with the special hospitals would probably, in any circumstances, be greater than the disadvantage; and I have no doubt whatever that the advantage would be far greater if the funds could still be applied to hospital work; if, for instance, by getting rid of half a dozen small special hospitals we could open another large general hospital in the north of London where it is greatly wanted.

16109. It would be a comparison of advantages and disadvantages: are you prepared to say that the advantages of special discoveries in medical science, though they may be rare, and, in many cases, may not be the result of particular hospitals, would not outweigh the disadvantages you have put forward of the particular hospitals?—I do not think the discoveries are generally made by the perpetuation of particular hospitals; I think they are generally made through general hospitals.

16110. I meant rather to refer to what you explained just now, namely, the possibility of such an improvement in medical science, as you pointed out, might be taking place at present in reference to the paralytic and epileptic hospital; I have no cognisance of such matters, but assuming that those discoveries are very valuable, would they not outweigh a great deal of the disadvantage which arises from the withdrawal of funds for the special hospitals?—No doubt it might be so if funds for general purposes were not urgently wanted every day.

16111. It is a question of comparison; do you think that a provision of funds upon a much larger scale (which, after all, is partly an extension of charity, in itself not always an unmixed benefit), would outweigh the advantages of any special opportunities for scientific investigation such as you have mentioned?—I think it would.

16112. Of course I assume in my question that no way could be found of reconciling the two?—The work would be done at general hospitals one way or the other; the main difference would be this: Continuing, if I may, the case of the hospital for the paralysed, we have there an institution which from its nature brings into a focus a large number of cases of a particular class, and brings those cases under the observation and treatment of a small number of men

Earl of Kimberley—continued.

who have devoted special attention to that class of cases. If that hospital did not exist the patients would be distributed over a larger number of centres, and their treatment would be in the hands of a larger number of men who would still have every possible inducement to master the conditions with which they were called upon to deal. The difference would be that a larger number of men would get some experience, which would be an advantage; the disadvantage might be that a small number of men might not get so much, and the result which now we may arrive at next month we might have to wait three months for in the other event; the amount of clearing up of doubts upon a particular point, for instance, which we now get in a certain time, we should be slower in getting, because it would be got by the experimental work of three or four men, none of whom would have quite such large opportunities as fall to those who are now in possession of the material.

16113. Is it not the tendency of all science now to specialise?—I am not sufficiently conversant with the whole field of science to be able to say, but no doubt as that field extends men are obliged to confine themselves more and more to particular departments.

16114. Is not that a very strong argument in favour of specialising medical knowledge?—Not quite so much as it is in some other departments. You cannot divide a man into pieces, and there is probably no malady to which the frame is subject, which does not re-act from the organ in which it has its original seat upon all others. The symptoms which tell us that there is a tumour in a particular part of the brain, and that it may be removed, are symptoms which affect every organ of the body, and every function, and it is very important that every general practitioner who sees those symptoms should recognise their significance.

Chairman.

16115. As regards what you referred to just now, that if there were a special department in each hospital for various diseases you would require to have a large hospital; is it not the fact that those special departments are for out-patients?—No, I have plenty of beds at St. George's for my ophthalmic patients.

16116. As regards the other hospitals that we have heard of before which have departments for the skin and eye; have they beds?—All the eye departments have. With regard to the skin the great majority of the skin patients can be treated as out-patients; a certain number could be treated as in-patients, and there would be no practical objection, generally speaking, to their being admitted to the general wards.

Earl Cathcart.

16117. Practically, you could hardly get an authority strong enough to step into a special hospital and to say: "You have pottered over such and such a special disease long enough, we will close your establishment and confiscate your property"?—No, but if the public which supplies the money thoroughly understood the question they would know that their money would go twice as far in general hospitals as in special hospitals.

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16118. Bu

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[Continued.]

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16118. But the money comes frequently, does it not, to special hospitals by the gifts of persons who have suffered from that particular complaint; and perhaps been relieved and desire to assist in the relief of others?—That is so no doubt, but still their action is not according to knowledge.

Lord Monkswell.

16119. I suppose your contention rather is that the general hospitals were starved of experience and observation in certain diseases because those diseases are dealt with in special hospitals?—Yes, that is so.

16120. That is the way in which you would deal with Dr. Barnes's objection when he says that there are not a sufficient number of diseases in special departments of hospitals to give students a proper knowledge with regard to them. You would say that would be a reason not for having special hospitals, but for having those special diseases dealt with as ordinary diseases are, because in that case you would have a great many more persons with those diseases in general hospitals than you have now?—Precisely; I should like to have 50 beds instead of 20 beds for eye diseases at St. George's.

Chairman.

16121. I have only one more point as to these special hospitals; you said there were some small special hospitals which were really speculative ones?—Yes.

16122. And also have as a rule a very small number of beds?—Yes.

16123. Consequently would not their administration be very costly?—Very I will not name the institution, but I am acquainted with the details of a special hospital which was founded by a gentleman now deceased, who for various reasons was unable to obtain an appointment in one of the large London hospitals. He was a man of some means, he had some influential friends, and he established what he called a hospital which consisted of two ramshackle London houses with a stucco front put to them, with their sanitary and other arrangements in a most deplorable condition, and with very inferior nursing. That went on for a great many years, and took a great deal of money out of the pockets of the public, whilst doing no equivalent amount of good to anybody.

Earl of Kimberley.

16124. But putting a considerable amount of money into the pocket of the proprietor?—The

Earl of Kimberley—continued.

patients were only asked to pay a small amount if they could. The way in which it benefited the proprietor was that it gave him a status and position, which enabled him to put himself forward as an authority upon certain matters.

Chairman.

16125. Would you like to see anybody outside the Government departments whose function it should be to licence a hospital or to endorse the building of a hospital?—I should, very much indeed. I should think that such a body as the General Medical Council might do work of that kind, with an appeal to the Privy Council.

16126. Enough machinery exists, if it is only put into force?—I think so.

16127. Might not such a body, or whatever it was, have also the audit of the accounts, and have the right of testing the accounts from time to time?—A body might, not the General Medical Council, because it meets only twice a year, and has no means of conducting such an audit.

16128. Still it might have a sub-committee?—It might have an executive sub-committee for the purpose. I mentioned the Medical Council, because its thirty members are drawn from the three divisions of the Kingdom, and comprise provincial as well as urban men, so that practically all interests are represented, and it is a body established by Act of Parliament for the control of medical education.

16129. You are a governor of one or two hospitals, I believe?—Yes, of St. George's amongst others.

16130. Do you think it would be a good plan if possible to have all the accounts of the various hospitals upon the same basis?—I do not think so. It appears to me that in all human affairs a certain variety is desirable, a certain scope for originality. If a governor of one hospital struck out an improved method of keeping accounts, I do not see why all the rest should be compelled to follow it.

16131. At the present time any calculation or comparison as to the cost of a bed or of an out-patient is liable to be erroneous?—No doubt it must be more or less erroneous, but still I do not think the principle of the stereotype is generally well applied to human affairs.

The Witness is directed to withdraw.

MR. NEWTON H. NIXON, is again called in; and further Examined, as follows:

Chairman.

16132. You stated that your beds were always full, that is to say, as many as you could keep full?—Yes.

16133. And also there was a very good attendance in your out-patients' department?—Yes.

16134. From that do you consider that the medical relief in your district is insufficient?—I think the medical relief in the out department is sufficient, but that we could readily fill 100 more beds.

Chairman—continued.

16135. Is everything provided in your hospital for the patient free of charge?—With the exception of tea, sugar, and butter.

16136. In the case of a very poor patient does the Samaritan Fund provide him with tea, sugar, and butter?—It does, and washing.

16137. Otherwise they provide their own washing?—Yes.

16138. Then in the case of a patient coming from the country being sent up by the parish or by

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Mr. NIXON.

[Continued.]

Chairman—continued.

by an individual, do you make any charge for him?—It is the practice to send a form to the workhouse from which the patient is sent up which they have to sign agreeing to pay 1 s. 6 d. a day.

16139. But for a private patient coming from a long distance off do you make a charge?—We make no charge whatever.

16140. But you charge the workhouse 1 s. 6 d. a day?—Yes, because we pay rates.

Earl Cathcart.

16141. You have shown me a paper in regard to your sanitary arrangements, and so far as the paper goes I am perfectly satisfied that they are as perfect as could be?—I am glad to hear it.

16142. What uniform do the nurses wear?—They wear print and a kind of blue serge.

Chairman.

16143. I thought we understood that they wore the costume of the sisters?—Those are the religious sisters; they belong to a Sisterhood, but the nurses are ordinary paid nurses like those of any other hospital.

Earl of Kimberley.

16144. I suppose if a workhouse subscribed to your hospital they would have the same privileges as other governors?—We do not charge them.

Ordered, That this Committee be adjourned to Thursday next, at Twelve o'clock.

Lord Clifford of Chudleigh.

16145. What would be the serious objection to the hospital providing tea, sugar, and butter?—So far as we are concerned, the cost; I worked it out a few years ago, and it came to 400 l. a year.

16146. Of course they are not considered from a purely medical point of view necessary?—Precisely so.

Earl Cathcart.

16147. Did you take tea, sugar, and butter at 1 s. a week?—I cannot remember the basis of the calculation, but I remember some years ago I got it out in the hope that the committee would supply those articles and not require the patients to provide anything at all; but the cost came out at 400 l. a year, and the committee would not look at it.

Chairman.

16148. Do you make the tea in a large teapot for all the ward at once?—No, each patient makes his own; this is the rule: "In-door patients are required to provide themselves with the following articles; tea, sugar, butter, teapot, cup and saucer, spoon, knife and fork, soap and towel; also a change of body linen, and to provide for the washing of the same."

The Witness is directed to withdraw.

Die Jovis, 5^o Martii, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.
Lord SANDHURST.
Lord FERMANAGH (*Earl of Erne*).
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.

THE LORD SANDHURST, IN THE CHAIR.

MR. CONRAD WILLIAM THIES, is called in; and, having been sworn, is Examined, as follows:

Chairman.

16149. YOU are secretary of the Royal Free Hospital, are you not?—I am.

16150. How long have you occupied that position?—For the last three years.

16151. Previously to that had you any hospital experience?—I had not.

16152. What was your line of business before you became secretary to the hospital?—I had been for 21 years with a large firm of merchants in the City.

16153. A business trade, in fact?—In which I had acquired a thorough knowledge of book-keeping and general business arrangements.

16154. Is the Royal Free Hospital a general hospital?—A general hospital.

16155. And with a school attached?—The students who attend the hospital are attached to the London School of Medicine for Women; they only come to the hospital for their clinical instruction.

16156. At the same time it is a hospital to which students are admitted?—Undoubtedly.

16157. Is it a free hospital?—Entirely.

16158. Are there any governors' privileges or letters?—The governors have no privileges whatever in respect to the admission of patients; we issue no letters whatever. All cases are received entirely at the discretion of the medical officers.

16159. Would you explain to us shortly, if you please, what the constitution of your hospital is?—The government of the hospital is entrusted to a court of governors, to a committee of management, and to a weekly board. The governors meet annually and appoint a committee of 30 governors. The committee at their first meeting after the annual meeting appoint a chairman for the year, and they also appoint the weekly board, consisting of 12 members of the committee. The weekly board at their first meeting appoint a chairman for the year also, and also the finance committee; and the weekly board meet every Thursday at 4 o'clock, one or two members of the finance committee attending earlier than that hour in order to examine the accounts in detail.

(24.)

Chairman—continued.

The weekly board manage all the general business arrangements of the hospital; but any matter of importance they refer to the committee, and if necessary they call a committee meeting for the special purpose of considering any special question. The committee meet regularly once in every quarter, the weekly board sending to each member of the committee a printed report of all their proceedings, together with a statement of the accounts, receipts and expenditure, and medical returns for the past quarter; that is sent to every member of the committee at least a week before the meeting of the committee.

16160. Did you tell us how many members there are of the weekly board?—There are twelve members of the board.

16161. And about what number generally attend?—From six to seven.

16162. Then are there many members or any members of the committee who are members of the weekly board as well?—The whole of the members of the board are members of the committee. The committee nominate 12 members from their own body to form a weekly board. It is practically a sub-committee of the committee.

16163. Then practically the weekly board is the executive of the hospital?—Undoubtedly.

16164. And you are secretary to all the committees?—I am secretary to all the committees, except the medical committee.

16165. As regards your own duties and responsibilities, have you supreme power in the absence of the board?—I will read the rule for the secretary, laid down in the general rules of the hospital. "The secretary shall be the representative of the committee and of the board in the general administration of the hospital in accordance with the regulations relating to his office," and I have to act entirely for the weekly board and report to them at their meeting, or, if necessary, call a meeting beforehand if anything of importance takes place.

16166. I will put you a question which I have put to a great many witnesses holding your position

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Mr. THIES.

[Continued.]

Chairman—continued.

position in a hospital; supposing that some extraordinary case of insubordination occurred, or some special case with regard to a medical officer of the hospital or an official of the hospital subordinate to you, would you have power to suspend him?—Undoubtedly, until the next meeting of the board. I should see, and of course consult with the chairman, but I should act independently of that if it were necessary.

16167. Supposing it were such a gentleman as the taking-in officer (if such an official exists in your hospital) and this occurred in the middle of the night, you could suspend him until you had had an opportunity of consulting with your chairman or with the board?—Yes.

16168. You are supreme, in fact, in the absence of the board?—I am.

16169. And responsible to the board?—Responsible to the board.

16170. How many beds have you in your hospital?—One hundred and sixty.

16171. And what is your working average?—One hundred and thirty-five; 134, I think, was the number for last year.

16172. And as regards the diseases that you take, do you take all diseases?—Except infectious diseases.

16173. Have you any special foundation for any special disease?—No, we have not. I might mention with regard to that matter that at the time of the last cholera epidemics in London the Committee threw the hospital open entirely for cholera patients and took in a very large number. I could give the figures and data if your Lordships would like to hear it.

16174. If you please?—In the year 1832, 700 cholera cases were taken into the hospital, and in 1849, 3,000, and 6,000 in 1854.

16175. How did you manage to accommodate all that large number in your hospital?—I do not know how it was managed.

16176. But that is a fact?—That is narrated in the history of the hospital; the hospital was, at the times mentioned, given up entirely to cholera cases.

16177. Do you know whether the hospital has had to keep any beds empty at any time from want of funds?—No, never.

16178. You have gone on eating up your capital in order to keep yourselves going if necessary?—Quite so.

16179. Do you know whether there is much other means of medical relief in your district besides your own hospital; you did not tell us where it was, by the bye?—The Royal Free Hospital is in the Gray's Inn-road, near the Great Northern Railway Station at King's Cross.

16180. Are there any other hospitals close to it?—The nearest hospital eastward of us would be St. Bartholomew's, which is probably about a mile and a quarter away; to the west, University College Hospital is within a mile; and a little further to the west there would be Middlesex Hospital; and King's College Hospital is to the south west.

16181. Do you ever have to turn away patients because there is not room to take them in?—Every week.

16182. From your experience in the last three years do you consider that medical relief is

Chairman—continued.

lamentably deficient in your district?—I can only speak of course from my own experience of the particular hospital with which I am connected; but I may say that the hospital is a very popular one; we get a large number of people coming to us, strangely enough, who pass the doors of other hospitals; we are constantly having cases of that description, and upon asking the people why they come they say that they have been accustomed to come, or that they knew the hospital, or there was some personal reason.

16183. Is there not a corresponding side of the account; that a certain number of people would go from your district to Charing Cross or St. Thomas's?—I believe that among the poor there is a very decided preference for particular hospitals. If they have lived in a neighbourhood, and have been to a hospital they will sometimes come long distances to attend the same hospital. There was a case of a man yesterday, about whom I had some doubt as to whether I should allow him relief, he had come from Hertfordshire. I put the question why he had come to us, and he said that he had formerly lived in the neighbourhood, and had more confidence in coming to the Royal Free Hospital than in going to any other hospital, or to any local practitioner. I mention that as a case in point.

16184. Then you consider that the poor do migrate very much for their medical relief?—Undoubtedly.

16185. Do you make any inquiries as regards their business and means of living before taking them into the hospital?—Our system is as follows: At one o'clock in the day the out-patients' departments are opened, and the porters admit all who appear there; up to half-past one for men, and two o'clock for women; they are then seated in the men's or women's out-patients waiting room. The senior resident medical officer goes down at one o'clock and begins to see these cases; he then distributes tickets, 25 tickets for the surgical side, and 30 for the medical side of the hospital.

16186. That is for admission?—For new cases. He selects them from a larger number of applicants who are there; generally speaking, some have to be sent away; we strictly limit the new cases that can be seen to 25 on one side and 30 on the other.

16187. Are they in-patients or out-patients?—Out-patients. He selects these patients for what he considers to be their medical need, and, so far as he can judge, without going into any inquiry, he takes care to notice what their social position appears to be, and if he sees any of them according to his view too well dressed, he does not make any inquiry but simply eliminates them so far as he can. The case thus selected is then seen for the first time and is given a treatment paper, which is not taken away when the patient leaves, but which is left with the dispenser when the patient gets his medicine, the patient taking away the original card given him, which is his card for reference in future, and which is numbered. On the occasion of his second visit, upon showing his card, he has given back to him his treatment paper by the porter, and then it is the duty of two lay-officers to go round and see the

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[Continued.]

Chairman—continued.

the papers and make personal inquiry in every case as to what their social position may be.

16188. Where do they see the papers?—In the out-patient's room, where the patients are seated in order; the officers go round from patient to patient, making what inquiries they deem necessary. If they are satisfied, they sign the paper in coloured pencil in the corner, so that it can be plainly and quickly seen. If they are not quite satisfied with the results of the inquiry they make, they send the patient up to me in the office, and then I make my own inquiry.

16189. Who is the gentleman who makes the first observation as to whether the patient is well dressed?—The senior resident medical officer.

16190. Not the porter?—No, not the porter.

16191. Then he becomes an out-patient?—He becomes an out-patient, and from the out-patients the in-patients are fed; our beds are filled in that way.

16192. That means to say that any person whose case requires a bed gets it if there is one?—Undoubtedly.

16193. Who determines that such a person is a fit or unfit person for a bed?—The physician or surgeon who has seen the case.

16194. This senior resident medical officer?—No; the senior resident medical officer only makes a preliminary inquiry; then the patient goes to the physician or surgeon of the day who is sitting to see out-patients.

16195. And who is on the staff?—Yes, a regular member of the staff; he decides. If he thinks that a case ought to come into the hospital he passes that case into the hospital.

16196. Then the admission to the hospital is in the hands of the staff?—Yes.

16197. Did you ever see any objection to that?—None whatever.

16198. Have you ever had any difficulty in regard to filling the beds, from the fact that there is sometimes a disposition on the part of surgeons to keep beds empty for interesting cases that may occur, although there may be plenty of cases that ought to come on the charity?—I can only say from my experience that I have never found that to be the case at our particular hospital.

16199. Do you go round the hospital?—It is my duty to go round at least once a week. I make it my duty to go round some part of the hospital every day, and I make a written report of everything I think necessary for the board to read.

16200. You think that you are in a position to see if there are any empty beds?—We have a return day by day.

16201. Do you study it every day?—No, the senior resident medical officer studies it; and if he has any remark to make, he makes it in his weekly report to the board; in which he reports how many patients there are, and how many beds. We judge from that what the average may be.

16202. To return to the constitution of the hospital, you told us, I think, that the weekly board met once a week, and that two members of it come rather earlier than others, to go through

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certain accounts, and so on; what accounts would be included in that?—The whole of the accounts.

16203. Would you include the stock books too?—We do not keep a stock book.

16204. Well, whatever you do keep, the housekeeper's book or the steward's book?—They examine everything. I will explain the whole system, if it is not too much to tell you.

16205. Pray do?—The system of accounts with us is as follows: I have in my hand a copy of one week's account, which I thought might possibly be useful (*handing in the same*).

16206. I think the simplest way will be for you to read it?—I will explain the system in detail from it. Every week a cheque is drawn for what is called the weekly expenses, and a voucher similar to that in your Lordship's hand is made out. The first member of the board who attends makes it a rule to examine each item of that particular account, and if he is satisfied to initial it. Then the following week every item in that account has to be examined again to see that the money has been paid for which the cheque was drawn. Those papers are the vouchers for that particular week. Then when those papers are examined again by the member of the board, he also signs it, and you will observe that it is countersigned, showing that everything up to that date has been accounted for by a separate receipt for every item in that particular account; that is to say, that every person who is paid wages gives a separate receipt.

16207. Then these two gentlemen are practically a sort of sub-accounts committee?—They are a part of the finance committee.

16208. But you have a finance committee?—The finance committee is appointed by the members of the board, and any member of the finance committee can examine that account; but it must be a member of the finance committee.

16209. Then these small accounts come really into the duty of the finance committee?—Yes, they undertake everything in connection with the accounts. Then they examine, in addition, every receipt, and initial the counterfoil of every receipt for money received; and then they initial the cash-book, and see that the balance in the cash-book agrees with the banker's book; and they check every item of the account in the banker's book. In addition to that they examine what we call the provision and alcohol account, that is provisions supplied by the steward, showing exactly what provisions come into the hospital in the course of the week, and what have been used. This account is analysed in order to ascertain what each department of the hospital may cost. The particulars are read out (after it has been examined and signed by the members of the board) at the board meeting as part of the usual formal business. Also we read out the exact cost of alcohol consumed during the week, and in what part of the hospital it has been consumed. Then once a quarter, when the quarterly accounts are paid, two members of the board probably will arrange to come a little earlier in order to have time to examine them in detail.

16210. Then do the finance committee examine
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and check the pass-books from the bankers?—Undoubtedly.

16211. How often does that occur?—Every week.

16212. Who compose this finance committee; merely the two members or two treasurers?—Eight members of the weekly board.

16213. Do those include the treasurers?—No, they do not include the treasurers. The treasurer, chairman of the committee, and trustees are *ex-officio* members of all committees and all boards; but the treasurer does not attend the board, generally speaking, except when any special business calls him.

16214. Now as regards your funds, where do they come from principally, at least entirely?—I can read you a statement of the receipt of funds for the last year. The annual subscriptions for last year were 1,013 *l* 3*s.*; donations including the alms boxes at the hospital were 2,255 *l* 16*s.* 11*d.*; grants from the Hospital Sunday and Saturday Funds, 1,197 *l* 3*s.* 4*d.*; the dividends on invested property were 934 *l* 12*s.* 5*d.*; the receipts from the nurses training school were 625 *l* 5*s.*, that includes the probationers' fees; the sale of kitchen waste and sundry receipts 22 *l* 16*s.* 4*d.*; making a total of ordinary income of 6,048 *l* 17*s.* The legacies received last year were 6,855 *l* 14*s.*; showing a total income from all sources of 12,904 *l* 11*s.*

16215. Was that an extraordinarily good year or an average year, do you consider?—I have worked out an average for 10 years, thinking that you might ask for it possibly.

16216. That is just what I was going to ask for?—From 1881 to 1890 the ordinary income of the hospital averaged 5,028 *l.*; the legacies averaged 7,370 *l.*, showing a total income of 12,398 *l.* as the average for 10 years.

16217. Your income last year was very nearly 13,000 *l.*?—That was our income, rather less than 13,000 *l.*

16218. And what was your expenditure last year?—Our expenditure last year was 10,671 *l.* 17*s.* 4*d.* We had a balance of income over expenditure last year of 2,232 *l.* 13*s.* 8*d.* I may mention in this connection that last year we were fortunate in getting some money out of the Court of Chancery that had been lying there a great many years to the extent of over 3,500 *l.*

16219. Under what head did that come?—That came under legacies.

16220. What were these dividends from, invested stock?—Invested stock. I can give you a summary of the investments belonging to the hospital at present. Would you like me to read them all, or a summary of them.

16221. You might read a summary of them?—The convertible investments, that is investments which the Committee have the power to sell at any time consist of railway stocks: Great Western, London and Brighton, South Eastern, and North Eastern Railways, each 3,000 *l.* nominal value; and Metropolitan Consolidated Stock, altogether amounting to 14,718 *l.* nominal value; I suppose they would be worth about 19,000 *l.* The inconvertible investments consist of special trusts, and samaritan funds, the special trusts amounting to 4,937 *l.*, and the samaritan funds to 1,276 *l.*, showing a total of 6,213 *l.* of funds that we cannot realise.

Chairman—continued.

16222. Those are special endowments?—Yes.

16223. Is that the whole special endowment that you have?—That is the whole special endowment, the total of all our investments at the present moment 20,931 *l.*

16224. Were the 2,200 *l.* donations, which is an exceptionally good year, the result of a dinner or anything of that kind?—No; but we received one donation of 1,000 *l.*; that was an exception.

16225. Do you appeal to the outside public much for subscriptions?—No, we have not done so; but we are now about to issue an appeal on a large scale.

16226. What is the particular object of your appeal to be?—The hospital was founded in the year 1828, and in 1842 the hospital was removed from Hatton-garden to Gray's Inn-road, where it occupied some old barracks which were formerly occupied by the Light Horse Volunteers. Owing to the receipt of large legacies in the past, the committee have been enabled to rebuild three sides of the quadrangle, which forms the present hospital buildings, without appealing to the public at all; and the only remaining part of the old building is the present front. That present front is now in such a dilapidated condition that unless we spend a very large sum of money upon it, we shall probably have the roof coming in, or some serious damage arising to the buildings.

16227. Then it is for building operations that you are going to make this appeal?—The committee now wish to obtain funds to rebuild this front.

16228. It is for building operations?—Yes; we very much need the extra accommodation.

16229. Which of these bodies, these committees, makes the contract for food?—The weekly board.

16230. And do they do the same thing for drugs?—No; there is a special committee called the drug committee, consisting of three pharmaceutical chemists who are not necessarily governors of the hospital even, but who give their services. One of the members of the present drug committee is a member also of the weekly board; he is a member of the Pharmaceutical Society. This drug committee examine the drugs and report to the board, who accept their report as to the tenders to be accepted. This is done once in every six months.

16231. Are the contracts open; do you advertise for tenders?—They are quite open.

16232. Then who receives the food and sees that it is up to contract?—The steward receives all the food.

16233. He receives it and weighs it?—He receives it and weighs it, and he is responsible that it is of good quality, according to the contract.

16234. Supposing it is not up to contract, what course would he pursue?—He would report to me.

16235. And would you then get other food and charge it to the contractor?—Undoubtedly.

16236. Then, supposing that the sisters of the wards, or whatever you call them; do you call them

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them sisters?—No; we call the head nurse in the ward a staff nurse.

16237. Supposing that the staff nurse were dissatisfied with the quality of the food or the dinners, she would complain to whom?—To the lady superintendent.

16238. And she would complain to whom?—The lady superintendent attends the board every week, and brings a written report, which is read.

16239. But to whom would she report in order to get the thing remedied at once?—She would first report to myself, and then also to the weekly board.

16240. So that you would see the thing remedied?—Yes.

16241. Do you find that there is much cause for complaint?—No; we have had minor complaints from time to time; but that is almost inevitable, I think, in any large establishment, but nothing of a serious character. I may say that the board have paid very special attention to that question. The chairman of the board attends, I think, without exception every meeting; he spends two or three hours every Thursday afternoon in the hospital; he arrives at the hospital shortly after two, and will spend two hours at least going round the hospital and inquiring personally into matters; so that if any person has a complaint, and feels any diffidence about making it to myself, they can make it to the chairman of the board, who knows every nurse in the hospital intimately. I have before me a list of the diets prepared by the steward, which is brought up and read to the board every week, and signed by the chairman of the board, giving full particulars of what the resident medical officers have had for their dinner, and also the nurses' breakfasts and dinners for the whole week.

16242. Have you got any gentleman who is responsible for the sanitary condition of your hospital?—The architect.

16243. Is he a sanitary expert?—I do not know whether he would call himself a sanitary expert, but he is undoubtedly a man who has a thorough knowledge of all sanitary matters.

16244. Do you keep a plan of the drains?—Yes.

16245. Is it posted up to date?—It is kept up to date. The system is as follows: the steward is responsible, according to the rules of the hospital, for seeing that the drains are kept well flushed; and that is done every week regularly. We have a very good water service and so forth. The steward would immediately report to me if he heard anything that was not satisfactory in reference to the drainage. It is his business to examine all through the hospital, the water-closets and all the general arrangements. The architect, I may say in addition, comes to the hospital I should think once every fortnight at least, sometimes it is once every week, and he takes more than a professional interest, he takes a real personal interest in the hospital; he has been connected with it for a good many years.

16246. Is he an honorary officer?—He is paid
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a commission upon all new works, but he undertakes quite *con amore* to do all the ordinary work of supervision, which he does in the most thorough manner. The drains are tested about once in a year by the smoke test, and the peppermint test, and it is in contemplation in connection with our new buildings to revise the whole system of drainage. When the new part of the hospital was built the St. Pancras Vestry declined to make the drain in Gray's Inn-road deep enough to carry off the drainage. The consequence was, that the drainage had to be carried backwards down to the old Fleet ditch, which really was the old drain; the disadvantage is that we have to carry our drains right through Messrs. Cubitt's yard, at the back of our premises, into this old Fleet ditch. The new scheme for rebuilding will reverse the present system of drainage, and carry it all into the deep drain which has been constructed in the last two years along the Gray's Inn-road, so that the whole of our drainage will then run into this new drain. I have personally taken a great deal of interest in this question of drainage; I make it a point in my visits to the wards to go into the lavatories and pry about with that matter in view, because I have a strong feeling about it; and I have never yet had the slightest suspicion, or heard from anyone in the hospital, of anything being wrong with the drainage anywhere. I do not think there is a bad odour to be detected in any part of the hospital.

16247. Supposing that a staff nurse discovered, or thought that she discovered, something wrong from smells, or whatever it might be, she would complain to you?—She would complain to the lady superintendent immediately. The lady superintendent visits the ward two or three times a day at least, and I should immediately hear of it from her, or else the steward would tell me, and if it were necessary, I should send at once for the architect, but I have never heard of anything being wrong, except occasional damage that might arise.

16248. Does this architect make an annual inspection?—He makes an annual inspection of the drains. I may say that he is so frequently at the hospital, and he sees me on every occasion, that I am always kept informed of everything which, in his opinion, is necessary, and he writes at once to the board if he thinks it needful.

16249. Who is the head of your nursing staff?—Miss Barton.

16250. What is she called?—Lady superintendent.

16251. Is she salaried?—She receives 100*l.* salary.

16252. And board and lodging?—Yes.

16253. Will you tell us what staff of nurses you employ?—We have a lady superintendent and 40 nurses consisting of the following: ten staff nurses in charge of wards, all of whom are fully trained. We have a system of training for three years, and give a certificate at the end of three years after the nurse has passed an examination on medical and surgical nursing by members

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members of the staff. There are eight nurses in their third year; 15 probationers in their second year; five in their first year, and two paying probationers, making a total of 40. Of these nurses, 27 are engaged upon day duty, and 13 upon night duty.

16254. How many wards have you?—We have 10 wards, nine of which have 16 beds, and the other ward, the small ward, has only six beds.

16255. So that in any case you have one attendant in the ward all night?—Yes, always. Our wards touch each other, opening on to the same landing, thus two nurses are in immediate communication during the night. But, in addition to that, there is one night nurse who is free to go everywhere, and it is a part of her duty to move about wherever her help is required.

16256. Is that a staff nurse?—No, not a staff nurse; one of the night nurses.

16257. Who is at the head of the night nurses?—The lady superintendent.

16258. That is the same person who is in charge of the day nurses?—Yes; we have no night superintendent.

16259. Are you nursed by a sisterhood or do you train your own nurses?—We train our own nurses.

16260. And supposing that you require more nurses than the 40 whom you employ, where would you be able to get them from; have you any extra nurses on the staff; or do you have to send out to some institution?—We have a private nursing institution connected with the hospital, with 12 nurses, any one of whom must work for the hospital if necessary; that is part of the arrangement made with them. Our staff of nurses has been increased, and we now consider that we are well staffed with nurses.

16261. When was it increased?—Within the last three years we have been steadily increasing the number of nurses. At the present time our average of patients to nurses is 3.35; that is, taking the number of patients and dividing it by 40, we have one nurse for 3.35 patients.

16262. You say that you have private nurses who go out to do private nursing?—We have a private nursing institution in connection with the hospital.

16263. They number 12?—They number 12.

16264. And how much do you charge for them when they go out?—From two to three guineas per week.

16265. Do you give the nurses any percentage of their earnings?—No; we pay the nurses as follows; nurses on joining the institution in their first year get 26 *l.* and a 5 *l.* bonus at the end of the year; for the second year at the institute they get 28 *l.* and a 10 *l.* bonus; for the third year they get 30 *l.* salary and a 15 *l.* bonus; and for the fourth year they have 30 *l.* salary and 20 *l.* bonus, so that a nurse connected with the institute in her fourth year would be earning 50 *l.* a year besides uniform and washing and so forth. That is a comparatively recent introduction; the institution only started two years since, and the board have been watching the result of it; and they made this arrangement

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for last year, so that the nurses who worked through last year were paid according to this scale.

16266. Do you find that this nurses institution pays?—Yes.

16267. With regard to the other nurses, what pay do they get, the nurses employed in the wards?—The salary of probationers is 10 *l.* for the first year; 14 *l.* for the second year; and 20 *l.* for the third year; then they rise from the 20 *l.* by 1 *l.* yearly until they reach 23 *l.* or until they are promoted to the position of a staff nurse. The staff nurses, who must be certificated nurses, receive for their first year, 23 *l.* and increase 2 *l.* each year, until they reach 35 *l.*; and they are provided with uniform and so forth.

16268. Is there any pension for any of these nurses after a certain period of years?—That is a subject which is under consideration at the present time. I may say that we have only in recent years introduced the present nursing arrangement. Previously we had an arrangement with the British Nursing Association, which ultimately came to grief. We only commenced our own nursing in 1884, and our staff is at present a rather recent staff for that reason; but the committee have under consideration some scheme for providing pensions for the nurses.

16269. And how much do the lady probationers pay?—They pay a guinea a week, and they are taken on for six months; they are taken on for three months at a time, and if they give satisfaction at the end of three months they are allowed to go on for another three months; but we limit the number to two.

16270. The lady superintendent is the head of the nursing?—Yes.

16271. Has she the same power with the nurses as you have with the rest of the hospital, that is power of suspension?—Yes, reporting the same to the weekly board at the next meeting.

16272. But she has not the power of dismissal?—No.

16273. Now will you tell us the hours of these nurses?—The nurses on day duty work from seven in the morning until 8.30 at night, which makes a total of 13½ hours; but every nurse is off duty every day for two hours; it is a strict rule that she must if possible leave the hospital for two hours, and she has two and a quarter hours allowed her for meals, that is four and a quarter hours during which she is out of her ward during the day. This leaves a total of 9½ hours during which she is working or on duty, but there are times, in the afternoon for instance, when perhaps she is not actually at work although she has to remain on duty in the ward. In addition to the regular time off duty every nurse has one whole day every month given to her; she has also four hours off duty once every month and six hours once in three months. There is a system of giving the nurse the chance of being out occasionally for an evening. She has thus one evening a month in which she can go to her friends, and at another time, instead of being away two hours a day, she can have four hours, so that she can go a little further than in the two hours.

16274. The day nurses begin at 7 a.m., and have

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have two and a-quarter hours for meals. When do they have breakfast, before they go in at 7?—They have breakfast from 6.40 to 7 o'clock.

16275. Then when is the next meal?—The next meal is at 9 o'clock; they have luncheon in the wards.

16276. Of what is that composed?—That consists of bread and butter and so forth, some light thing, bread and cheese, not meat, unless they have anything they take for themselves.

16277. Then how about dinner?—The staff nurses dine from 12 to 12.45; that is, they have three-quarters of an hour; and the probationers dine from 12.45 to 1.30, at which time they are supposed to return to their work.

16278. That is to say the probationers have what time the nurses leave over?—No; the staff nurses must leave the dining-room before 12.45; then the probationers come in. They have tea in the dining-room from 4.30 to 5; there is no tea served in the wards. They have supper from 8 to 9.

16279. That is after they come out of the wards?—Yes.

16280. And then at 9 o'clock their day is done?—Yes, their day is done then.

16281. Now with regard to the night nurses?—The night nurses have their supper from 8.30 to 9, and they have a meal provided in the wards consisting of eggs, fish, or bacon, something of that sort, whatever they may fancy; they eat that meal in the wards during the night. They have dinner at half-past 9 in the morning, and luncheon at 12 o'clock.

16282. Then for the whole of the nurses, what holidays do they get annually?—The holiday is about three weeks, made up as follows; there are 17 days clear, but, in addition to that, when the wards are being closed, it is the rule of the lady superintendent that the nurse belonging to the particular ward that is closed is relieved, so as to give her four days extra; so that, all round, every nurse has four clear days sometime during the year, when they can be arranged for her. I might mention, with reference to the nurses, the average of illness in four years. I had a long talk with the lady superintendent on this subject last evening, and she tells me that there have been only four cases of illness, since she has been at the hospital (that is for four years), two of which were doubtful cases; they were not quite certain what they were, but there was one case of diphtheria, and one case of scarlet-fever, both of those cases being contracted from patients and definitely known to be so. There has been no death among the nurses since we have started the nursing.

16283. Where do the nurses dine; have they their own dining-room?—Yes.

16284. Have they their own kitchen?—Yes; but the meals are prepared in the general kitchen. There is a kitchen attached to the nursing quarters in which all small matters are attended to.

16285. Does any high official dine with them, such as the housekeeper?—The lady superintendent is always present at the meals; she

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does not dine actually with them, but she is present, and carves.

16286. Where does she dine?—She dines in her room.

16287. That is not a dinner sent from this meal, I suppose, but a different meal?—Yes, a different meal; she has what she wishes.

16288. At what time in the day do they get that two hours off?—In the afternoon.

16289. Before 5 o'clock?—Before 5 o'clock, if possible by daylight.

16290. That is what I wanted; do you have any ward maids?—No, we have no ward maids; but every morning scrubbers come in and do the heavy work in the wards, that is to say cleaning fire places and so forth.

16291. Have the nurses any sweeping to do?—During the day they have to keep the wards tidy, from the time the scrubbers leave.

16292. And who appoints all these nurses, the board?—They are practically appointed by the lady superintendent, who reports to the board, and if the board think it desirable they see a particular nurse, but the chairman of the board, if he sees a new nurse in going round the wards, talks to her and consults with the lady superintendent about her. Every appointment is reported in the weekly report of the lady superintendent to the board.

16293. Then who appoints the officers and servants of the establishment, the board?—Which particular officers do you mean?

16294. The secretary, and you spoke of the resident medical officer, to which I am coming to directly?—The secretary is appointed by the committee, but the weekly board appoint all the other officers, and the resident medical officers, except the members of the medical staff, who are appointed by the committee.

16295. Have you any chaplain?—Yes.

16296. What does he get?—£. 100 a year.

16297. Is he resident?—No; but he lives within five minutes walk of the hospital; he visits the hospital every day, and makes a written report stating what particular wards he has visited, with the time he came and the time he left.

16298. Is there any salaried medical man in the establishment?—The senior resident medical officer receives 100 l. a year and board and lodging; the juniors, of whom there are three, in addition to the senior, receive only board and lodging.

16299. Are those temporary appointments?—The junior appointments are made for six months, on the recommendation of the medical staff, and are eligible for re-election for a further six months, but not beyond that period.

16300. Is the senior resident medical officer a gentleman of some standing?—He is a Fellow of the Royal College of Surgeons, and is appointed for one year, being eligible for re-election for a second year.

16301. Do you take lock cases?—No.

16302. None?—Not that I am aware of; I have never known such cases taken in.

16303. Do you take diphtheritic cases?—Unless it were a case of emergency we should

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not take it in, but we should take it in if it were a case of emergency. With regard to your question about the lock cases, as you are aware, we have lady students, and cases of that description in the out-patient department are seen separately; they are always kept to the last, and seen by the surgeon of the day and the resident medical officer, the lady students having been previously sent away.

16304. You have lady students, and female clerks and dressers?—Yes; the whole of the students in the hospital are women.

Earl of Kimberley.

16305. What is the reason why the lady superintendent dines in what I may term solitary grandeur; why cannot she dine with the nurses?—I think it is almost a personal matter; she prefers to do that.

16306. Does she consider that they are of a class below her?—I do not think that is so; but I think if you look at it from the point of view that she has to carve for the whole body of nurses, and it takes some time carving for 30 people, 15 at a time, it would hardly, I think, be likely that she would care to be eating her food at the same time with the constant disturbance she must have; she would hardly get any real rest in her own meal. She has to attend, you see, three dinners a day, one for night nurses, and two for the day nurses.

Lord Clifford of Chudleigh.

16307. I did not quite understand about the bonus which is paid to the nurses; is the bonus a constant quantity?—The bonus is a constant quantity, on the nurse completing a year and giving satisfaction during the year.

16308. Then it is like the wages, which are liable to reduction if their conduct is not satisfactory?—Quite so.

16309. Is this reduction ever made?—The scheme has only been in operation for one year, and there was no reduction made last year, but it is quite possible under the rule, for it is understood that if a nurse does misbehave or gets an unfavourable report she may lose her bonus.

16310. But who would decide?—The weekly board.

Lord Monkswell.

16311. Did you tell us what your salary was?—I did not. My salary is 250 l. a year, and I have lunch in the hospital.

16312. You have no residence?—No residence.

16313. How many are there on the committee of management?—Thirty.

16314. Where do the patients who are not admitted go to?—They are told to come again another day.

16315. I suppose they go off somewhere else; where do you suppose they go, to poor law infirmaries or other hospitals, or do you not know?—It is impossible for me to say where they go; but I may tell your Lordship that there are a large number of cases among the poor who come as chronic cases. There is not very much the matter with them, but they come as a matter of habit and the senior resident

Lord Monkswell—continued.

medical officer soon ascertains those that are trivial cases.

16316. Then you suggest that the patients who are not admitted are generally patients who are not very much in want of assistance?—Undoubtedly.

16317. Do you take midwifery cases?—No; we have a special department for diseases of women, but we do not take midwifery cases.

16318. The students are all ladies you say?—Yes.

16319. Would they have any opportunity for studying such cases?—They only come to our hospital for clinical instruction in our wards and out-patients departments; they complete their education by attending at other hospitals.

16320. Then there perhaps they would get their experience in midwifery?—Undoubtedly; but I would rather, if you would allow that subject to be dealt with by Mr. Berry or Dr. Calvert, who will follow me.

16321. I understand you to say with regard to the resident medical officer that sometimes he will refuse peremptorily to see patients whom he considers by their dress or appearance to be of a class superior to that which ought to have gratuitous relief from the hospital?—Yes.

16322. Is that not rather hard, because you always do apparently make inquiries. You treat a man, at least as I understand, give him first treatment, and then always make very careful inquiries into his means; is it not rather hard that any man should be peremptorily refused, because the resident medical officer seems to think that he is too well clothed, or is of an appearance that seems to indicate that he is not a proper subject?—Your Lordship will understand that every day the senior resident medical officer has to select some 55 new cases, and he uses his own judgment; if he should see a man who was in his opinion, medically in great need, he would take that into consideration, and his social position would be quite a secondary consideration; the first consideration would be the medical need of the patient.

16323. Then I understand you to say that he would not refuse to give a man first treatment if he saw he was badly in want of it, whatever might be his personal appearance?—Certainly not.

Chairman.

16324. Do you provide everything free at the hospital?—Everything except tea, sugar, and butter, and I may say that that question is under consideration, and has been for some time past; it is really a question of expense, and the board have that matter under consideration at the present moment.

Earl Cathcart.

16325. We have understood that it is almost the invariable rule for the matron to dine separately, and I suppose there is some special reason for that; she is very much worried and hurried, and that sort of thing; it seems a rest for her?—I think your Lordship would understand from the explanation I gave just now that it would really hardly be fair to her; it would

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would take her appetite away to have to sit so long, and have so many meals to carve.

16326. It is of the utmost importance that she should be present at the meals of the nurses herself, to carve and to see that things are properly conducted?—Undoubtedly; it is the rule that she should be present at all meals.

16327. With regard to your site, I rather gathered from you that you have elbowroom on your site?—We have.

16328. And you have a free circulation of air all round the building?—A very good circulation indeed.

16329. And you say that your water supply is constant?—Yes.

16330. And with regard to fire; have you taken any precautions in regard to that?—We have a fire-hose, and on every floor we have buckets which are always kept filled.

16331. Have you thought what you would do in the way of getting your patients out in case of alarm of fire?—We have iron-proof doors constructed between the various wards to give double exit, and we hope, when the new building is complete, to have a complete circuit round the building. The circuit is broken at present, because the buildings are not all of the same height and the same level.

16332. And when you get the new drain into Gray's Inn-road you will have a better fall?—Yes.

16333. In fact a first rate fall?—Yes.

16334. What do you do with the ward slops; where are they put?—There are special flushing places for them, special traps.

16335. With disconnections in each place; is that the arrangement of it?—I could not tell the absolute construction of it, but I know that they were specially constructed for that purpose.

16336. The slops are not poured down the waterclosets?—No; there is a strict rule against pouring them down the waterclosets.

16337. With regard to things that you cannot pour away, such as dirty bandages and nasty poultices, what is done with them?—They are removed at once and burnt; we have a special furnace for them.

16338. You have an apparatus for the purpose?—Yes.

16339. And that is of very great value to you from a sanitary point of view?—It is of enormous value; it was constructed some years ago.

16340. And you have had no complaint from your neighbours?—None whatever.

16341. With regard to telephonic communication, do you see any advantage in having telephonic communication in case of an overflow of in-patients, or people desiring to be in-patients, so that you could send them to some other hospital, or at all events, ascertain whether some other hospital could take such patients?—It would be an advantage on certain occasions possibly, but we have not found it to be a matter of serious moment, and the expense would be considerable.

16342. But you mentioned St. Bartholomew and other hospitals as being in the neighbourhood; would it not be an advantage if you had telephonic communication with either of them to say "We have a very serious case here, can you

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Earl Cathcart—continued.

take it in"?—We are always ready, I think, to take in very serious cases. There may be cases which would appear not so serious, in which we should say they had better go to King's College Hospital or some other hospital.

16343. As an abstract principle, do you think that telephonic communication between the different hospitals would be advisable?—Undoubtedly.

16344. Have you anything in the nature of a two months' book?—We have a book which is read at the board every week called the six weeks' book. The senior resident medical officer comes to the board every week, and reads the medical reports, and amongst the medical reports is what is called the six weeks' book, which gives an account of every patient who has been in the hospital form ore than six weeks, and reports how that particular patient is getting on.

16345. And have you anything in the nature of a ward temperature book?—No, we have not a book of that description.

16346. You mentioned a very large bonus that is given to the nurses; there must be a reason for that bonus; is it that you may withhold the bonus in case of want of merit?—The idea is that a nurse who has been working for two or three years should be paid more than a nurse who has only just come upon the institute. It was a question of consulting with the nurses as to whether they should receive a bonus or a percentage upon their takings; and we found that, generally speaking, the nurses in the trained nurses institute thought that they would like to have a definite fixed amount, so as to know what their income was to be in a particular year, rather than to trust to the uncertainty of a percentage.

16347. Is there an idea that you might withhold the bonus or part of it in case of want of merit?—The board would not withhold it. Supposing that a nurse had a valid reason for leaving before the year was out, and had a good report, she would receive the proportion of bonus for that period.

16348. But at the end of the year, would she get it, whether complaints were made against her or not?—No; if complaints were made against her it would be withheld; the board have that power.

16349. Has that power been exercised?—Not at present, it has never been necessary.

16350. Have you any regular female medical officers?—No; the only student who has any office at all is the curator of the museum; that office is filled by a woman; but they act as clerks and dressers.

Lord Zouche of Haryngworth.

16351. Are you of opinion that your hospital is abused at all as regards the out-patient department?—No, I think not; I think that the precautions which we take are sufficient to avoid abuse. In addition to what I have said, I may say that we are in touch with the Provident Medical Association, and we have a system of sending cases to them. For instance, if cases come to me and I have my doubt, I advise the patient, and say, "I think you ought to go to a provident dispensary; there is one in Lambs' Conduit-street, close by. I will give you this card and you can take it on to them." I have arranged also to put a placard

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Mr. THIES.

[Continued.]

Lord Zouche of Haryngworth—continued.

up in the out-patient room giving the terms charged by the provident dispensary. I believe that a free hospital like our own should be in touch with the provident institutions in the neighbourhood, so as to draft on such cases as may appear able to pay the charges of such an institution.

Earl of Lauderdale.

16352. In quoting from your rules just now, you said that your duties were performed in accordance with the regulations of your office; are those regulations elaborated in your rules, or are they separate?—There are a separate series of rules.

16353. Are they printed or in manuscript?—They are printed. This is the rule book.

16354. They are printed from time to time?—As they are revised; these rules have been in force for some years.

16355. With regard to these patients who are selected every morning, 25 of one class and 30 of the other, are they 25 medical and 30 surgical?—No, 25 surgical and 30 medical.

16356. What becomes of the remaining persons that are there for medical treatment; are they sent away?—Yes.

16357. Without being attended to at all?—Without being attended to that particular day; it is quite left to the discretion of the senior resident medical officer, if he should find great pressure on a particular day, to send in one or two more, and he would do so occasionally.

16358. But, in round numbers, you only treat 55 out-patients a day?—Fifty-five new cases per day.

16359. And the other persons are sent away?—No doubt.

16360. Can you give us the number of in-patients and out-patients treated last year?—Yes.

16361. Will you give us the total number?—I will give the total number. Would you like me to give them separately, as medical and surgical, and so forth?

16362. You might give us the total of each?—The total number of out-patients for the year was 17,263, classed as follows: Medical, 9,043; surgical, 6,260; ophthalmic cases, 667; diseases of women, 591, and dental cases, 702. In addition to these there were 10,804 casualty cases.

16363. What do you call casualty cases?—Casualty cases are slight cases that are treated in the casualty room at 12 o'clock, and at other times, when the out-patients department is closed, coming in from the street at all times of the day and night.

16364. They are practically out-patients in one sense?—We call them casualty cases. Supposing that a man is brought in with some slight wound, and it is necessary for him to be treated again, because the case becomes of such a character that the resident medical officer thinks it necessary for him to become an out-patient, then he is drafted on to the out-patient department; but first of all he is treated as a casualty case. Most of these cases are only seen once or twice.

16365. Would none of these cases which are

Earl of Lauderdale—continued.

sent away every afternoon, in addition to the 55, be treated in that way?—They could be treated in that way, if they were cases of slight emergency requiring to be treated quickly.

16366. You have no landed property, have you?—No, only the property upon which the hospital is built, which is freehold.

16367. Are you insured?—Yes.

16368. For what sum?—£. 35,000.

16369. With regard to these holidays for the nurses, you give 17 days and four days?—Yes.

16370. Those are two separate periods; they are not given concurrently, but they are different periods of the year, I suppose?—Yes.

16371. Can you tell me the average age of your probationers?—I should have to tell you that quite from personal observation.

16372. What would you say is their average age?—We will not accept any one under 20 years of age, but I should think that the average age would be 24 or 25.

16373. This bonus scheme has only just been introduced I understand?—It has only been introduced for last year.

16374. Have you given any bonus yet?—Yes, we have paid bonuses for last year.

Chairman.

16375. What is the maximum age at which you admit a nurse?—Thirty-five.

16376. Will you tell us what you are assessed at?—We are assessed at the present time at 500*l*. I may mention that two years since I made an application to the St. Pancras vestry to consider our assessment. We were assessed at 800*l*., and I thought, comparing that sum with what I knew to be the assessment of similar institutions in the parish, we were over-assessed. I made a special appeal to the vestry on the subject, and they reduced our assessment from 800*l*. gross to 500*l*. gross; we pay upon 431*l*. net. I may say that at that time I found that the assessment of the hospitals of London, which I enquired into right through, was of the most extraordinary character; I do not know whether you would wish me to say what it was.

16377. Pray do?—Take, for instance, St. Thomas's Hospital opposite, which was paying something like 2,500*l*. a year, speaking from memory.

16378. £. 2,300?—The London Hospital covers quite as large a space of ground and was paying 51*l*. a year. And that is simply a specimen of what I found to be the case. The National Hospital in Queen-square, within a half a mile of us, was paying about five times as much, I think, as we were paying, because it is in a different district; it is in Holborn, and the vestry of Holborn make the hospitals pay much more in their district than the St. Pancras vestry in which we happen to be.

16379. How much would that sum be, about five times more than you were paying?—They would be assessed at about 2,000*l*.

Earl of Kimberley.

16380. Do you know at all what basis is taken for this assessment?—No; I think it is a purely arbitrary one.

16381. And

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[Continued.]

Earl of Kimberley—continued.

16381. And when you appealed, what ground of appeal did you take?—I appealed on the ground that University College Hospital, which is in St. Pancras, and which is a larger hospital than our own, was assessed only at 300 *l.* or 250 *l.*; I am speaking from memory; and I thought that we, a small hospital covering less ground, should not be assessed at a higher rate, more than double the rate of another hospital belonging to the same parish.

16382. But in point of fact, the law, which I dare say you are acquainted with, as to assessment, which says that it shall be the amount which the property would really be let for from year to year, is no guide as to a hospital at all?—It is no guide at all. I may mention that when this matter was under consideration, I made a careful examination as to what I thought we saved St. Pancras, by the fact of our being there, that is to say, that very probably the larger proportion of the patients who come to us would be driven to go into the local parish dispensaries, and I estimated that we were saving the parish something like 2,000 *l.* a year.

16383. That argument that you are urging would apply to the exemption of hospitals from assessment altogether would it not?—I think so.

Chairman.

16384. As regards the pay of the different members of the staff, you told us that you got 250 *l.* a year; do you get any commission on the subscriptions?—I have no commission whatever; that is the full amount of my salary.

16385. What does the senior resident medical officer get?—£. 100, with board and residence.

16386. And the steward?—I will give your Lordship a list of the officers if you wish it.

16387. If you please?—The secretary 250 *l.*; assistant secretary or clerk 130 *l.* a year, with his meals during the day, but no residence; the senior resident medical officer 100 *l.*, with full board; and the junior resident medical officers no salary, but they have their full board; the chaplain 100 *l.* a year, and no residence; dispenser 170 *l.* a year with meals during the day; assistant dispenser 78 *l.* a year; steward 78 *l.*, with full board and residence, he resides on the premises; housekeeper 52 *l.*, with full board and residence.

16388. Is that junior dispenser a fully qualified man?—He is a fully qualified man; he has what they call a minor qualification.

16389. The qualification has been latterly altered, has it not?—I believe it has; I do not understand the technical qualification; I know that when he was appointed (he was only appointed a year since), we went into the matter, and it was necessary to have a man with what they call a minor qualification.

16390. Are any of these salaries increasing salaries?—Not by any strict rule; there is no rule as to increasing the salaries; the salaries are increased according to the discretion of the board.

16391. Then they are all liable to be increased, if the board think fit?—If the board think fit.

16392. How do you get at this 78 *l.*?—We pay by a weekly payment, of so much a week, 30 *s.* a week, for instance.

(24.)

Chairman—continued.

16393. When you gave us the details of your receipts just now, I did not notice anything from the Hospital Sunday Funds; do you get anything from that source?—Yes, I can give you that.

16394. You told us of about 2,000 *l.* by special donations?—I ought to have mentioned the item of grants from special funds, namely, from the Hospital Sunday Fund, 947 *l.* 18 *s.* 4 *d.*; and from the Hospital Saturday Funds, 249 *l.* 5 *s.*, making a total of 1,197 *l.* 3 *s.* 4 *d.*, in addition to the donations.

16395. Do you ever try and work out the cost of a bed?—Yes, the cost of a bed for last year was 66 *l.* 11 *s.*, for every bed occupied.

16396. Do you think that that is a reliable estimate?—The difficulty of making a reliable estimate of the average cost of in-patients is, that you have got to deal with the question of out-patients, but, after a very careful examination of the subject, I came to the conclusion that our out-patients costs us 1 *s.* 3 *d.* each, because the numbers I have given you are not the numbers of attendances; we register every patient once as an out-patient, we do not reckon how many times they come again; we take it as an average that patients will attend three times, perhaps three and one-third. I have done it on a small scale, but the number is very great.

16397. Then it is purely based upon estimate?—The 1 *s.* 3 *d.* is from trying to work out the cost with a small proportion of the cost of drugs.

16398. And officials?—Yes, and officials and servants, the rating and keeping the rooms clean, and all that sort of thing, I have made it out very carefully; because formerly, when I first went to the hospital, I found that we had been reckoning it at 10½ *d.*, which I found was the lowest of all the hospitals in London. The London Hospital, for instance, reckons 4 *s.* 1 *d.* or 4 *s.* 3 *d.* I could not understand the discrepancy, and I came to the conclusion at last that it cost us about 1 *s.* 3 *d.* each out-patient, and I have made that my basis.

16399. That is your opinion?—That is my basis for the last year.

16400. Should you like to see any similarity of accounts between the various hospitals?—Yes. I have drafted my accounts this year entirely upon the basis of the Hospital Sunday Fund suggested form of accounts, making one or two modifications which I think are necessary; but it will be of enormous value, because at the present time the comparisons made between the various institutions are most fallacious in consequence of the different methods in which the accounts are kept.

16401. But at present a comparison is really impossible or useless, is it not?—On certain points. On certain points we can get definite information, and I have myself carefully analysed the accounts of most of the hospitals for the purpose.

16402. Do you think that the charity is abused at all by persons coming for relief who could afford to pay a private practitioner?—No, I do not. I have been in the out-patient department of nearly every general hospital in London, and I think, from personal observation, that there is very little abuse.

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16403. What

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[Continued.]

Chairman—continued.

16403. What parish are you in?—St. Pancras.

16404. Where is the workhouse infirmary of St. Pancras?—It is about a mile-and-a-quarter or a mile-and-a-half from us.

16405. Is that one of the new ones of 1867 or 1868?—It has been built quite recently.

16406. Is it on the pavilion system?—The infirmary is, but the workhouse is an old building.

16407. Do you have a very large number of accidents?—Very large. I suppose for our size we are the largest receivers of serious accident cases in London.

16408. Is there any particular cause for that?—I should like Mr. Berry, one of our surgeons, who is present, to give your Lordships evidence on that. The cause of it is that we are in close proximity to the Great Northern, the Midland, London and North Western, and the Metropolitan Railways; and from all these railways we receive constantly a large number of cases. We receive nearly all the cases from the Great Northern Railway for many miles, and are seldom without one or two cases. I have prepared a memorandum for the consideration of the Great Northern Railway Company, of which it might interest your Lordship to hear a portion read. The register of patients at the Royal Free Hospital for the year 1890 alone furnishes the names of 71 persons who were in the actual employment of the Great Northern Railway Company, and who were admitted as in-patients in that year. The time during which these patients remained in the hospital was 1,857 days, that is equal to 265 weeks. Taking the average cost of each in-patient per week as shown by the published accounts of the hospital, at about 1*l.* 3*s.* 11*d.* per week, the above 71 in-patients cost the hospital about 317*l.* 4*s.* The list of 71 persons does not include passengers on the Great Northern Railway admitted into the hospital, suffering from injuries inflicted on them while travelling on that line of railway, nor does it include labourers and others employed on that railway by contractors, but simply those actually employed by the company; and the list does not include patients treated at the hospital for slight injuries occurring on that railway, but fortunately not sufficiently severe to require admission into the wards. Taking all these facts into consideration, we reckon that the cost to us from patients received from the Great Northern Railway, both in and out, is not much less than 500*l.* a year.

16409. What is the object of that appeal; to secure greater subscriptions?—We want to get the Great Northern Railway Company to help us about this building scheme.

Earl of Kimberley.

16410. In point of fact, your application to the Great Northern Railway Company would be based upon this: that you are of opinion that in case of accidents to persons in their employ they ought to provide hospital treatment for them gratis?—Hardly that; we feel that we have a great claim upon them, and that they ought to help us in our need.

16411. Let us see what the claim is based upon?—Upon the fact that we receive a great

Earl of Kimberley—continued.

number of accidents from that particular railway.

16412. Would it not apply to each case; the number does not make any difference; the same argument would apply to every case. There might be three employers, from each of whom you got 50 cases; would not the same argument apply to each of those employers?—Undoubtedly.

16413. And is it your contention that every employer ought to provide medical attendance for all persons in his employment gratis, in case of accident?—I think he should do what he could in that direction.

16414. Would not that carry it rather far?—Yes; if it were carried out logically it would mean some system of making the employer responsible for accidents to his servants.

16415. And the natural consequence would be a reduction of the pay to that extent?—Undoubtedly.

16416. Then what would be gained?—I have to deal with a practical difficulty; we want funds, and I have to use every means I can to obtain them, and I find that the best means to obtain them is to apply to people who are benefited and who are in a position to help the hospital.

Chairman.

16417. It comes to this, does it not, that very likely there might be some employers who send a large number of people to the hospital, who are very likely subscribers to the hospital, and therefore think they have a right to send them?—Yes.

16418. And you wish the Great Northern Railway Company to take the same view of the case?—I do not put this forward as any complaint against the Great Northern Railway Company; I mentioned it because your Lordship raised the issue. But a case in point occurred the other day. A large fire occurred, and we had to receive certain cases; and I found that the employers of these people had not subscribed. I applied to them, and they immediately sent a subscription. Every secretary has to be on the watch for such opportunities of making known the needs of the hospital to those whom he thinks can support him.

16419. Are you well locally supported?—We have been rather better lately, but we are not well supported; we have been supported by legacies.

Earl Cathcart.

16420. Have you ever received any money from these large railway companies?—We certainly at the present time receive subscriptions from them.

16421. What sort of subscriptions?—The Great Northerns subscribe 50*l.*, and the Midland 25*l.*, and from the Metropolitan Company we receive 10 guineas a year.

Chairman.

16422. I will ask you a question that I have asked with regard to every hospital; have you a mortuary attendant?—Yes, we have.

16423. Is great care taken when friends come to see the bodies that they are in proper order, and so forth?—Certainly.

16424. Is

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[Continued.]

Chairman—continued.

16424. Is there any nurse in attendance there?—No.

16425. No female attendant?—No.

16426. Have you ever had difficulties from complaints of the friends?—No, none whatever. We are very particular to instruct the post mortem porter; it is part of the rules, in fact.

16427. Do you bury many patients?—None.

Earl of Arran.

16428. I think you say that it is proposed now to supply tea, sugar, and butter; it is under contemplation?—I think that may be the result of the consideration, but it is only under consideration at present.

16429. Have you formed any idea what additional expense that would throw upon the hospital?—I believe it would cost the hospital 240 l. a year.

Earl Cathcart.

16430. Do you pay the post mortem porter so much for every post mortem examination, for sewing up the body and making things tidy?—No, we do not give any additional pay for that work.

Chairman.

16431. Is there any restriction as regards the officers on the staff of your hospital; must they have a certain qualification?—Yes; physicians must be members of the Royal College of Physicians. If you will allow me, I will read the rule: "The physicians, assistant physicians, and the physician for the diseases of women, shall be fellows or members of the Royal College of Physicians of London; the surgeons and assistant surgeons, and the ophthalmic surgeon, shall be fellows of the Royal College of Surgeons of England; the surgeon dentist shall be a fellow or member of the Royal College of Surgeons of England, and also a licentiate in dental surgery."

16432. May your residents, the three young men who have six months' appointments, come from anywhere?—Yes.

16433. Do you advertise the appointments?—Yes.

Lord Monkswell.

16434. About these Great Northern employés, do I rightly understand you to say that you consider everybody who is employed on the Great Northern Railway a fit subject for hospital treatment, guards and people who get usually a weekly or quarterly salary?—We never raise any question if a man is injured, we receive him immediately.

16435. I suppose many of these railway servants would be in clubs, and get medical attendance if the accident was not very serious?—Yes.

16436. So that you would raise some question, perhaps, if the accident was not very serious; if you thought it could be properly treated by his own doctor?—Yes, of course. You understand, that in any case of serious injury there is no consideration whatever but the medical need, but if a man should come with a trifling com-

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Lord Monkswell—continued.

plaint from the Great Northern Railway, we should treat him as any other patient.

16437. Are there boxes where patients can put in what they think they ought to?—Yes.

16438. How much do you get from those boxes?—The amount received last year from all the boxes at the hospital was 19 l. 14 s.

Chairman.

16439. Do you find those donations increase or decrease?—I think they are slightly increasing.

16440. Whereabouts do you put these boxes, in the warehouses of the great employers near you?—No, we have no boxes out in that way.

16441. Have you a collector?—No, we have no collector.

Lord Monkswell.

16442. You say that you have a chaplain. What do people do in the hospital who want religious ministrations, and who do not belong to the Church of England?—They are allowed to see any minister they may wish; a Roman Catholic priest comes every week. We make no restrictions at all.

16443. Do other ministers come from time to time; Presbyterian, and so on?—Yes, just as they are needed.

Earl Cathcart.

16444. Do you enter the religions of the patients as they come in?—No.

Chairman.

16445. Does the chaplain keep any record of the religions of all the patients?—I think not; he knows personally in his own mind, and if he finds a Roman Catholic he sends word at once to the priest, with whom he is in friendly touch.

16446. You mentioned the Samaritan Fund; who has the administration of that?—I have charge of the Samaritan Fund. The method at present is this; that the lady superintendent receives information from the nurses about any case that requires help, and she then, after personal inquiry, writes an order for a small grant on a printed form; that is sent into my office, and I pay the patient or the nurse according to the case.

16447. You have a certain endowment, have you not?—We have a certain amount.

16448. And that is increased by subscriptions?—We have no subscriptions to it except casual subscriptions. The year before last I had 10 l. from somebody; but there is no regular subscription list. The income last year for the Samaritan Fund was 51 l., and we spent about the same amount.

16449. Then I understand that from that small amount you only assist people who have been in the hospital; you do not assist the families of those who have been in the hospital?—We have occasionally given temporary help. If a man in the hospital has a wife in distress, we should not hesitate to give her a few shillings to help her temporarily.

16450. That is the practice, is it?—The lady superintendent judges each case on its merits;

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[Continued.]

Chairman—continued.

she knows what money we have and uses her judgment.

16451. Is there anything else that you wish to bring before the Committee?—No. With regard to the question of the female medical students,

Chairman—continued.

I should prefer that inquiry should be made of the members of the medical staff who have to deal with them.

The Witness is directed to withdraw.

MRS. ELIZABETH GARRETT ANDERSON, M.D., is called in; and having been sworn, is Examined, as follows:

Chairman.

16452. You practise medicine, do you not?—Yes.

16453. Do you practise medicine in connection with the Royal Free Hospital?—No, not exactly. I am dean of the medical school for women, where the students take their systematic medical training; but my practice for medicine has not anything to do with the Royal Free Hospital; it has to do with another hospital, but not with the Royal Free Hospital.

16454. You are not on the staff of the Royal Free Hospital?—No.

16455. Would you explain to us how the school is worked in connection with the Royal Free Hospital?—The students have all their class teaching at the women's school in Handel-street, and they go to the Royal Free Hospital for their bedside or clinical instruction; so that they get their practical work at the Royal Free Hospital, and the theoretical work at the medical school in Handel-street.

16456. What is the medical school in Handel-street, it is the first time we have heard of it?—It is called the London School of Medicine for Women. It is exactly like any other medical school. I have brought the reports and prospectus of it; it has a complete list of officers, and the teaching is exactly on the lines of the men's medical schools. All the same subjects are taught, and the same length of courses and number of lectures is required on every subject. We have, of course, to conform exactly to the regulations of the general medical council, and there is very little difference between any of the schools, because they are all bound by the same regulations of the council.

16457. Do these ladies pay a fee on entering?—Yes; they pay very considerable fees; they pay 105 l. altogether for the school and hospital, if the fees are paid in one sum. Of that we take 70 l. for the college teaching, and the hospital staff gets the rest; it varies a little according as it is paid in one sum or three, but it is either 35 l. or 40 l.; each student pays for her bedside teaching in the Royal Free Hospital.

16458. Do you have to keep up any buildings out of these funds?—Yes, we have two houses, which we have added to, and altered very much. We spent a considerable sum of money last year, nearly 1,000 l. in alterations to buildings. We have now very good class-rooms, an exceedingly good anatomy-room, one of the best in London, I am told, and a very good chemical laboratory.

16459. How many students have you?—We have 107 at this moment.

16460. Is that an increasing number or stationary?—Last October's entry was the largest

Chairman.

have ever had, we had 34 new students. The students go up for a good many of the examinations that are open to men. Women are not yet admitted to all the examinations; the College of Surgeons and the College of Physicians of London still refuse to admit them, so that they are restricted and if they cannot get the London M.D. degree, they must go either to Edinburgh or Dublin, or they must be content with the Apothecaries Society in London. If they want the M.D., they have to take the M.D. of London, or the M.D. of the Royal University of Ireland, which are the only two M.D. degrees open to them. A very considerable proportion of our students are going for the London degree, I think, perhaps, a larger proportion than in any school in London. At this moment we have 43 students studying for the two most difficult examinations, namely, the London, and the Royal University of Ireland; and I think that 43 out of 107 is really a larger proportion than you would find in any other school. That is partly due to the fact that the easier M.D. degrees are not as yet open to women.

16461. Is this the only hospital that you know of where there are female students?—It is certainly the only hospital in England where there are women studying, and it is the only school in England. There are two schools in Edinburgh, both of them considerably smaller, and both very much hampered for want of adequate hospital practice; and there are two now in Glasgow.

Earl of Kimberley.

16462. Can you tell us how many of your students have passed the examination for the M.D. degree of the London University?—For the final degree a very small number, but we have a good many who have taken the M.B. degree.

16463. Have any passed for the M.D. degree?—Only one, Mrs. Scharlieb.

16464. And some have passed for the M.B. degree?—A considerable number have passed for the M.B. degree. We sent up nine last summer for the M.B. examination, and they all passed.

16465. Passing for those examinations implies a high qualification, does it not?—Very high indeed, I believe only one per cent of the men who enter the medical profession get the M.D. degree of London.

16466. Are the lecturers at the Free Hospital, and in your school, both male and female?—It is necessary to discriminate between the Royal Free

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[Continued.]

Earl of *Kimberley*—continued.

Royal Free Hospital and the London School of Medicine for Women.

16467. In the school, I mean?—In the school they are mixed. I am a lecturer, and there are two other ladies lecturing; all the rest of the staff are men. At the Royal Free Hospital the staff is composed entirely of men.

16468. But you use the hospital for clinical instruction, of course?—Yes; the female students are trained to act as clerks and dressers, and to do everything that students do in other hospitals, and they have the hospital practice entirely to themselves; there is no mixture of students at the Royal Free Hospital.

16469. Is the course of instruction precisely the same as the course of instruction for men?—As nearly precisely the same as we can make it. The organisation of the various hospitals differs a little in proportion to the zeal of the staff. I think, for instance, you will find that in University College there is a great deal of organisation, because they aim at getting a great many of their students through the London degree. We follow the lines of University College as much as possible, and the arrangements are practically much the same.

16470. Is there any midwifery practice in connection with the Royal Free Hospital?—None at all. We are hoping soon to establish an out-door midwifery department in connection with the New Hospital for women, which is close by, and which is worked entirely by women; but at present our students have a great deal of trouble in getting their practical midwifery practice. Of course, they are taught the subject theoretically in the school; many go to Clapham, where there is a considerable maternity charity worked by one of our past students; some go to Dublin to the Rotunda, and others go to the various lying-in hospitals in London.

16471. You probably consider it very desirable that there should be some out-door midwifery practice in order to qualify your students?—It is more than desirable, it is a necessity; the question of cost is also important to the students.

16472. You would like to see it in connection with the Royal Free Hospital?—If we could persuade them to create such a department; but we are two bodies, and we cannot have everything exactly as we like. We have to wait. We have asked them twice to consider the starting of a maternity department, and they have declined the proposal.

16473. Then, how do you do for your students with regard to infectious diseases, such as are only now received into asylums in connection with the poor law?—They have been going to the Fever Hospital in Liverpool-road, Islington, and some have been in the habit of going to Homerton. There is one lady there now working under Dr. Colley at the Homerton Hospital.

16474. Taking such a case as measles that are not received into general hospitals, how do you get any instruction in the treatment of measles?—They see cases when they are at the Liverpool-road Hospital, and they have, of course, a chance of seeing cases among the out-patients. If a child is brought in with measles a student can follow it and see it at home.

(24.) e

Earl of *Kimberley*—continued.

16475. But still it must be imperfect?—Yes, I think it is. I think the machinery for teaching the treatment of infectious diseases is very imperfect.

16476. In the same way do you not think that access should be given to your students to the large asylums to which these patients are sent?—I think it is most desirable that that should be given. I think it inevitable that they must go into practice exceedingly ignorant in that respect.

Earl *Cathcart*.

16477. Do you find that the ladies take to dispensary sort of work at all; has that been done at all; do you think ladies are employed in dispensaries now?—In dispensing we always have pupils at the New Hospital for women, where the staff is entirely composed of women. Every year we have a considerable number of pupils in dispensing.

16478. But they are not so employed at the Royal Free Hospital?—No.

16479. Are there any special difficulties which you would like to tell their Lordships of about instruction in medicine, or anything that you complain of, any matter that you would like to bring forward with regard to obstruction and difficulty?—I think the stage of obstruction is really past. We have formed our own school, and we have it now very well organised.

16480. What do you do with regard to anatomy at the Royal Free Hospital?—Nothing at the Royal Free Hospital; that is all done at the school. We are exactly on the same lines as other schools. The inspector of anatomy supplies us with material, and there is a very large anatomical class going on there always.

16481. You mentioned asylums just now; do you not think that it would be greatly for the benefit of asylums if there were to be clinical teaching there, as it would bring the medical faculty and the students among better cases if the asylums were thrown open to them?—I think it would be a very great advantage to the patients. I think it is perfectly certain that if you get many hundreds of people with one medical officer, and no inspection, the medical work will tend to be done in a perfunctory and hasty way.

16482. There is a tendency to stand still, you think, when there is not the sort of impetus that is given by inspection and visiting?—The tendency is to do very little indeed in the way of medical treatment.

16483. With regard to nursing, we have heard a great deal about nursing; have you any views you would wish to express about the nursing of hospitals?—I do not think I have.

16484. You must have had great experience; you must have seen a great many of the London hospitals?—I have not seen a great many very intimately; but we have no very great difficulty in getting good nurses. I think it is very important to pay them properly, and to treat them considerably. I think that in very many of the larger hospitals they are overworked and underpaid; but we have not much trouble in getting good nurses and keeping them.

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16485. And

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[Continued.]

Earl Cathcart—continued.

16485. And in your own private practice, when you want nurses, where do you go to look for them?—To several agencies.

16486. You do not go to any of the large hospitals?—Never.

16487. You prefer the agencies?—Yes. I think one gets personally known to the managers of the nursing institutions, and they are more anxious to suit you.

Earl of Arran.

16488. Could you tell us how many of your students whom you have taken, and who have become properly qualified medical practitioners, are in practice at this moment?—I cannot say off-hand; there are about 115 or 120 qualified women on the medical register, and they are nearly all in practice.

16489. Are they chiefly in practice in London, or scattered about?—A great many are abroad, a great many in India, a considerable number are in London, and others are gradually settling in the large towns in England.

16490. And, having regard to the fact that you told us your school was increasing, medicine is evidently becoming a lucrative profession for women to take to?—Yes; I think as women go it is a very good profession for them. Perhaps we are not quite so ambitious as men are of making very large incomes, but I think we have every reason to be satisfied. I do not know of any cases of what I should call failure, except where it has been due to continued ill-health, or to the absence of the qualities always needed for success.

16491. That you might find in either case?—Yes.

Lord Zouche of Haryngworth.

16492. Do you think that the number of female practitioners is increasing yearly?—Certainly; there is no doubt about that.

16493. Not only in London but throughout the kingdom?—There is only one school, so that the increase must be in London; there is no other place where they can take their degree except London, Edinburgh, and Glasgow. But I know the number on the register year by year, and it is always increasing considerably.

Earl of Lauderdale.

16494. Do you know of any hospital where lady practitioners are employed at all in a medical capacity?—In connection with men does your Lordship mean?

16495. Yes?—They have been several times appointed house surgeons. One was appointed house surgeon to the Women's Hospital in Birmingham, and one, I think, is on the staff of the same hospital; it is the one Mr. Lawson Tait is on; he has a colleague, a lady; and I think that a lady at Bristol has some sort of hospital appointment. There are a few rather minor appointments of that kind which they have held.

Chairman.

16496. In reference to an answer you gave to Lord Cathcart just now in which you said that if you wanted a nurse for a case of your own, you would rather have one from an agency for nursing than take one from one of the large hos-

Chairman—continued.

pitals who send out nurses; can you give me any reason why you prefer them from the agencies?—I think perhaps it is a reason not founded upon very much experience; I have never sent to any of the large hospitals. I happen to know several good agencies close to me, and it is convenient. I know the managers, and it is very convenient to write or telegraph to them to send a nurse; and I have been satisfied.

16497. You mentioned that you had been in practice at another hospital; what hospital was that?—The New Hospital for Women in the Euston-road, which, in a smaller form, was for nearly 19 years in the Marylebone-road. It is a special hospital in the sense that it only admits women and children, and that all the medical staff are women. In fact we may say that all the staff, both medical and dispensers, and the clerical staff too, entirely consists of women.

Lord Zouche of Haryngworth.

16498. And the surgical staff?—Yes; we do almost everything. We have some consulting surgeons behind us, and in very special cases we may ask them to see a patient, and occasionally to operate, but we do, as a rule, everything ourselves.

16499. Do you perform operations?—Yes, we perform ovariectomy, and similar operations.

Earl Cathcart.

16500. Do you think that women have strength enough of wrist to do those things?—Yes.

16501. Do you have any difficulty in getting anatomical subjects?—We do not want them there.

16502. At the school have you any difficulty?—We had a few years ago; but all the schools have to be on the alert to get supplied early in the session. We always make application before the summer holidays; and lately we have been better off than we were at first.

16503. You have nothing to complain of on that score. I asked the question because we had a complaint the other day?—I am rather afraid to speak off-hand about it; it is a department that I have nothing to do with; and I should like to be a little guarded as to whether we have been quite sufficiently early in the session supplied with subjects; but I think we have.

Earl of Kimberley.

16504. Are you in favour of special hospitals as compared with general hospitals?—Yes, I think I am; but ours is a special hospital only in a certain sense. We take all sorts of cases at the New Hospital, except infectious cases; but it is special in the sense of our all being women. I think it is a great advantage in many cases to have people concentrated upon one class of subjects. I think that you get more advance in a particular class of disease if the minds of the medical staff are specially directed to that one line; as, for instance, at the Samaritan Hospital, which is almost entirely connected with one class of disease. I think we should not have had the same advance in abdominal surgery if we had not had such a hospital as that.

16505. Probably

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[Continued.]

Earl of Kimberley—continued

16505. Probably you are in favour of separate children's hospitals?—Very much so.

16506. What are the special advantages of the New Hospital which recommend it to you?—The New Hospital is the only place where women can have public hospital practice. But for it the students who left the Royal Free Hospital would have to go out to India and do all sorts of very serious operations, never having even assisted at an operation. It would be a tremendous disadvantage to them to have no direct work of their own before they go. At the New Hospital we appoint a great many of them juniors on the staff. If we know that a woman is going to India she gets the preference, and she not only does many smaller things herself, but she is much more responsible for the work that the senior medical women do than she is at the Royal Free Hospital where the house surgeons are all men. At the New Hospital the house surgeon is a woman.

16507. That is to say the New Hospital is essential for educational purposes?—It is not essential in a legal sense.

16508. But for the reasons you have given?—Yes, I think it is extremely valuable. It is not legally essential, because it is not big enough to be considered a qualifying hospital by the medical council; they insist on students studying in a hospital of 150 beds; we have only 42.

16509. Apart from that reason, do you consider that such a hospital is desirable?—It is desirable to have a hospital officered by women. It is extremely welcome to the poor women themselves, the patients; they like it very much; and it is of course extremely good for the medical women of London that they should have a place where they can have hospital practice.

16510. Otherwise you would not regard hospitals specially devoted to women as necessary, I suppose?—No, I do not think so; except that the diseases of women are, I think, very much better treated on a smaller scale in buildings not very large, and not exposed to other surgical risks. I think that in that way there is a decided advantage.

16511. It would be a principle, would it not, of general application, that there is some danger connected with very large hospital establishments?—Yes; I am inclined to think that all hospitals have a tendency to get too big; that it is a good thing not to have them very large.

16512. There are two reasons for that; one being that there is some danger of disease arising from bringing together so large a number of patients; and another being the difficulty that always exists of managing a large institution well?—Yes.

Earl Cathcart.

16513. What would your maximum be, about 200 beds?—Yes; I should think that is not too large.

16514. The same idea has occurred to my mind often. You are strongly of opinion that it would be better if hospitals were scattered and not too large?—Of course you cannot possibly keep up much interest in the individual patients if the number is very large; nobody can know very much about the people. On the other hand the cost of administration is relatively larger in the smaller hospitals. With regard to the hospitals being scattered, they must be placed where patients can readily and cheaply reach them.

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Earl Cathcart—continued.

16515. Might I ask you whether your lady students attend the operating theatre of the Royal Free Hospital?—Yes.

16516. Every sort of operation?—I do not know about every sort of operation, but I think almost every one.

16517. How many might you have there at a time?—It is a rather badly arranged room; many who are there can see little or nothing; it requires a great deal of improvement.

16518. Might you have 20 at a time?—Yes, 20 there, but not 20 who can see.

16519. Do they always administer chloroform or anæsthetics outside the theatre in an ante room?—I have been there once or twice when they have administered anæsthetics in the operating room, but have just lifted the patient on to the table from another bed.

16520. It is a merciful thing, is it not, when it can be done, to administer the anæsthetic in another room?—Yes.

16521. And probably ought to be done?—Perhaps so.

16522. What is your view about that, that it should be done if possible?—It is always prolonging it, and the patients have to be disturbed and carried after the anæsthetic is given.

16523. But it is generally the case, I think in London that the anæsthetic is administered outside the theatre in an anteroom?—In the hospital I have seen most operations; at the Samaritan Hospital it is never done. The patients are brought in, the instruments of course are covered up, and everything is made to look as nice as possible.

16524. But in the case of a female patient brought in with some 50 or 60 male students looking on, it must be disagreeable, must it not?—It need not be so. The students or on-lookers could come in after the patient is unconscious.

Lord Clifford of Chudleigh.

16525. Is there any difference in the education and training of a nurse whom you would get from an agency and one from a hospital nursing institute?—I should think not, because they have all been trained, no doubt, at one of the hospitals. The training at the different hospitals differs a good deal, however.

Chairman.

16526. Is there anything else you would like to say?—I do not know whether you would like to ask me anything about the out-patient department.

16527. Certainly, if you wish to say anything about it; are you in favour of the out-patient department?—Very much indeed. I think it is one of the most precious and valuable parts of the teaching of the hospitals. It all depends on how it is worked; but if it is worked by zealous people who wish to teach from it, I think it is enormously valuable for students.

16528. Do you think that the out-patient department is too much overcrowded for the proper diagnosis and special teaching?—I have no means of judging; I have never been allowed to see the out-patient department of ordinary hospitals. At the New Hospital we have to limit the number of new cases admitted daily to 20. Of old cases there are often over 100.

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[Continued.]

Chairman—continued.

It is impossible, of course, to help keeping people waiting. If you see the people conscientiously, and you have to see 100 or 150, they must wait.

16529. But in the interests of the medical profession, are you in favour of keeping up the out-patient department?—I think it would be ruinous to do away with it. So much of the work that you see in the wards is disease almost past cure; but you see it under more or less curable conditions in the out-patient room and in a very much less stereotyped condition.

16530. Would you kindly put in the report of your school?—Yes (*handing in the same*).

Earl of Arran.

16531. Would your experience lead you to think that it takes your lady students longer to get used to the terrible sights and scenes in the operating theatre than it would men students?—I have had very little experience of men students. I do not know that I have ever heard of any of our women fainting; I have heard of men fainting occasionally; but I daresay it takes both of them a little time to get used to it. I have never known of a woman leaving off the study of medicine because she found it too dreadful. They soon become deeply interested in it.

The Witness is directed to withdraw.

MR. JAMES CALVERT, M.D., is called in, and, having been sworn; is Examined, as follows:

Chairman.

16532. You are Assistant Physician to the Royal Free Hospital, are you not?—Yes.

16533. How long have you been on the staff?—Two years and-a-half.

16534. May I ask what qualification you hold?—M.D., London, and M.R.C.P., London.

16535. Does your work place you in the out-patient department?—Yes.

16536. Would you kindly explain to us what course is pursued by a would-be patient from the moment he first arrives in the hospital?—I can only speak, of course, according to my own practice.

16537. Obviously?—The patients are in the receiving room.

16538. He has to get into that first of all?—I am taking my own course.

16539. Quite so?—I come down at two o'clock; the patients are at that time all seated either in the male or female receiving room, and I pass along them and examine each patient carefully to determine in my own mind as to whether the case is serious or comparatively trivial. Those cases which I think are serious I see myself; the more or less trivial cases I leave the house physician, who is sitting on the other side of the table, to see.

16540. But if you consider them bad enough you make them out-patients, I believe?—These are all out-patients.

16541. Have they become out-patients?—They have become out-patients before I see them, by the action of the senior resident medical officer.

16542. Then you treat those that you think are bad enough?—Yes.

16543. Do you teach at the same time?—Yes.

16544. Do you find you have material enough for teaching?—Yes.

16545. But sometimes have you not too much?—No, not too much, because, you see, the numbers are restricted.

16546. Has that restriction of numbers always taken place at your hospital?—Always in my time; but I believe that before that the numbers were unlimited.

Chairman—continued.

16547. And you have had some experience now of these people; do you think that the charity is abused or not?—No.

16548. You think that the out-patients are, as a rule, a very poor class of patients?—Yes, very poor.

16549. And supposing that yours was not a free hospital, they would have to go the workhouse dispensaries?—I should think so.

16550. So far as you can judge?—Yes.

16551. Do you keep a return of all the cases that you see?—Each patient has a letter which is a clinical record of my observations, and all these letters are kept, so that I can turn up any one of them at any time.

16552. Who furnishes them with that letter?—I furnish it myself.

16553. Is that when you see them for the first time?—When I see them I write all their history down on the paper; and after the examination I write the result of the examination also on the letter, then the treatment is put upon the letter, and the letter, with the patient, is sent to the dispenser.

16554. You are strongly in favour, I suppose, of the retention of the out-patient department?—Strongly.

16555. For the reason that it is indispensable as regards teaching?—Certainly.

16556. Do you ever have patients sent to you for consultative purpose by medical men?—Certainly.

16557. Is that done as a rule by people who are known to the hospital?—I should say, in my case, that they are people, as a rule, from general practitioners who are known to myself.

16558. You have heard, no doubt, that a great many small practitioners say that they are being starved by the free out-patient departments of the hospitals; do you consider that that is the case, or not?—Well, they may lose a very little; but I am bound to say from my experience that they must lose very little.

16559. Because, you mean to say, the people are so poor that they could not pay?—Yes.

16560. Do

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Mr. CALVERT, M.D.

[Continued.]

Chairman—continued.

16560. Do you teach young ladies?—Yes, I teach them in my out-patient room, and I am medical tutor.

16561. What does that duty consist in, giving lectures?—Yes, I give lectures.

16562. Where do those lectures take place?—In the hospital. Our connection with the ladies is simply at the hospital. We have no part in the London School of Medicine for Women.

16563. Do you have to lecture to the nurses also?—I do not give lectures to the nurses; but they are given.

16564. Do you receive a fee for the lectures to the lady students?—Yes.

Earl Cathcart.

16565. Are you hampered at all in your consulting-room by these ladies attending; are they in your way?—No, not at all; they are very useful.

16566. Do they, a good many of them, come at a time?—Yes; they come by appointment; but any student has the right to come.

Earl Cathcart—continued.

16567. How many of them have you in your consulting-room at a time when you are seeing out-patients?—I should say from six to ten.

16568. Then they do not embarrass you more than the nurses do?—No; on the contrary, in some cases they are useful.

16569. But in some cases you turn them out, do you not?—No; but there is a certain class of cases that are seen separately.

16570. And you have to ask them to go away then?—No; those patients never come into the room until the others have been seen.

16571. In fact you are not hampered or embarrassed in any way by the presence of these ladies?—No, not at all.

Chairman.

16572. Is there anything else you wish to say to the Committee?—No, I think not.

The Witness is directed to withdraw.

MR. JAMES BERRY, M.B., B.S. Lond., F.R.C.S., is called in; and, having been sworn, is Examined, as follows:

Chairman.

16573. You are a surgeon of the Royal Free Hospital, are you not?—Yes.

16574. Do your arrangements as regards out-patients resemble those which have just been explained to us by the last witness?—At present I do not see out-patients; I have just been appointed surgeon. I saw out-patients until the end of last year, but I have now only in-patients within the last two months.

16575. But still the arrangement have not been altered in the out-patient department during the last two months, I suppose?—No, they have not.

16576. Are they the same for the surgical cases as those for the medical cases?—They are very similar.

16577. Are they more crowded on that side than they are on the other?—No, on the contrary, there are not so many surgical as medical cases.

16578. Is not that rather rare; or is it generally the case?—It is usually the case; there are always more medical cases than surgical.

16579. Did you teach when you were in the out-patient department?—Yes.

16580. Had you enough material for teaching purposes?—Yes, on the whole.

16581. Could you have done with more, or were you overcrowded?—On some days I had more than I wanted; on other days the material was rather short.

16582. Do you know whether owing to this restriction in numbers, which I think is 25 surgical cases, a large number of patients are turned away?—I do not know about that. I know some are turned away; but of course I do not see them when they come first of all, so I cannot tell.

16583. Are you satisfied with the sanitary state of your hospital?—Yes, quite.

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Chairman—continued.

16584. You are not a salaried officer of the hospital, are you?—No.

Earl Cathcart.

16585. Do you have notes or cards from outside practitioners asking you to look at patients for them?—Very often.

16586. You have made no collection of those cards, so as to know the actual figures, I suppose?—No.

16587. But the greater tendency on the part of outside practitioners is to send surgical rather than medical cases, is it not?—Yes, because many of the cases require operation.

16588. And appliances also?—Yes.

16589. You think you never have patients who could afford to pay a fee to an outside practitioner?—I will not say never; I think we do sometimes; much depends upon the nature of the case. Obviously outside practitioners are often unable to undertake serious operations that requires hospital nursing.

16590. I am talking of the out-patient department?—Even in the out-patient department a certain number require operations which outside practitioners could not very well undertake; and many cases are sent into the wards from the out-patient room.

16591. Speaking generally, you are of opinion that you are not injuring outside practitioners by the out-patient department?—I should say, speaking generally, we are not.

Lord Zouche of Haryngworth.

16592. In the case of an operation, if the patient is anæsthetised in a separate room from the theatre, does not that deprive the students of the chance of watching the effect of the anæsthetic?—The students might be in the separate room

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Mr. BERRY, F.R.C.S.

[Continued.]

Lord Zouche of Haryngworth—continued.

room also, one or two; the general body of the students would learn nothing from seeing that at a distance, or practically nothing.

16593. Even if they saw it?—They would learn very little indeed.

16594. But that is a very important branch of surgery, is it not?—Yes, very important; but the students learn administering of an anæsthetic by actually administering, and also by being there close to the patient; they cannot learn it at a distance of many yards; they cannot see the pupil or feel the pulse; they can see nothing really worth seeing.

16595. Then they learn as you say by actually administering it themselves or being near?—At most hospitals the patients are anæsthetised by the regular anæsthetist who at the same time teaches one or more students. I may say there are some objections to that plan of anæsthetising the patient outside the operating theatre; namely, that it is very often very undesirable to move the patient after the anæsthetic has been given.

Earl Cathcart.

16596. But any anæsthetic is perpetually being during renewed during the whole operation?—Yes.

16597. So that you could give an extra whiff after you had brought him in if necessary?—Yes; but there are objections to moving patients from a couch on to an operating table; they are not very great objections certainly.

Lord Clifford of Chudleigh.

16598. Most of the hospitals that have been before us which have schools and students attached them, visit a certain number of midwifery cases in their own homes. I understand that you do not do that in your hospital?—No, we have nothing to do with that; the students do their midwifery elsewhere.

16599. But have you any particular reasons for deviating from the usual habit of hospitals?—Simply that no arrangements have been made for any midwifery for them.

16600. Have you in contemplation the making of any arrangement for that purpose?—There has been some talk about it within the last few months.

16601. But nothing definite has come of that?—So far as I know, nothing.

Lord Monkswell.

16602. You heard what Mrs. Anderson said: that the students have great difficulty in seeing; that the operating room was badly arranged, what have you to say to that?—I think there is some justice in it. If the operation is a very important one or one very interesting to the students, a large crowd of students will come, and then naturally a great many cannot see.

16603. But Mrs. Anderson said that if only about 20 were there they could not see?—That is because they have a tendency to crowd round the patient.

16604. You think that if there were a little more discipline kept, 20 might very well see?—Yes.

Lord Monkswell—continued.

16605. If they had their appointed stations and were made to stay there?—I will not say that the operating theatre might not be more conveniently arranged.

16606. Still you would say that at least 20 students might very well see an operation supposing they were placed in the most advantageous position?—Yes. Again that depends a good deal upon the operation. An operation on the inside of the mouth can naturally only be seen by one or two; an amputation of a leg can be seen by 50.

16607. You agree rather with Mrs. Anderson, that your theatre might be made more commodious for students?—For a large number; but as a rule there are not 20 students there or anything like 20.

16608. You say that as a rule you think that the theatre is sufficiently adapted, and that it is only on occasions that the accommodation falls short?—Yes, certainly.

16609. Have you ever thought whether it would be desirable to send students round to infirmaries?—Yes, I certainly think it would be desirable. I think they have a vast amount of clinical material there which is at present wasted, or nearly so.

16610. What would you suggest as to that; would you suggest that a student should go round with some medical officer attached to the hospital, or in what way should you think they ought to get their instruction?—Either that they should go round with a medical officer of the institution, or that other surgeons and physicians should have the right to take classes there.

16611. Would you consider that it would be enough for them to go round with the medical officer of the institution; that is to say, of the infirmary?—That would depend upon who the medical officer is.

16612. Just so. I suppose as a general rule you would say the medical officers of those institutions are hardly equal to the staff you have at the hospitals?—Only in that they are not so used to teaching.

16613. Probably you would prefer on the whole that the students should be sent round with somebody accustomed to teach them?—I think so on the whole. There are difficulties in the way of doing it, in that the teachers would not then know so much about the cases on which they were teaching.

16614. Supposing that you did send round your students with one of your own staff, do you think the head of the infirmary or one of his assistants would mind going round with them?—I am afraid there might be difficulty. It would be a very difficult and delicate matter.

16615. They would rather resent the intrusion, in fact?—I think so.

16616-17. I think it was said that in your hospital the London qualification was necessary for the staff?—Yes; the surgeons must be fellows of the Royal College of Surgeons, and the physicians must be members of the College of Physicians.

16618. Do you think that is desirable?—Yes, certainly.

16619. Why; on account of the teaching, or
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Mr. BERRY, F.R.C.S.

[Continued.]

Lord Monkswell—continued.

on account of the discipline; that is to say, on account of the character of the men, or on account of the superior teaching you consider is given in London. We have had two reasons given; one is, apparently, that some people think the London qualification is a better qualification than that of Edinburgh, Dublin, or elsewhere, and others say, whether it is a better qualification or not, at all events the morals of those who get this qualification are better looked after than they are in other towns. What is your view of the matter?—I think the London qualifications are good qualifications, and that it would be inadvisable to admit other qualifications, which are very often inferior.

16620. In fact, you yourself have not the same trust in the other qualifications as you have in the London ones?—In some I have; in some I have not. I mean, there are so very many.

16621. Exactly; then I suppose you would say that it was unnecessary to restrict the qualification simply to London; that there are one or two other qualifications which you consider might very well be added?—Speaking of the surgical qualifications, I do not know that I could name any other qualification that is as good an all-round qualification as the Fellowship of the Royal College of Surgeons.

16622. Must the members of the staff not only be members but fellows of the College?—Yes.

16623. And the physicians?—I am not in a position to answer that.

16624. Do you think there are too many schools; some doctors have given it as their opinion that there are too many schools, and that it would be better to amalgamate the smaller schools?—I have no very decided opinion on that point.

16625. Would you think it would be more desirable that the schools should be separated

Lord Monkswell—continued.

from the hospitals or attached to the hospitals?—I think it is essential that the students should be attached to the hospitals for, at any rate, a portion of their work, for the last two years of their career. At all events, I think that in the first two years of their career the work might be done very well somewhere else, either at a central institution or, as in the case of our own hospital, at a separate school.

16626. You have a separate school?—We are in a different position from most of the other hospitals, in that the school of medicine for women is much more distinct from the hospital than the medical schools of other hospitals. We, for example, on the staff of the Royal Free Hospital, have nothing whatever to do with the teaching of the students in their first two years of study; we have them only in their third and fourth years.

16627. You think that is a plan that might be well adopted elsewhere; that is to say, that there should be schools attached to the hospital for the third and fourth years' teaching; but that the primary instruction might very well be given at other schools not so attached?—It could be done; and I think that, if the schools combined, the teaching might be given better. For example, physiology might be much better taught at a central institution.

Chairman.

16628. Have you ever heard of starving what is termed the poor practitioner, by the free outpatient department?—Certainly.

16629. Do you think that that complaint is well sustained?—I should say not very often.

16630. You consider there is not very much in that?—No.

16631. Is there anything else you would like to say to the Committee?—No, I think not.

The Witness is directed to withdraw.

MR. FREDERICK HENRY ALDERSON, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

16632. You are a practising physician in London, are you not?—I am a general practitioner, physician and surgeon.

16633. May I ask what qualification you have?—I am a doctor of medicine of St. Andrew's University, a member of the Royal College of Surgeons of England, a licentiate of the Society of Apothecaries, and a licentiate of midwifery of the Royal College of Surgeons.

16634. Are you attached to the staff of any general hospital, or have you been so at any time?—I am not on the staff, but I am one of the managing committee of the West London Hospital. I have been house surgeon at three London hospitals, and I have been President of the West London Medico-Chirurgical Society.

16635. Will you tell us at what hospitals you were house surgeon?—I was house surgeon to the West London Hospital for nearly two years; I was assistant house surgeon at the Poplar Hospital, and I acted as *locum tenens* for the house surgeon of the Middlesex Hospital.

(24.)

Chairman—continued.

16636. Will you tell me in what part of London your practice is now?—In Hammer-smith. I have been there getting on for 30 years.

16637. Is that in the immediate neighbourhood of any large free hospital?—I do not know whether you would think it a free hospital, but it is very close to the West London Hospital, which is supported by voluntary contributions; but they have letters, so that it is not quite a free hospital.

16638. But it has been explained to us by several witnesses that practically the letters are no restriction, that the cases are taken in according to the severity of the disease?—That is so; any who come, whoever they might be, are taken in if their case is urgent.

16639. So that it is practically a free hospital?—It is.

16640. Do you consider at any rate that the competition of that free hospital acts unfairly upon your means of gaining your livelihood?—I

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Mr. ALDERSON, M.D.

[Continued.]

Chairman—continued.

do in this way: that they very often receive people who could well afford to pay. If for instance an accident happened to any gentleman we should say nothing about the hospital attending to him immediately, and we should expect that that gentleman would thoroughly recompense the hospital, although they do not always; but we do maintain, supposing anyone here present dislocated his arm or his shoulder, and the hospital replaced it, that we have the right to object to their going on attending it till the completion of the cure, instead of rendering only temporary assistance, referring such a case to the regular medical man. I say nothing about a hospital attending such cases at once, although their own medical man might be as well able to do so, and they would have an infinitely better chance of being attended to, because it is by no means certain that they would have the attendance of men with the practice of their own medical man. They take their chance of whether they get one of the staff; they must run their risk of that. So that it is not for their own interests always to go to a hospital.

16641. Do you consider that the charities are much abused in the metropolis?—Yes, I do think that they are abused; there is no doubt that they are abused. I may mention a case in point. Last Monday week I had two patients who came to me who had been refused at the hospital, and when I charged them what I considered a fair fee, viz.: 3 s. 6 d.; one paid for himself and wife 7 s. and the other 2 s. 6 d. in one day. They were sent to me from the hospital by the house physician because he considered that they were unfit for hospital patients; but I might observe that that would not have been done only my son was the house physician; otherwise I do not suppose that it would have been done.

16642. Those are two instances we will say. On what ground do you base your opinion that the charities of the metropolis are abused?—On my own experience. I have suffered from it indirectly and perhaps directly, but not perhaps so much from the hospitals as from the dispensaries. Every medical man knows positively that people go to the hospitals and dispensaries who can well afford to pay a private practitioner. I might illustrate my evidence by a case that happened quite recently. A patient of mine, a gentleman, and a M.A. of an university, in a good position, thought nothing of taking his child up to the Great Ormond Street Hospital for advice; he did it without consulting me and quite independently of me.

16643. You mean to say that he had consulted you once?—He had consulted me, and I had treated the child properly.

16644. And then he took the child to the hospital after that?—It was impossible to radically cure the child without an operation. I suggested that I was perfectly willing to meet anyone in consultation, but independently of me, he took the child up to the hospital. I quite understand how anxious a father must be, the child being a nice little baby girl; therefore, I was willing to meet any specialist he liked; and the child's aunt said of course the father was willing to pay a fee; however, he went up to the hospital.

16645. Still it would be very difficult, would

Chairman—continued.

it not, to determine who were the right recipients of charity?—In many cases it would; it would take time. But at the present time charity is very much abused. No one hesitates at all now; no one minds saying that they have been to a hospital for treatment. There is no proper feeling in the matter; they think the hospital is as much for them as for the poor. And with regard to the interests of the poor, it takes up time that would be better devoted to them. I know that the hospitals are very crowded, that there are quite sufficient poor for them to treat. I will grant that, and I do think that sometimes the poor have the best of it. Occasionally we do meet cases where people can hardly afford to pay the fees of an expert physician or surgeon, and sometimes we should be glad to call in an expert, but we may hesitate because we know that the fee of a guinea or two guineas, although a man may be in a very fair position, is a serious consideration. But that would not be any consideration in the case I have last mentioned. The only idea, no doubt, was to get the very best advice which he thought could be obtained at the Hospital for Children. And it is the case, I am sure, that special hospitals are much more abused than general hospitals. As I have said, the hospitals are crowded over and over again with out-patients, and it is almost impossible to prevent certain cases escaping notice that ought to be noticed. And I have no doubt that that is how diphtheria spreads; people go with very sore throats, and because the sore throat is supposed to be slight are not properly attended to; diphtheria may in the early stages be easily overlooked or even impossible to detect. Diphtheria is very prevalent in my district just now, and I have no doubt that it is spread by people going about casually. I know that certain things are overlooked at hospitals, and it is impossible to prevent it because of the great multitude of out-patients.

16646. You think I gather that as well as starving the practitioner, and admitting of the abuse of charity, there is a danger, in your opinion, of the spread of infection owing to the out-patient department?—I think that "starving" the practitioners is a very severe word; I do not consider that I have been starved; but I consider that my practice has been injured, and it militates against deserving young men making a practice, and tends to lower the profession in many ways by enabling men to resort to practices that are most reprehensible.

16647. What sort of practices do you mean?—I mean open dispensaries, and things that they would not do otherwise. I have too much respect for the profession to mention them, but you may see them occasionally. Many a man who would have scorned to procure abortion at one time of his life has been gradually led to do such things by failing to get a practice by legitimate means. I do not put it stronger than that but I say that such things do happen; it is lowering the tone of the profession which is not as good as it was 10 or 20 years ago, I am sure, because they feel that they must live.

16648. Then there is great inequality of fees, is there not?—Very great; a great deal too much so between what an honest man, and, in some cases, an overreaching man will charge. I think

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[Continued.]

Chairman—continued.

I think we want some code the same as the lawyer has.

16649. A recognized code?—Yes, and that no medical man should be allowed to attend at a lower scale of charges. We must provide for the poor, of course. I approve to a certain extent very highly of the development of the provident system which was advocated by a committee presided over by Sir Spencer Wells. I thought that was very fair and good, and that a man could take office under it. But that is a very different thing from a medical club, and attending the whole family for twopence a week, which is most derogatory.

16650. Can you give us any idea what, in your opinion, such a recognized code ought to be?—I think I can because I have talked the matter over with a great many. I for myself, certainly, would rather not attend any person under 3 s. 6 d. or 5 s. a visit, including medicine, because I hate charging for medicine, unless it were under a provident system, which I should be pleased to see developed. But it is not considered etiquette for a medical man to have a private dispensary of his own, although I should like to see it, because it is open to abuse when it is private. I think, of course, that every poor person ought to be attended to, and, I think, in some cases, medicine ought to be free. I have attended cases which I know I shall not get paid for. I have this morning paid a visit on my way here to the sister of a medical man who has been in a good position, but who has no means; she is above going to a hospital; and I think that many a clergyman, many an artist, and many a poor professional man is very much worse off than the poor for medical advice. I have often been quite sorry for them; and occasionally I have attended them when I have known that the chances were most remote that I should ever get paid.

Earl Cathcart.

16651. Did you and the medical officers of the hospital agree about the treatment of this little child?—I did not learn the result; but I hope she is going on with what I advised. In my opinion I did not think an operation desirable, as an infantile hernia may be cured by time, and operation is not always a success.

16652. My question was simply whether you and the medical officers agreed?—I have not heard the result. I have seen the father since, when he said he wished me to understand it was from no dissatisfaction with myself that he took the child to the hospital.

16653. I want to ask you further, was the father of that little child in a position to pay a two guinea fee to a consultant?—I am quite certain that that was no object with him; his object was to get the best advice he could.

16654. Have you ever sent any cases of your own to a hospital with your card?—I get them in myself: I am a good subscriber to the West London Hospital; I have plenty of letters indoor and out.

16655. But as an outside practitioner you do occasionally send a patient up to the out-patient department?—I do.

16656. Is there anything practicable that you

Earl Cathcart—continued.

could suggest for the better management of the out-patient department in regard to the interest of out-door practitioners?—I think if it were limited to a certain number of urgent cases it would be very desirable, instead of having them thronging there and being the focus of disease, and making it a rendezvous for idle folk; instead of which, I think that the hospital committees rather encourage it because it looks well in the reports to have a large number attending.

16657. What did you do when you were a medical officer yourself in the out-patient department?—The system has developed largely since then.

16658. Did you take a very jealous interest and care in those days of the outside practitioners?—No, I do not suppose I did; I might have done so.

16659. Then I suppose when you were a medical officer of an out-patient department of a hospital you acted honestly and fairly to the best of your judgment to the cases you took?—The system was not so developed then. I was only house surgeon, and was not specially confined to the out-patient department.

16660. You do not mean to say, do you, that in your opinion the medical officers of the out-patient departments do not act fairly and honestly in rejecting people whom they do not think proper subjects of charity?—I do not think they can; in the case I mentioned, to some extent I think they did, because I have heard since that they did refuse to take the case into the hospital.

16661. Do you think that lock cases are as frequent in your private practice as they used to be?—I have not so many of them.

16662. You think there is a diminution in their number?—My practice you see is better than it was, not more, but of a better class.

16663. But still, as the result of your general knowledge, do you think that that class of patient is declining?—In my limited experience of it, I think it is.

16664. Do you think that the disease is of a less severe character?—I think so; I do not see so many cases as I did when I was younger.

16665. What did you say was the lowest fee which you would suggest that medical men should take?—I think 3 s. 6 d.; I take less than that occasionally; but, at the present time, such a system would not do; we must have the provident system more developed, which it soon could be; there is plenty of means already for developing it; the Metropolitan Provident Association is trying to do good already, but they have not had the support hitherto of the profession, because the fees named are too inadequate.

16666. What are those fees that are so inadequate?—The fees have been, I believe, as low as 3 s. a year; but I approve of the terms sanctioned by the committee, of which Sir Spencer Wells was chairman, and the fees that were suggested, they were very low.

16667. My own mind is very open to conviction, but I am bound to say that, so far as you have gone yet, you have not quite satisfied me that there is any gross abuse in regard to the

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[Continued.]

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the management of the out-patient department ; if you have anything further to say, specifically, on the subject it would be very acceptable to me ?—I have given one or two illustrations, and I could give more ; but I feel that it would, perhaps, not be right for me to mention cases.

16668. But in a matter of importance to your profession there should be no delicacy. I think you should say what you want to say when you come here ?—I have mentioned one case, and I could multiply it, I am sure. Personally the medical officers of the hospitals are most friendly to medical men, and I do not think that they personally encourage any abuse.

16669. It comes really very much to this, does it not, that the medical profession, like every other learned profession, is overstocked ?—Yes.

16670. And there is more competition ?—There is no doubt about it. If I may make a suggestion, I should like to develop the teaching power of the infirmaries. It seems to me that the teaching power is very much curtailed, and that we are making no use of the magnificent infirmaries that we have. I would suggest that if the out-patient department of the hospitals was limited we might want more power of teaching.

16671. How would you do that ; are not the medical officers of the infirmaries already fully worked ?—You could increase the staff. But I think that the great blot on our profession is that so many hospitals have a bye-law excluding general medical practitioners, just because they are general practitioners, from the staff of an hospital. I should myself have liked a few years ago to be on the staff of the West London Hospital, because I was house surgeon there ; but because I am a general practitioner, although I had been house surgeon, and often used to treat the cases entirely, I am excluded.

16672. But you have gone off from the point ; we are on the infirmaries now ?—I think it would be a good thing if we could utilise them in some way ; it would want thought and development, but I think there is a large field, and there are splendid buildings now with plenty of room.

16673. But the point is that the infirmary officers are worked up to the highest pitch, and would have no time to take people round and teach them ?—But their staff might be increased, I think, with advantage. If I might be allowed to suggest another thing, I should like also to say that one reason for my wishing to come here was because I think that there ought to be some disciplinary power over the profession. I think it would work better for the hospitals, and better for the public. I also think that there is not sufficient means provided for the professional class of getting remuneration in cases where they could. I rather approve of paying-patients in hospitals under certain conditions, but not with the low fees that I saw advocated in the Royal Belfast Hospital, only 5 s. or 10 s. a week. I think that the general practitioner ought to be allowed to have some part in the treatment of the cases that go from him to a hospital ; that in certain cases he should be allowed to follow his cases into hospital. As you have asked me for cases I will tell you of one as an illustration of

Earl Cathcart--continued.

how that hurts us. Some time ago a patient of mine, the son of a builder, fell off a church steeple ; he was taken up with a slight concussion, and had done some injury to his nose. I was asked by his father to go and see him at the hospital, and I went. Being one of the committee, I did not feel it as much as anyone else would ; but I did feel it to some extent that I had no right to be there, although I knew I was welcome as a member of the committee ; but I could not go and treat that patient. Whereas, I think if I had been allowed to follow him in and treat him as my patient ; of course, if he wanted trephining, or any severe operation, then it would have been my duty to have called in one of the staff of the hospital, and he ought to have been able to charge his full fee. In my opinion, by that patient being admitted into the hospital the hospital was put to the unnecessary expense of his board, and I was debarred, from my professional position, of the right of attending him, and an expert was done out of a fee had an operation been required that could well have been paid if he had been out of hospital. It was quite right to take him in because it was nearer and better for him. But there is a great deal too much gratuitous treatment. The hospitals are so beneficial that I want to be very careful in condemning them ; they do so much more good than evil ; but because they do so much good there is no reason why we should not remedy the evil.

Earl of Kimberley.

16674. You, I conclude, would be in favour of there being such a number of out-patients at the hospitals as are absolutely necessary for medical instruction ?—I think so ; but I think they would be better selected if the house surgeon, or house physician, knew that he must only take a certain number as they do at St. George's Hospital now, where they take good care only to admit the cases that are most urgent for clinical instruction.

16675. Therefore you would desire that the number should be limited to those which are absolutely necessary for medical instruction ?—Yes.

16676. But apart from that, would there not unavoidably be a certain number of urgent cases brought to the hospital which it would be necessary to deal with at once for the sake of the patient ?—Yes, I think there might.

16677. Those cases you would also accept ?—Yes, I would accept such cases as those ; but I think if they were able to pay, it should be known that the hospital could recover the expense, and that it should be the duty of the secretary to recover it. There should, of course, be no question of payment at the time, and no paltering about a fee ; but when the time is over if a man could pay he should not merely be attended to in a hospital, and receive the benefit, and get off scot-free without any payment whatever.

16678. Your view, as I understand it, is this. That in the case of any patient who for some good reason was admitted into a hospital and was well able to pay, the hospital should, after treatment, be entitled to recover such payment as was reasonable ?—And that it should be their duty to do

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[Continued.]

Earl of Kimberley—continued.

do so. That would prevent a great deal of abuse, and would bring in a large sum of money that was being lost. It should be compulsory upon the committee of management to see to that. At present the charity is very much abused. The feeling is, "Oh, we can go to a hospital." I wish to say that I cannot speak too highly of the hospitals.

Lord Clifford of Chudleigh.

16679. Do I rightly understand you to say that you object altogether to the hospitals being used for consultative purposes?—That would involve a great deal of time. I think that the consulting work ought to be done out of hospital. Now and then it would be convenient to us to take a patient there for consultative purposes; but that would occupy so much time that I do not think that would be a good thing generally in the interests of the public.

16680. You do not think that is one of the offices of a hospital?—No. The hospital is to provide for the poor.

16681. But do not you think that a hospital may well provide for the very poor entirely; and for those who are above the very poor, who are able to employ a local practitioner, it might be used for the purposes of consultation?—I think it might. Occasionally I myself sent in a patient. The other day I was down at Slough seeing a young lady with a tremendous wound, it had been attended to and it had not. I saw that the poor girl, although her relatives were comparatively well off, was needing hospital treatment and I got her in, though I felt I had no business to do so; but I took care that her relatives paid something for it. It was a necessity in her case because she wanted proper attention, and because her aunt was old and there was nobody to look after her. But in that case there was no loss, because I took care that the aunt paid something, and she sent more than was sufficient. In another case I sent the child of an employé of a brother of mine, but he sent 50 *l.* directly afterwards, and in that case the hospital benefited; but other people might not have done as he did, he is a most generous fellow. On the other hand, I think that it was most unfair to the surgeon who did the operation, because my brother would have been equally pleased to give him a 10 *l.* or a 20 *l.* note out of it; therefore an injury was done to that young surgeon. I think that young specialist surgeons have more cause to complain than anybody; they do a tremendous deal of work for nothing, scientific work, and splendid work for the public; and yet they are half-starved and go and commit suicide sometimes because they cannot get a living. In that case the gentleman who performed the operation on the child ought, I am certain, to have had a 20 guinea fee put into his hand for it.

Earl of Kimberley.

16682. Taking such a case as I know actually occurs in practice, when somebody in the country suffers from a disease, and requires a difficult operation, and the surgeon attending him recommends that he should go to one of the hospitals in London that that operation may be performed by one of the most skilful operators, you would

Earl of Kimberley—continued.

say that if he was able to pay, you would make it a condition that he should pay some reasonable fee for that?—Certainly.

16683. But you would have no objection to his obtaining those services in that way?—Not at all. I will tell you another case; I will mention it because it is a most important case, and refers to the same surgeon. I had a case of a youth who had stone in his bladder. I thought so; I called in a consultant; the same surgeon who performed the operation on the child; he agreed with me after sounding the youth that he had stone, and he agreed with me that he was willing to do this operation for a small fee, and the father could well afford to pay that fee; and I was in hopes that he would perform the operation. The next day the father said to me, "Well, we shall not have that operation done at home, it would be very awkward; he could not have such good nursing." I said, "If he must go to a hospital I will give you a letter and get him into the West London Hospital, so that Mr. Keetley shall do the operation; I have great faith in him." He said, "No, I need not trouble you, I can get him into St. Peter's Hospital," and he had no trouble or difficulty whatever to get him in; it was as easy as possible. A little time since I read an account of the father of the youth having retired, and he must have retired on a very fair income, because he was a wholesale tea merchant. He was a very worthy man who had made his money, and he could easily and willingly have afforded to pay any fee that a surgeon liked to ask. Now I was done out of my patient, Mr. Keetley was done out of his fee, and the expense was thrown upon the subscribers of St. Peter's Hospital. I have now in my pocket an account of a dinner given to celebrate his retirement, showing that he is a man of some influence; and I have also a letter from Mr. Keetley. I cut the account out of the paper and sent it to Mr. Keetley, and I have his letter which I do not mind showing to any of your Lordships because it will give his views (*handing in the same*). He was done out of his fee in that case.

Lord Monkswell.

16684. I think you said that the profession was overstocked. I have heard it stated that medical students are not increasing in proportion to the population, but that there is rather a dearth?—I do not think there is any dearth. There were fewer at the last entry; but, with that exception, they have been very much increasing during the last 20 years; and I have a proof of that. A young medical man was with me two or three nights ago, and was telling me how much more he would have to pay for a practice now than used to be the case, because whenever a practice is to be sold there are so many willing to buy it; proving that there were so many who do not know what to do; they cannot find work to do, and they cannot find professional employment.

Chairman.

16685. Is there anything else you wish to say?—I think not.

The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Monday next, at Twelve o'clock.

Die Lunæ, 9° Martii, 1891.

LORDS PRESENT:

LORD ARCHBISHOP OF CANTERBURY.
 Earl CATHCART.
 Earl of KIMBERLEY.
 Lord ZOUCHE OF HARYNGWORTH.
 Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.
 Lord SANDHURST.
 Lord MONKSWELL.
 Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MRS. ALICE MARGARET ALISON, is called in; and, having been sworn, is Examined, as follows:

Chairman.

16686. YOU applied, did you not, to be a nurse at University College Hospital?—Yes.

16687. And you were objected to on the ground of being a Nonconformist?—Yes.

16688. And did you subsequently get appointed there at all?—No.

16689. I will read you some questions put to the Sister Cecilia and her answers, to which you wish, as I understand, to give a contradiction. At No. 15913 the Archbishop of Canterbury asked Sister Cecilia, "You engage the nurses, do you not? (A.) Yes. (Q.) Do you engage them from any denomination? (A.) From any denomination. (Q.) Do you make any inquiry as to what religion they are of? (A.) Yes; I send them a paper like this (*handing in the same*). (Q.) And they have to enter their religion on it? (A.) Yes. (Q.) Do you give any preference on account of any religious profession? (A.) None whatever. (Q.) You go by their qualification as nurses? (A.) I go by their qualification when they become nurses, but I do not give any religious preference. (Q.) And there is no interference with any denominations? (A.) None." That you found not to be the case?—I had no paper. This lady refused to consider my application on the ground that I was a Nonconformist.

16690. Did you apply to any of the authorities of the hospital on the subject?—No.

Earl of Kimberley.

16691. When was this?—In October 1883.

16692. Do you know whether the head of the establishment then was the same as the present head?—I do not remember of my own recollection, but I have been told since that it was Sister Cecilia.

16693. Did you apply in writing?—No, in person.

16694. Did you receive an answer in writing?—No, in person.

(24.)

Earl of Kimberley—continued.

16695. Was nothing said to you whatever, except that you were asked whether you were a Nonconformist?—I am not sure whether I was asked the question, but I stated that I was a Nonconformist, and the lady who was with me also stated that fact.

16696. And what did the matron then say to you?—That I was ineligible.

16697. Because you were a Nonconformist?—On that ground; there was nothing else discussed.

16698. And you never made any representation to the hospital authorities?—No.

Earl Cathcart.

16699. Had you had any previous experience as a nurse?—No.

16700. You had not been a nurse before you applied to be received as a probationer at University College Hospital?—No.

16701. When you saw this lady was she dressed as a religious person?—She was dressed in the dress of the All Saints' Sisters.

16702. And from that, I presume, you imagined that she was a person of pronounced views?—Yes; but I had with me a lady of equally pronounced views, another sister.

Chairman.

16703. What was her name?—My aunt, Miss Boddy, at that time a member of the All Saints' Sisterhood.

Lord Thring.

16704. As I understand, the only conversation was that you announced at once that you were a Nonconformist?—I told her that I wished to enter as a nurse, and my aunt, Miss Boddy, told her the same thing, and then I was put on one side simply because I was a Nonconformist.

16705. Did you state at once yourself that you were a Nonconformist?—Yes, after I had stated
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Mrs. ALISON.

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Lord Thring—continued,

that I wished to go in as a nurse; because I had been told that there was a very rigid rule as to the admission of Nonconformists.

16706. You stated yourself that you were a Nonconformist to the lady?—Yes.

16707. And did you state what denomination you belonged to?—I cannot say; I do not remember.

16708. However, you stated that you were a Nonconformist, and then the lady replied, "Then you are not eligible"?—That is the best of my recollection.

16709. It was a reply to that effect, at all events?—Yes, it was a reply to that effect.

16710. Would you know the lady again if you saw her?—No, I do not think I should.

Earl Cathcart.

16711. Would you mind saying what your particular religious persuasion is?—Scotch Presbyterian.

Earl of Kimberley.

16712. Have you been a nurse since?—No; my name was Lawrence then, I may mention.

Lord Saye and Sele.

16713. I suppose you know that the religious views of the All Saints' Sisters have nothing to do with their engagement as nurses?—I did not know that; I know it now.

16714. I have been assured that it is not the case that their religious views have anything to do with their engagement?—I have two letters here from the two ladies who were with me at the time.

Earl of Kimberley.

16715. If they are not confidential you will perhaps read them?—Some part of them is confidential. May I read part of them.

Chairman.

16716. Yes?—This letter is from Miss Boddy, who was at that time an All Saints' Sister and who went with me. "I think so far as my recollection goes what you say is true, but I believe the rule about admitting Nonconformists is now kept very strictly, and even when I told you that I thought it might be in your case relaxed, it was only a supposition on my part; I had no

Chairman—continued.

foundation for it. The name of the sister we saw was Sister Cecilia."

16717. What is the date of that?—March 6th, 1891. The other letter is from a lady, the widow of the Rev. Allan Sinclair, who was with me at the time. She says, "As far as I remember our visit to London was in the October of 1883. I distinctly remember the sister seated in the corner of the room in which you interviewed her, but her name I cannot now produce. For some time I remembered her name, for the utter intolerance of shutting out Dissenters impressed me unfavourably on your account."

Lord Thring.

16718. Although you do not recollect the sister who told you that Nonconformists were ineligible, she left the impression on your mind that she had the power to exclude you?—Certainly, because it was the private room of the sister in charge of the hospital to which I went.

16719. You imagined that you were talking, at all events, to a person who had authority to reject you?—Yes.

Earl of Kimberley.

16720. You applied, did you not, to see the head of the nursing establishment?—Yes.

16721. And you distinctly understood that the lady you saw was the head of the nursing establishment?—Yes.

16722. Is Miss Boddy still a sister in that sisterhood?—No; she is now a member of the Kilburn Sisterhood.

Chairman.

16723. I will read again to you this question No. 15917: "Do you give any preference on account of any religious profession?" To that question the witness answered "None whatever." According to your experience, at any rate, that answer is a misrepresentation?—Certainly.

16724. Is there anything else that you wish to state to the Committee?—No, except that I express no opinion whatever as to the justice of the rule; but I saw that statement in the paper, and I thought it right to state to the Committee my own experience.

The Witness is directed to withdraw.

MR. CHARLES H. BYERS, is called in; and, having been sworn, is Examined, as follows:

Chairman.

16725. You are the Secretary of the Metropolitan Hospital, are you not?—Yes.

16726. How long have you held that position?—Four years.

16727. And previous to that, had you any experience of hospital administration?—No; before that, after I left school, I was for 10 years with one firm, underwriters and insurance brokers, at Lloyds'.

16728. Formerly this hospital was called the Metropolitan Free?—Yes.

16729. And why was the "Free" taken out?—Would you allow me just to state first, how

Chairman—continued.

the hospital was started, and to tell you about that?

16730. Yes.—It was started originally in 1836 as a dispensary pure and simple (there were no beds at all) by our present chairman, Mr. Joseph Fry, who was one of the sons of a lady, whose name is well known to most people, Mrs. Elizabeth Fry; and by him and his friends it was started in a very small way. At the suggestion of the late Duke of Cambridge some beds were added; and after that gradually, little by little, it obtained a maximum of 40 beds. The hospital was situated in the heart of the City,

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City, in Devonshire-square, Bishopsgate; then by the action of the Metropolitan Railway Company they were turned out of that building, and had to obtain temporary buildings in Commercial-street, Spitalfields. When looking about for a site, their attention was drawn to the fact that, in the north-eastern part of London, there was no hospital accommodation at all, with the exception, of course, of the German Hospital; and a triangular piece of ground, bounded by the Kingsland-road, the Enfield-road, and St. Peter's-road, was obtained; and there we found that St. Bartholomew's on the south west, and the London Hospital on the south east, and the Great Northern Central Hospital on the north west, were each exactly two miles from our hospital, the German Hospital, of course, being much closer. The new hospital was then built, at a cost which I can tell you later on, but at something like 36,000 *l.* in all, to accommodate 160 beds when completely full. It is the newest hospital with the exception of the Great Northern Central (it was completed in 1886), and my committee believed, and still believe, that it was built on the best sanitary plans, with cross-ventilation; each ward is not only isolated from every other ward, but at the end of each there is a fire-proof building, or, rather, there are two fire-proof buildings; on the one side are the bath-rooms and the lavatories, and on the other, the closets and the sinks; so that in the event of a very bad fire all the patients in that particular ward, together with all the nurses, would be perfectly free from all danger by going into these fire-proof buildings till fire escapes should come. I may also state that there are two fire hydrants fixed and attached on each floor, and that there is a fire drill conducted by Shand, Mason and Company (who put up all the fire appliances), once a quarter, in which all the nurses as well as the porters, take part. Then, in the early part of 1887 (my predecessor having died in November of 1886), a requisition was signed by the necessary number of governors calling an extraordinary general meeting, and a notice was not only inserted, as the rules demand, in three of the morning papers, but also an individual notice was sent by post to every governor of the hospital, there being some 1,150 in number at that time, stating exactly what was proposed to be done, namely, the alteration in the name of the hospital, changing it from "Metropolitan Free Hospital" to "Metropolitan Hospital"; and at that meeting it was unanimously decided, or, I think, with one dissentient, to drop the old title, and that the hospital should, in future, be called the Metropolitan Hospital. Might I now state what the constitution of the hospital is?

16731. I should like first to ask you a question or two about the provident department. Have you a provident system at the Metropolitan Hospital?—Yes.

16732. Who was the originator of it?—Sir Edmund Hay Currie.

16733. Will you explain that provident system?—I will do so as briefly as I can. Every accident and every urgent case is at our hospital treated perfectly free, being taken in on

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Chairman—continued.

its merits, and irrespective of the social status of the person. At the same time every person who comes to the hospital is seen for the first time by the doctor on duty, is prescribed for and receives seven days' medicine; after that, certain questions are asked, which it is perfectly optional on his part to answer or not; and I was instructed by the committee at the latter part of 1887 to draw up a set of rules to govern this provident department. I do not know if you would like to have all the rules read aloud; there are some 14.

16734. Yes; will you please state what they are?—“(1.) This provident department is intended for persons living in the hospital district who are unable to pay the usual fees of medical men. (2.) Inquiries, when needful, will be made if it is thought that an applicant is able to pay the regular fees of medical men” (that is to say if their answers, in our opinion, are untrue). “(3.) It is to be generally understood that no single person earning more than 21 *s.* on an average per week (or in the case of a man, wife, and family, 35 *s.*) will be able to become a member of this department.” Perhaps I ought to state here that originally that wage limit was higher, namely, 25 *s.* for a single man, and 40 *s.* for a married man. Then we found that ours was such a very poor district that a man who obtained something like 40 *s.* a week, was comparatively speaking, for that neighbourhood at all events, a rich man; and therefore as we did not wish to do any harm to the medical men in the neighbourhood, we reduced the wage limit, without in the least affecting the class of people who came, I think, because the majority were a great deal poorer than that. The 4th rule is, “Such persons can only become members of this department on payment of the following fees” (and this is the most important clause of the whole), “made regularly in health and sickness. Accidents alone admitted free.” Then the 5th rule states the payments, “Adults 1 *d.* a week, or 4 *d.* a month each. Children (who will not be allowed to join without one of their parents), 2 *d.* a month each; but 6 *d.* a month will include all children in a family under the age of 16. (6.) An entrance fee of 6 *d.* will be charged for either a single person or whole family joining at the same time. (7.) Members of benefit societies, on showing their tickets, will not be required to pay an entrance fee. (8.) No person can receive the benefits of the hospital after 1st February 1888, until payments for two months have been made.” That means to say that a man, because he falls ill and comes there and pays for one month, does not come into immediate benefit; two payments have to be made. “(9.) All medicines will be provided by the hospital, but 1 *d.* will be charged for each time the prescription is made up” (this is practically a registration fee). “For each empty bottle provided by the hospital, 1 *d.* will be charged. Members are therefore advised to bring their own bottles (quart or pint), which must be perfectly clean.” Then comes the heading “Home visits.” I must here state that this provident department is not only an out-patient provident department, but a home department; that all the people who

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belong, can, if they send notice at proper times (which I will read out to you) get visited by the doctor of their district at home. If in the opinion of the doctor of that district, the patient is too ill to be properly relieved at his own home he is admitted as an in-patient. Of course the regular fee is exactly the same, a penny a week. The rule reads, "If the doctor receives notice, at his residence, before 10 a.m. that the patient is too ill to attend at the hospital, the patient will be visited free. After 10 o'clock in the morning notice must be given at the hospital, when the charges for home visits will be as follows: After 10 a.m. and before 6 p.m. the charge will be 6 *d.* After 6 p.m. and before 10 p.m. the charge will be 1*s.*" Then "night visits"; for these there is a charge of 2*s.*, and the object of that is to prevent patients hanging on till the last minute, if I may say so, before going to the hospital, waiting till after 10 in the morning, by notice before which time they can have a visit for nothing, and then towards night feeling very ill indeed (there probably being very little the matter with them) and then sending for a doctor when there is no particular reason why they could not wait till next morning. Then comes the heading "Midwifery Cases." "Married women can be attended during their confinements by certificated midwives for a fee of 15 *s.* This fee can be paid in instalments but the whole amount must be paid one month before the confinement. When necessary the midwife can call in one of the doctors of the provident department"; that is to say that the doctor himself does not as a rule attend the confinement.

16735. What is the Metropolitan Hospital's district?—I think I can explain that better if I may put in this (*producing a map*).

16736. How do you calculate the district?—By taking a mile radius (*explaining it on the map*).

16737. How many doctors are there attached to the provident department?—Four.

16738. Are those medical men in receipt of a permanent salary from the hospital?—They are each in receipt of a permanent fixed salary of 100*l.* a year.

16739. What sort of position do they occupy?—They are all very well qualified men who were nominated by our own permanent medical staff, our honorary staff, who sent up the names of three gentlemen in the first instance; the fourth only came on afterwards when the work became too heavy for three; and being nominated by members of their own profession I take it they must be very good men. I can hand you the qualifications of the four medical men at any time; I have it in the report.

16740. Do these gentlemen practise on their own behalf as well?—Certainly.

16741. Do they get any fees beyond the 100*l.* from the hospital?—No, none at all; in any case of home visits the sixpence or the shilling which may be charged for those home visits never goes into the pockets of the medical men.

16742. Then are these gentlemen out-patient doctors as well at the hospital?—Yes; each of these four doctors attends two days a week; and I ought perhaps now to state that there is

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attendance at the hospital on Mondays, on Tuesdays and on Thursdays in the morning for provident patients, and on every evening except Saturday; we felt that it was no good having it open on Saturdays, that poor people would not come then, because their weekly marketing was going on, and we found that we could do without opening the department on Saturday morning.

16743. Do you find the work very heavy on Monday morning?—Yes, very heavy on Monday morning, and heavy on Monday night and Tuesday; those are the two heaviest nights.

16744. Are the same number of medical men employed on Mondays and Tuesdays as on the other days?—Yes; that we could not help.

16745. How was this idea of the provident department first started?—The medical men of the neighbourhood, about 90 of them, received notices asking them to come to the hospital, and discuss this proposed plan; of these 90, seven took the trouble to come.

16746. And did they acquiesce?—Since then they have done so. Directly the provident department was started they did object, and they wrote letters to the papers; but lately we have had no complaints; at any rate I have heard of none. The whole argument of my committee is this: while the hospital worked on the old lines my committee did know of abuses in their own hospital (I do not speak as to any other hospital) in the out-patient department; and feeling that there was this abuse, they tried to cure it, at any rate to stop it. They do not say that this provident system is absolutely the only right one; they say that in their particular instance they did the right thing or tried to do the right thing; they tried to make people who could pay a doctor pay a doctor, and allow those who absolutely could not pay to have plenty of time and attention at the hospital; and I think now the medical men in the neighbourhood are beginning to see (especially when we reduced our wage limit from 40*s.* to 35*s.*, in the case of a married man, and from 25*s.* to 21*s.* in the case of a bachelor), that we are not trying to take money out of their pockets. If we ran the hospital as it used to be, as a free hospital, it must stand to reason that the medical men in the neighbourhood would suffer far more than they do now.

16747. Do you have any free out-patients besides the accidents?—Everybody who comes for the first time may or may not be a free patient; in all probability he is a free patient for his first visit; he may join the provident department, and may not; and we have a great many trifling hurts; we have certain small factories near us, ginger beer and soda water factories, and we have hundreds of cases of cut hands and cut heads; they come there, and are attended as free patients, and come back to have their wounds dressed.

16748. Without becoming members of the provident department?—They are asked to become members; but if the doctor in charge of the case says, "I, myself, wish to see that case again," the doctor has a certain margin allowed to him to reserve any particular case that he may

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may wish to see. A patient, for instance, may live a long way off, outside our district altogether; if he comes there, and it is a case which the doctor wants to see again, the doctor would have the right to give him a card to admit him, without his joining the provident department. Of the free cases last year, there were 14,000, and the total attendances of those 14,000 were 23,000 only; so that shows a large majority did join the provident department; because that is less than two attendances per patient; and in the provident department the attendances were 43,000 for the year.

16749. Then do subscribers have any privileges as regards letters in regard to the admission of patients?—There are no letters at all; but if any subscriber took the trouble to write a letter, or send a card recommending any case, we should do the same for him as we should for anybody else; it would make no real difference at all; the case would be taken on its merits.

16750. Is this provident department limited to out-patients?—No.

16751. How does it apply to in-patients?—In this way: that if a patient who belongs to the provident department can come to the hospital as an out-patient, he is supposed to do so; if he is too ill to come as an out-patient he is visited at home: if he is too ill to be visited at home, he is admitted at once (if it is a fit case for hospital treatment) as an in-patient.

16752. Have you any difficulty with the large number of free out-patients, and also the large number of provident members?—There is a separate staff to each; the ordinary medical staff attends to these free patients, but we have a separate staff for the provident department who only treat provident members.

16753. What is the number of provident members?—I have here a return from which I may quote: we started in November 1887, and the people came and paid their money at the hospital; we had no system of getting to the homes of the people to obtain the money; it seemed to me to be a very necessary thing, not only to get the money, but still more important to see when people left their homes, and if they died or went away, because I was certain that we had a large number of people who were supposed to be on our books who were either dead or scattered in all parts of the kingdom. Ours is a very shifting population; it is all round about Hoxton and Shoreditch, and Bethnal Green, and the people seem to think no more of packing up all their belongings and going to the other end of London than an ordinary man thinks of taking a cab; and at the end of last year the committee allowed me to engage two collectors, one to take one division of that map which I showed you just now, and the other the other, with a view to obtain not only the money due from time to time (precisely on the same principle that the Prudential Assurance Company collects small fees for its life assurances); but also to obtain a complete and accurate list of where the people did live. We found then that, instead of having something like 16,000 people on our books, as we had fondly hoped, a good many had gone and left no address; but we have issued since No-

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member of last year some 2,500 new books, and there must be some 2,500 on the old; and allowing $1\frac{1}{2}$ persons to each book, the total number of lives would be about 7,000. In three or four months' time, I think, I shall be able to tell you exactly how many members absolutely belong to it. Of course we have a register at the hospital in which a man's name is entered, his state, whether married or single, his occupation, whether he is a warehouseman, packer, labourer, or whatever it may be, and the amount per week of his average wage earnings. A great many people in our part of the world are cabinet makers, and their income is most fluctuating; they may get 5*l.* a week for three weeks, and then nothing for a long time.

16754. Is not that a small number, 7,000, of provident members?—Yes, and it is a very disappointing number. The collectors have only been at work since October, and until they have done their work (and I think one has certainly not more than half completed his district) I cannot give it to you accurately; I have carefully rather underestimated than over-estimated it.

16755. Is not this shifting population a great difficulty?—It is a very great difficulty; it is the greatest difficulty; and will always be the greatest difficulty in London, I am sure; but with a proper system of collectors, who will not exactly be scrutineers, but pure and simple collectors to find out where the people go to, I think there is no reason why this provident department should not be in every way a great success; I think the thing has already proved itself to be sufficiently successful to satisfy the committee that they did the right thing when they started it.

16756. I understand you to say that you have no other hospital within two miles of you?—If you draw a circle of a mile radius round St. Bartholomew's towards our hospital, and round the London and the Great Northern, and then draw one round ours, the four circles just touch at three different points.

16757. Do you limit your membership to individuals, or can a club associate all its members with your provident department?—No, a club cannot. We had an offer, which from a hospital point of view as well as from the company's point of view, would have been very advantageous for us to accept. The North Metropolitan Tramway Company, who employ a very large number of men, wanted to know if we would take in everybody in their employment; they would collect the money, they would send it to me weekly or monthly, there would be no extra clerical labour on our part, on condition that we would take the whole of them. A large number seem to live down Bow and Poplar way; and those would break our rule that it was to be as far as possible a local hospital. It would also break another rule; several of the better class of tramway employes are men in receipt of far larger wages than 35*s.*, not very many, but 40 or 50 altogether perhaps. But we had only the option of taking the whole or none. My committee went into it very carefully, and referred it to the medical committee for their report, and to these four provident doctors for theirs;

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theirs; and they were very strongly of opinion that if we did do that, we should be doing exactly what we did not want to do; damaging the local medical men to a great extent. These clubs would mean at least 400 *l.* a year; there are plenty of medical men who would start practice with one club, say one that brought in 100 *l.* a year, because it is not only the money that the medical man may get from the men on the club, but the money that comes indirectly from their families, the confinements, and children; so that a club of 100 *l.* a year means a very good nucleus of a nice practice for an ordinary practitioner. And on those lines, and those lines only, my committee felt that it would be wrong to take any club like that, as a club; if they come and join individually and privately, as some have done, that is another affair.

16758. What is the amount of money that you received from provident members last year?—£. 670. 4 *s.* 7 *d.*; in the previous year it was 653 *l.* You see last year we paid 450 *l.* in salaries and rent in the provident department. When we first started we rented four schools in the neighbourhood, thinking to give the people every chance of paying the money; those who lived so far from the hospital as Bethnal Green would not care to walk a mile we thought, and so we went to meet them half way; but we found that the people did not come, and so we thought it better to have collectors.

16759. If you received 670 *l.*, and paid in salaries and rent, 450 *l.*, that leaves 200 *l.*, odd towards the cost of treatment?—£. 200 towards the cost of the drugs.

16760. And what was the total expenditure of the hospital last year?—The total expenditure of the hospital last year was 7,500 *l.*

16761. Have you ever estimated what number of members you would require to make it pay?—I cannot say I ever have.

16762. Have you any Jewish patients?—I am glad you have come to that matter; I should like to tell you about that. Originally in Devonshire-square of course the hospital was surrounded by Jews, and then when the hospital went into Commercial-street, Spitalfields, more Jews probably were treated there than any other community; and the Jews have been very good to the hospital indeed; and when the new hospital was built it was decided that of the 160 beds, which the hospital would be able to accommodate, 40 were always to be reserved for members of the Jewish faith. Not only that, but there are separate kitchens too, so that all the food can be cooked as their rites demand, and these wards would be perfectly isolated from every other ward (which indeed is the case all through the hospital). At the present time we have 12 bed for Jews; we have not opened the kitchen, because with only 12 beds, we can hardly afford the expense. I might add that we have 78 beds occupied at the present time; about half our full number.

16763. Have you any Jews at the hospital?—I should imagine a few, but very few, it takes some time for the people to get to know of the hospital. They crowded round it in the old days where they had known it for years and years; but as

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we go on, and as the Jewish Rabbi's are taking up the matter and getting it known, (the Chief Rabbi himself came over the hospital some time ago and said he would send round notice to all the Rabbi's in the neighbourhood), the people will get to know it better.

16764. Where does your 36,000 *l.* come from for the building fund?—We received in donations some 3,400 *l.*; then "special donations," which practically means the City companies, 2,400 *l.*; then legacies, then sale of stock, and the principal of the whole thing was the sale of the Half Moon-street property which we had bought just opposite the old hospital (that was of course much before my time), and it was sold at a very large profit to the Great Eastern Railway Company; we realized over 9,000 *l.* by selling it; then "interest on instalments purchase-money, Great Eastern Railway Company" came to another 2,500; then the "amount transferred from general fund," being practically a donation from that account, was 1,300 *l.* Then on the expenditure side, the purchase of the leasehold of the Kingsland-road site of the hospital, 3,300 *l.* odd, and the freehold 6,000 *l.*, odd, together 9,400 *l.*; "builder" 21,600 *l.*; and then other items making a whole total of 37,000 *l.*, expended on a building which can accommodate 160 patients.

16765. Have you not had some large bequests from a Mr. Jackson?—Yes, but it has been only comparatively recently; and a portion of it has been included in this building fund balance sheet.

16766. Was that money for the poor of Shoreditch?—The destitute poor of Shoreditch; and in consideration of that bequest, we have set apart for the poor of Shoreditch four beds in the men's, four in the women's, and four in the children's ward; but, as a matter of fact, we have a great many more beds than that occupied by the poor of Shoreditch.

16767. Has a scheme been drawn up by the Attorney General with regard to that bequest?—A scheme was drawn up by the Attorney General, of which this (*pointing*) is a copy, which he has ordered shall always be printed in our reports.

Earl of Kimberley.

16768. Your hospital, as far as this provident system is concerned, might be correctly described, might it not, as an assisted medical club standing between people who obtain their relief gratis from the poor law, and those who pay for it themselves either individually or through a medical club?—I have never heard it called that.

16769. But that is what it amounts to, is it not?—No, for this reason: the medical clubs can never take an in-patient, or never have yet done so.

16770. There is that distinction; but in principle, it really is an assisted medical club, the greater part of the expense being borne by the charity, and a portion of the expense by the contributors?—Certainly.

16771. And, therefore, your object, in point of fact, is to obtain such contributions from these people,

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people, as they can reasonably pay rather than give them gratuitous medical relief?—That is so.

16772. Leaving on the one side those who are relieved by the poor law to be treated as destitute persons at home, or to be treated in a hospital as destitute, and on the other side not interfering with those who can either through a club or other means pay for medical relief for themselves?—Yes.

Earl Cathcart.

16773. But is there not a danger of taking off the fine edge of their sensibilities, because they may think "we pay this," though it may be an utterly inadequate sum?—Surely it is better to ask a man if he will pay what he can, than to treat him for nothing.

16774. But the payment is altogether inadequate; it only comes to 200 *l.* a year out of 4,000 *l.* or 5,000 *l.* expended?—That 4,000 *l.* or 5,000 *l.* is the whole expenditure of the hospital.

16775. There is only 200 *l.* really received on that provident department account?—As net profit. Of course it was never started to be a profitable concern.

Earl of Kimberley.

16776. Could you tell us what the proportion of expenditure is upon the provident department as compared with the whole expenditure upon the hospital?—I could not, but I will ascertain that.

16777. In the case of the midwifery cases the 15 *s.* charged for the midwife pays her expenses?—She gets 12 *s.* 6 *d.*, and the other 2 *s.* 6 *d.*, goes towards the provident fund.

16778. Are there any other expenses which you bear in connection with midwifery cases?—None at all.

16779. Therefore in that case the man is really providing for the expenses of the confinement of his wife?—Yes.

16780. Except so far as a medical officer may be called in?—A medical officer can be called in, but the man pays nothing for that.

16781. Otherwise the system is self-supporting?—Yes. Originally it was intended that these four doctors of whom I have spoken should attend the confinements, but it was pointed out that there were numbers of men, at any rate in our neighbourhood, who would visit, and did visit confinements for fees of 10 *s.* 6 *d.*; and therefore we thought if good men went for 15 *s.* there would be no question of the patient hesitating between 10 *s.* 6 *d.* and 15 *s.*

Earl Cathcart.

16782. Then the provident system still is really in an experimental stage?—Perhaps you could say so.

16783. And we could not take it as any practical guide till you have carried it further?—We should like to carry it a great deal further.

16784. What sort of sum would you like to have from the provident department?—£. 2,000 a year.

16785. As against 200 *l.* a year now?—As against 600 *l.* I am talking of gross receipts.

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Earl Cathcart—continued.

16786. 'Then their Lordships' can only take it that this provident system of yours is now in an experimental stage and would not be any safe guide as to how far that system has answered or not?—I cannot quite agree with that.

16787. Why do you not agree with that way of putting it?—Because I think that we have done a certain amount of work. We do not think that we have done any harm to the local medical men, which is a very important point, and we are persuading these people to pay something for that for which before they paid nothing.

16788. But still, in candour, you admit in the meantime that you are in an experimental stage?—In our initial stage; it has only been carried on for three years.

16789. We have been told that the competition is more acute as between dispensaries and out-door practitioners than as between the out-patient departments and out-door practitioners; what is your opinion upon that question?—Of that I can say nothing personally.

Lord Thring.

16790. With respect to collecting you have found that it is necessary to apply at the people's houses?—Yes.

16791. In other words, that the poor will not go out of their way to bring their pence, but if you call upon them they will give them?—Yes.

16792. What per centage do you allow the collector?—At the present time the collectors are paid by salary. The first work I wanted them to do was to clear up, and to make sure who did belong to the provident department at the present time, who have died and who have gone away. Therefore, we are paying them now 25 *s.* a week fixed salary, but it is intended in the near future to only pay them a sum, certainly not exceeding 15 *s.* a week with a commission of 10 per cent. on what they may collect.

16793. Then you can obtain an efficient collector for 15 *s.* a week with 10 per cent. commission on the amount he collects?—Yes, I think that would come to considerably more than 25 *s.* a week fixed salary, for which we now get very good men.

16794. Can you give us any idea what sort of space they cover?—Yes, the map would show you easily. The man has to take a distance of two miles that way and one mile that way (*pointing to the map*),—a large area, but not so large as many other collectors have to take.

16795. And that is sufficient to do the collecting in the district?—I shall be glad to see some more; two collectors cannot do the work thoroughly, and we want four.

Chairman.

16796. With regard to midwifery cases, how many do you have of that description?—Very few, indeed; I will give a return of that; but it is a very very small number.

16797. Where do you get your midwives from?—They are certificated midwives who are recommended by the medical staff after having gone through their testimonials and certificates.

16798. As regards midwifery cases, do you treat many others than those that belong to the provident

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provident department?—No; there are no students at our hospital; there is no medical school at all.

16799. Now, to come to the hospital government; will you tell us what that is?—The hospital, in the first place, is governed by a committee of management, elected from the governors of the hospital. A man can be a governor either as an annual governor or as a life governor; a man must subscribe a guinea or more a year to be an annual governor, and must pay ten guineas to be a life governor. The committee of management consists of not less than 12 nor more than 24 governors, in addition to the president, treasurer, trustees, and four members of the honorary staff who are always *ex officio* members. These four members of the medical and surgical staff are elected by the permanent medical staff as their representatives; one has to retire every year, and is not eligible to be re-elected for another year. The committee, at the present time, consist of 23 persons in all; they meet on the second Friday in every month, when I may state all the books of the hospital are on the table. Then comes the house committee. The house committee is elected from the general committee once a year after the annual meeting of governors, and consists now of nine members who meet every Wednesday; and from the house committee (which is part of the general committee) is elected the finance committee once a year. That consists of three persons. The finance committee meet and examine books once a quarter; after our firm of chartered accountants have examined everything in every book, and have signed the sheet or sheets as correct, the finance committee go through the books (I will tell you exactly what they are), and after that at the next meeting of the house or general committee, as the case may be, they report that the books, disbursement sheet, &c., are all correct; and then, at the committee, in the public room before all the rest of the members, all the cheques are signed by two members of the finance committee. The finance committee do not meet and sign the cheques themselves, but at the open board; that is to say, the cheques are signed by those persons who have satisfied themselves as to the accuracy of my figures. All the accounts are paid quarterly. The way in which the finance committee examine the books is, that they go through the counterfoils of my receipt-book (I have no collector), and they satisfy themselves as to the accuracy of that. The total of that book once a week is entered into the main cash-book; that I have here if you like to see it; and everything is paid into the bank once a week. The pass-book is examined with the cash-book.

16800. How often is the pass-book examined?—It is always once a quarter examined and ticked by the auditors, and by the finance committee; I do not say every time they meet, but certainly more than once a year, they go through the question of food supply, and see that the sister of the nursing staff, in charge of that particular department, is perfectly satisfied that the meat, and so on, is good. They examine also the different tradesmen's accounts, together with the disbursement sheet; that is to say, they

Chairman—continued.

go through the account, say, of the butcher, and they ask the reason why this quarter his account is larger than it was last, and questions of that sort.

16801. I understand that these books are put on the table; they are not checked every week or fortnight?—Not necessarily; anybody can look at the books who likes. The house committee meet every week and ask questions, and satisfy themselves as to the accuracy of my replies.

16802. But those books are not checked by the house committee every week?—Not every week; the pure checking is done entirely by this firm of chartered accountants, who are paid, and by the finance committee.

16803. Then I understand there is, first of all, an annual meeting, and then a quarterly meeting?—Not a quarterly, but a monthly meeting.

16804. And then there is this house committee which meets every week?—Every week.

16805. And a finance committee?—A finance committee which meets always once a quarter, and oftener if necessary.

16806. Will you tell me what is your position?—With regard to my position in the hospital, there are no particular rules to specify it; and I think the reason why the committee do not draw up a list of rules stating what I might do, and what I might not do, was that they intended that I was to be responsible for everything; if they specified something, then I could say that I was not responsible for what was not specified. I am, in their absence, the head of the hospital, with the exception of the nursing staff; I have no power, myself, over the nurses. If one of the doctors on the honorary staff were to complain of any nurse's incompetency or insubordination, the most I could do would be to report the case to the head of the nursing staff, and demand that the particular nurse be suspended.

16807. Would you have power to suspend an officer of the hospital?—Yes, and then I should report it to the next meeting. Of course I could discharge porters for intemperance, and report it at the next meeting of the committee; they meet every week; and with regard to this committee of nine, I find that the average all the year round is that five members of the committee come every week, and go round the wards as well.

16808. Are there medical men on the house committee?—Yes, one physician and one surgeon.

16809. You have stated that there are 160 beds; what is your working number of beds?—We have 78 occupied.

16810. Why are not the others occupied?—In 1886 there were only four empty walls, and we had to furnish the hospital as well as to keep it going; and we began with 12 beds in 1888; at the end of 1889 we had 51; and at the end of last year, 78.

16811. What resident medical men have you?—Three: a house physician, a house surgeon, and an assistant house surgeon.

16812. Are they salaried officers?—All but the junior, and he is appointed for six months only,

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Chairman—continued.

only, and gets nothing at all beyond his board and lodging. The other two, the house physician and house surgeon, are always fully qualified medical men, young men, of course. They send in their applications in the usual way, and those applications are at once handed over to the medical committee for their report. The medical committee send up the names of three candidates to the committee of management, and they can put a recommendation in favour of any particular one of those three, and then the committee of management makes the final selection.

16813. What salary do they get?—If they stay for 12 months, 65 *l.* per annum and board and lodging; it is at the rate of 60 *l.* for the first six months, and 70 *l.* for the second.

16814. Do they carry on private practice?—No.

16815. What is your salary?—£. 300 a year.

16816. And board and lodging?—No.

16817. And in your absence who is in charge?—In my absence, in the case say of a fire or calamity my representative would be my assistant who does live in the hospital, and gets 60 *l.* a year and board.

16818. During your absence he is in charge?—He is in charge. I am speaking more particularly of fire, because I cannot think of anything else that would happen before the next morning; if anything did, he would have to act on his own judgment; he cannot interfere, of course, with the wards or the medical officers or the nurses.

16818*. Have you a steward?—No, everything is done in my own office by my assistant and myself. There is a housekeeper, who always sees that the meat is a proper weight, and that all the food that comes in, is as she orders it; she is directly responsible to the sister in charge of the nursing staff, and she again, to the committee.

16819. The sister in charge of the nursing staff is over the housekeeper?—Yes, over every female in the building.

16820. And she is not responsible to you?—She is responsible to me as the representative of the committee, but I could not discharge a nurse who was under her control. The most I could do would be to recommend or demand that a nurse should be suspended.

16821. You mentioned just now that the housekeeper was responsible for the quality of the food taken into the hospital and the weight?—Yes, she weighs it herself.

16822. Who makes the contracts?—The contracts are always made by the house committee.

16823. Is it an open tender?—It is an open tender; we do not advertise in the papers, but send to a great many firms. Last year at the beginning of December we sent to six firms for coals; the coals contract runs for twelve months; the drugs for six months, and all other contracts, maintenance contracts, bread, meat, and that sort of thing run for three months; so that if the meat is not good, the man knows perfectly well that he may lose the tender at any moment, certainly at the end of the three months, if it is not up to contract quality.

16824. Have you any complaints with regard (24.)

Chairman—continued.

to the food?—Very few indeed. I do not say none, because I think people, who all their lives, have had the worst to eat are the most particular; the patients may grumble a little, but I have never had any complaints made to me particularly. It is a common occurrence for them to ask me to thank the committee, and say that they have been very comfortable; but sometimes they say that they want more bread, or more butter; and if they do, they get it.

16825. Do you find everything for the patients?—Yes.

16826. Including tea, sugar, and butter?—Yes.

16827. With regard to the admission of patients, by whom are they admitted?—By the resident medical officer on duty. I have no power over that at all.

16828. That resident officer might be the assistant of whom you spoke just now?—It might be the assistant, if he happened to be on duty that particular day. He is a junior; the committee felt that they could not pay a third man, so only give him board and lodging.

16829. And I suppose the severity of the disease is the only test for admission?—Yes. If two cases came, a provident patient and a patient from outside, according to our own rules, we should certainly give the priority of claim to the provident patient.

16830. Then, has the honorary staff the power of admitting patients?—Certainly, because the salaried officers are their representatives. In the case of the presence of any member of the staff, he might make the necessary order himself, and say, "Take that patient in"; but there are always two resident officers on duty in the building, all day and all night.

16831. You say you have nothing to do with the admission of patients; is it your duty to visit the wards at all?—Certainly.

16832. And that you do?—That I do all over the building.

16833. Who is responsible for the sanitary state of the hospital?—We have an honorary surveyor, who, to my own knowledge, has paid three very lengthy visits to the hospital in the last nine months; and ours is such a new building that that has not been done which has been done at some other hospitals; I mean having plans of the drains put up. That seems to me a capital idea, and it certainly shall be done; but with the surveyor willing to come at any moment, I feel that the responsibility on my shoulders is a very slight one.

16834. Did it occur to you to have an outside inspection of the drains?—Yes; the committee appointed three gentlemen one day at the beginning of last autumn, after that dry weather, to go through the building, and examine everything in it with the honorary surveyor.

16835. But not an inspection by an expert from outside?—No, they merely went with the surveyor, and looked into everything.

16836. But I meant whether somebody not in connection with the hospital had inspected the drains?—No, our own surveyor did.

16837. My question was meant to point to do this: Do not you think that it would be well to have an outside inspector, somebody who was

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Chairman—continued.

not connected with the hospital?—Our surveyor did not build the hospital; he had nothing to do with the plan; it is not a question therefore of patting him on the back.

16838. What do you think as an abstract question of the advantage of having an outside opinion?—It seems to me an admirable thing; the committee have never thought of it.

16839. In the case of a nurse detecting a foul smell in one of the wards, for instance, what would be done?—I never heard of that yet; but if she detected it, she would report it to the sister of the ward; the sister would come probably to me at once, and I should see about it. We have a man in the immediate neighbourhood who is a very useful man to us; he is a builder in a small way (we cannot afford to keep a man employed all the year round to look after the drains, other than our own engineer), so that if anything went wrong with pipes we should call in this man, who lives within 100 yards of the hospital, and is paid for everything he does.

16840. The surveyor is an honorary officer, you say; does he receive any commission for work done?—He has never received any yet. At the beginning of last year he reported that the external iron-work of the building which was put up five years ago, ought to be repainted; he spent several days over the hospital, but did not send in any claim.

16841. Who is the head of the nursing staff?—In the hospital we call her the sister superior; she is Sister Dorothea, a Sister of All Saints; it is precisely the same system as at University College.

16842. Do I understand then that you contract for your nursing?—Yes, that is practically what we do.

16843. Is the responsibility of looking after the nurses in the hospital yours?—We board and lodge them and pay them a fixed salary.

16844. You pay the Sisterhood, not the individual nurses?—No, we pay the Sisterhood.

16845. But you board and lodge them?—Yes, we board and lodge them. At the present time our nursing staff consists of 32 persons altogether: one sister superior, one night superintendent (who I might say visits every ward at least three times a night; she perambulates all over the building at night); three ward sisters, 12 nurses, 13 probationers, and two lady pupils; and all nurses who are charge-nurses, in charge of a ward in absence of the ward sister, I find average three years and six months' experience. That staff consists of 19 day nurses, including two for the out-patients (there are always two in the out-patient department) and eight at night. We do not pay for all those nurses because the sister superior uses the hospital for her own purposes of training; we only pay for and board a certain number of nurses. As a matter of fact we have one nurse to two and a-half patients, and we only contract one to five patients; therefore we pay for 16 nurses, having the services of the ward sisters, the night superintendent, and the head of the nursing staff for nothing.

16846. Has that arrangement worked well in your opinion?—It has worked now for more than two years most admirably in every way; there never has been the slightest hitch.

Chairman—continued.

16847. And the probationers; by whom are they engaged?—Certainly not by the hospital. The nurses are engaged by the sister superior herself, and of course ratified by the committee. She says she has obtained such and such a nurse; but it is so much a question of contract that we have not the same power over nurses as long as they do their work well, as is the case if you have your own nursing staff.

16848. Does the sister superior live in the hospital?—Yes. The nurses came in November 1888, and I find that there has been no epidemic of any sort, and three hospital throats only last year.

16849. How many wards have you got?—One for men with 24 beds, one for women of the same size, one for children with 17 cots, and two small wards, holding 12 beds, originally intended for Jews, but as the Jews did not fill their beds, it was unanimously decided, at the suggestion of a Jewish member of the committee, that the beds should be filled anyhow, whether by Jews or Christians.

16850. Then, in each ward, is there a nurse at night?—Certainly.

16851. Are the ward sisters' rooms near the wards?—Side by side.

16852. Where do the nurses dine?—In their own dining-room upstairs. I have the time-table for the day nurses. They have breakfast at 7; then the first dinner is 12.30 till 1; the second dinner from 1 to 1.30; the first tea from 4 to 4.30; and the second from 4.30 to 5. They have supper at 8.15 till 9; prayers at 9, and bed at 10.30. The time-table for night nurses is, wards by 8.50 p. m., and off duty at 8.30 a. m.

16853. Are the day nurses off duty at all during the day?—Yes, they are off duty always for two hours every alternate day. The staff nurses get four hours off instead of two on alternate days; and those over one year's training get one Sunday a month. Probationers go off duty from 2 p. m. till 10 p. m. once a month; and one Sunday each nurse always, somehow or other, has four hours off duty. The lady pupils have rather easier hours than that; they go off duty at 7 p. m. instead of 9 if they have not been out, and at 8 p. m. if they have; they have one Sunday a month off duty. And the holidays, all round, are one calendar month in the year.

16854. Do the sisters get more?—No.

16855. Were these hours arranged by the hospital?—No, by the sister superior herself, and a copy of the rules was laid before my committee, and glanced at and approved.

16856. Is there no nursing committee?—No, none at all.

16857. Then the payment of individual nurses has nothing to do with you?—I pay them in a gross sum once a quarter.

16858. How much does it come to?—For the whole of the nursing last year we paid, or should have paid, a gross payment of 384 £.; but as I pointed out we pay for 16 nurses, and we have 32; the sister superior pays the hospital 10 s. a week board for ever nurse over the number that we stipulate to have, and that came to 249 £. in the year; so that our net payment to the nurses was only 135 £. last year.

16859. Does

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Chairman—continued.

16859. Does any high official, the housekeeper for instance, dine with the nurses?—The lady housekeeper takes one dinner, and the sister superior the other.

16860. What does that mean exactly?—That she has dinner with them, or at anyrate carves for them, and is always in the room all through that particular dinner.

16861. Now in the case of your requiring extra nurses, special nurses, you apply to the sister superior?—Certainly.

16862. And you pay for them?—We pay for them.

16863. And she would supply such extra nurses that you wanted?—Yes.

16864. Have you a chaplain?—An honorary chaplain, but the committee are meeting to make rules for the honorary chaplain. He attends the hospital every day; he holds a service in every adult ward every Sunday, and of course prayers are read by the sister of the ward in the morning and evening. The honorary chaplain is the Reverend R. S. Hassard, Vicar of Holy Trinity, Dalston; and as soon as the rules are drawn up I suppose the appointment will be made permanent.

16865. Do you take any lock cases?—Lock cases pure and simple as lock cases we do not take; if in complication with other diseases, we do.

16866. Have you to bury patients sometimes?—We never have yet had to do so. I should like to tell you (it might be seen from that plan) about our mortuary arrangements; as you ask about the burial of patients I mention the mortuary arrangements.

Earl Cathcart.

16867. The weak part of your system seems to be that, during your absence of 12 or 14 hours every day, the person left in charge is your clerk at 60 *l.* a year; he is a young man I suppose?—He is 32, I think.

16868. But still he is a subordinate officer at 60 *l.* a year?—With board and lodging, for which I suppose you would allow another 60 *l.* a year.

16869. Still you have found the system answer?—Yes, I have found the system answer.

16870. With regard to the nursing, have you any agreement that there shall be no proselytising?—There is a very stringent rule about that in our agreement with the All Saints' Sisters.

16871. Of your own knowledge, can you say whether the nurses are of mixed religions?—Certainly, I have heard that from more than one; that is to say, that they are not by any means extreme persons holding very extreme views.

16872. Of that you have no doubt whatever, in your own mind?—No doubt.

16873. With regard to water, how are you off for water?—We have a constant supply.

16874. That is absolutely essential, is it not?—I should think so.

16875. What do you do with your slops; where do you pour them away. (*The Witness explains it to his Lordship on the map.*)

16876. What becomes of the nasty things, like poultices and bandages?—Those are taken away (24.)

Earl Cathcart—continued.

twice a day straight to the engine-room and burnt, never left.

16877. Have you a special incinerator then?—Yes, in the boiler-room.

16878. There was a sort of hypothetical question raised here the other day, and I should like to ask you whether you have thought over it. Suppose you took in a patient from any accident or any other cause, and he was with you for some time, especially if he was a rich man, ought you to have some power of recovering the expense?—There is no legal remedy that I have ever heard of, if a man was mean enough in such a case to pay nothing.

16879. And do you think it would be a good thing if there was such a remedy?—No, I do not think so, because the majority of people, if they felt they had derived any benefit, would pay for it. A man came in the other day with an accident and his brother gave as a donation of 50 *l.*

16880. But supposing you found that a man was in a position to pay, without being actually rich, would you like to pursue him and seek to recover the amount?—No; I have in such a case pursued him quietly in the wards and suggested to him that we were very poor and that all contributions would be thankfully received.

16881. And was there a result?—Yes, in many instances.

16882. You do not think then that any powers are necessary in that respect?—No; the great thing is, that if a patient has been properly treated he will give something if he can.

Lord Zouche of Haryngworth.

16883. Are the probationers quite independent of the All Saints' Sisterhood?—The probationers have signed an agreement with the sister superior for so long.

16884. I meant to ask whether they belong to the sisterhood or whether they have to apply to the sisterhood to become probationers in the hospital?—They would certainly apply to the sisterhood and not to me.

16885. And they would be under the control of the sisterhood?—Yes, of the sister superior; and each hospital which is nursed by that sisterhood has its own particular nursing head.

Lord Clifford of Chudleigh.

16886. I noticed that in mentioning the nurses' hours, you mentioned prayers; do they all have to attend prayers; as a matter of fact do they all?—As a matter of fact they all do; I do not know that it is absolutely compulsory; I think as a matter of fact it is like school prayers; they all do attend.

Chairman.

16887. Have you any payments besides provident payments?—Very few; if an in-patient can pay something, he generally does, if it is only half-a-crown; something to say that it is not all charity.

16888. You get it if you can?—We get it if we can; there is no condition about it; we do not take him in on that condition.

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16889. You

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Chairman—continued.

16889. You have no paying wards?—No paying wards such as are usually understood by that term.

16890. About the fire drill, that is done by a private firm, I understand you to say?—Shand, Mason & Co. were the people who put up those hydrants and their foreman was a former member of the fire brigade; and four times a year they come and give a fire drill for the whole staff. The nurses attend it (of course all the nurses cannot leave the wards whilst this goes on), and all the porters as well.

16891. There is no particular reason for employing them in preference to the Metropolitan Fire Brigade, is there?—No, not at all. I wanted a fire drill in the first instance, and this firm had put up those hydrants, and I knew they did give fire drills at other hospitals, and I wrote and asked the charge, and it was five guineas a year.

16892. You have mentioned the subscriptions from provident members; where does the rest of your 7,000 *l.* income come from?—The chief source of our income for many years has been donations, which is not by any means as satisfactory as the subscriptions; but I ought to tell you that as an old City hospital a good many City firms give us money; they have been very good to us; they will give 10 *l.* or 20 *l.* or 50 *l.*, as the case may be, every year, but they will not call it a subscription, consequently our donations are 2,400 *l.* as against 565 *l.* subscriptions. Four years ago the subscriptions were under 400 *l.* a year. Then with regard to the dividends, we had last year a sum 240 *l.* 10 *s.* 10 *d.*; that is obtained chiefly from the money we received from John Jackson's estate, from North Eastern Railway stock and from London and North Western Railway stock. The dividend is never paid in direct to me but to the account at Glyn's. Then the legacies last year were 2,100 *l.*

16893. Was that a good year for legacies?—A very good year. The accounts are made up item for item with the sheet which the Hospital Sunday Fund sent round to all the hospital secretaries, and it seems to me, though I have not given it the same amount of attention that many of my fellow secretaries have done, that as a whole it is a wonderfully good sheet; and my committee were so impressed with the whole idea that they authorised me to make up my own balance sheet in the same form. There are certain items that they might have amplified a little more. For instance, while they have amplified, as of course they should have done, the maintenance expenses, they lump the dispensers, the engineer, the servants, and the porters altogether instead of giving them item by item; but, after all, those are only details, and I daresay this committee that is appointed will soon make a good balance sheet for all hospitals to adopt.

16894. What did you get from the Hospital Sunday Fund last year?—£. 312. 10 *s.* from the Sunday Fund, and 87 *l.* from the Saturday Fund. Four years ago, our grant from the Sunday Fund was 199 *l.*, and from the Saturday Fund 47 *l.* instead of 87 *l.*

16895. How did your income balance with your expenditure?—Last year we had a balance on the wrong side of 1,300 *l.*

Chairman—continued.

16896. What occurred; did you sell stock to meet that deficit?—No, we cannot touch any of that stock from which we receive dividends; it is all in the hands of official trustees; it is simply the case that we must try to get the money by appealing.

16897. Do you appeal constantly?—Always once a year, and sometimes at Christmas as well.

16898. As a hospital secretary, do you think it a good plan to appeal constantly?—If we did not appeal we should not get money at all. Our hospital has this disadvantage as compared with most other hospitals, that it is in a part of London where no rich man ever dreams of going unless he has a business there. Kingsland-road, to start with, is only a name to thousands of people in the West-end; we are not in the position of some hospitals which are passed, by thousands of well-to-do people every day.

16899. Is not that in itself a reason for your appealing to the public?—It is.

16900. How do you propose to make up that deficit?—By the usual inevitable festival dinner which takes place very early this year at the same time as all the other hospital dinners; though my committee I think, object to the hospital dinner, as a dinner, but still if we cannot get money without it, we must adopt that method.

16901. Have you ever made any comparison as to whether you get more money by a dinner annually, instead of once in every three or four years?—It has been the experience in time past that we get more by the annual dinner. We clear about 2,000 *l.* by a dinner; that has been the average for the last three years, and the expenses of the whole thing, including advertisements, dinner, &c., do not come to 240 *l.* or so.

16902. Can you tell me whether you are complained of at all by the medical men in the neighbourhood as causing loss to them?—Not lately. In the first instance they complained before they in the least understood what this provident department meant. I think they had an idea that the hospital was going to be run to do them harm; but I think what has proved to some of the local men in the neighbourhood that we are not trying to do them harm is that we reduced that wage-limit; directly we found that the neighbourhood was still poorer than we thought, we reduced the wage-limit by 5 *s.* a week in the case of a married man, and 4 *s.* a week in the case of a bachelor.

16903. Have you any idea of what the average wage is around your hospital?—I have dotted down here one page of my register: warehousemen, they get the best pay of the lot, 18 *s.* to 30 *s.* a week; packers, 20 *s.* to 30 *s.*; labourers, 20 *s.* to 25 *s.*, and the large majority get only 17 *s.*; boot-workers of all kinds, from 10 *s.* to 35; printers, 27 *s.* to 35 *s.*; carmen, 20 *s.* to 27 *s.*; factory hands, 5 *s.* to 25 *s.*; cabinet-makers, 20 *s.* to 35 *s.*; servants up to 14 *l.* per annum; that is a very unusual sum; bricklayers, 20 *s.* to 30 *s.*, and so on; needlewomen 5 *s.* to 20 *s.*; which is a very large outside sum; metal-workers, 10 *s.* to 35 *s.*

16904. Was it on that list of wages, that you based your wage-limit?—Yes, we consulted some of the clergymen, doctors, and others in the neighbourhood, who knew the financial position of

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[Continued.]

Chairman—continued.

of their parishioners; and first of all it was put at 40 s. and 25 s., and then reduced for the reason I stated.

Earl Cathcart.

16905. Do you happen to know this book by Mr. Charles Booth on the "Condition and Occupations of the Poor of East London and Hackney"?—I have read only a small portion of it.

16906. He is supposed to have made very elaborate calculations and investigations, and I should like to ask you, have you any reason to suppose that his conclusions are just?—I imagine that he has a far better chance of finding out the facts than I have.

16907. With regard to the patients' lift does your patients' lift go easy or does it jump?—It certainly never jumps; I could not say it goes easily, because it is on the old system with a balance weight.

16908. You have not an hydraulic lift?—No.

16909. In the great hospital opposite they killed a patient by the lift; perhaps you have seen that in the papers?—Yes. The man who last mended our lift has come and told me all about it and he assures me that it is impossible for our lift to jump.

Lord Thring.

16910. You wished to say something about the mortuary?—I should like to say that the dissecting room, the post-mortem room is in the basement. Of course no post-mortem ever takes place without the consent of the friends of the dead person. Side by side are two mortuaries, one for Jews, so that they may have their religious rites carefully carried out, and one for all the other patients. The body is carefully sewn up by a mortuary porter who has been trained to do the work, and is assisted by a nurse who is specially told off for that purpose. When that is done the patient is not immediately put into the shell, but, entirely by the action in the first instance of the head of our nursing staff, there is a small bed running on india-rubber tyred wheels, and the patient is laid in this; so that when the friends come, instead of seeing the body of their relative in the coffin, it is exactly as it would be if death had occurred in their own house; and directly the friends go away the body is moved from this small bed into the coffin brought by the undertaker or put back into one of the hospital shells. We felt that it was very necessary to try in all cases of death to do what could be done not to offend the susceptibilities of anybody.

Chairman.

16911. You have no students in your hospital I understand you to say?—No students of any sort.

Chairman—continued.

16912. How many patients in and out had you last year?—Ours has of necessity to be rather a progressive arrangement because of course the hospital is so new; but I can tell you what we had last year. The out-patients have increased from 9,000 free patients three years ago to 14,000 last year; and the out-patient attendances have increased from about 20,000 to 43,000 in the provident department. With regard to the in-patients, the first year we had only 12 beds, and with 12 beds for the whole of the year we had 51 in-patients; the following year we had 247, the year afterwards 489, and last year 709.

16913. But all those patients are of no use for purposes of instruction?—Ours is precisely the same case as that of any other hospital which, like ours, is without a school.

16914. Do you take in any diphtheria cases?—Special diphtheria cases are taken in where tracheotomy may be required, and they are always put in a separate ward. We have very few; we had only six last year. And typhoid cases are admitted into the general ward; there is no restriction; there were 22 cases only last year; among the nurses none in either case.

16915. The health of the nurses I understand you to say is good?—They have been two and a half years at the hospital, and three hospitals throats only is the extent of illness. I think one broke her leg.

16916. And you take all kinds of disease except those known as infectious diseases?—Certainly.

Earl Cathcart.

16917. How did that nurse who broke her leg fall?—She fell over something outside; it was reported that she had hurt herself.

Chairman.

16918. Is there anything else that you wish to state?—I do not think there is anything else which I can say myself. I do not know if you would like me to hand in any paper of the dietaries.

16919. Yes, if you please, and a list of the employes, with their salaries and a copy of the agreement. Will you hand in these?—Yes. I want to mention with regard to the other witnesses, Sir Edmund Hay Currie and Mr. Goodsall. Mr. Goodsall is here, and is a member of every committee; but Sir Edmund said he thought I must have forgotten (which is perfectly true), that when he was being examined here with reference to the London Hospital, he largely went into the question of his connection with the Metropolitan Hospital, and therefore there was no necessity for him to come to give evidence to-day.

The Witness is directed to withdraw.

9 March 1891.

MR. DAVID HENRY GOODSALL, is called in; and, having been sworn, is Examined, as follows:

Chairman.

16920. You are on the staff, are you not, of the Metropolitan Hospital?—Yes.

16921. Would you tell us what qualifications you hold?—I am a fellow of the Royal College of Surgeons of England, and Licentiate of the Royal College of Physicians of London.

16922. And how long have you been on the staff of the Metropolitan Hospital?—About 17 years.

16923. Then you have been through the various phases of the hospital?—Yes.

16924. And now do you consider it a very efficient hospital?—Yes.

16925. Are you a salaried officer?—No.

16926. Do you see out-patients?—Yes.

16927. Will you explain to us what the system pursued in regard to the out-patients is. When a man first comes to the hospital what happens?—He is seen by one of the house surgeons. If it is a trivial case or a case that is not likely to require treatment for more than a week the patient is prescribed for and is not seen again. If it is a more serious case the patient is told that he must join the provident department if he wishes to attend the hospital or he must go to another hospital in his own neighbourhood. If the case is more serious than that it may be at once admitted into the wards.

16928. Then in the event, I understand, of the man refusing to join the provident department he is told he must not come there again?—That he must not come there again. We give the patient attendance for a week, so that he may in the meantime be able to see a private medical man or to go to another hospital; but if he should live out of the district we should refer him to the hospital which was nearest to his residence and advise him to go there.

16929. You give him a bottle of medicine to last him a week?—Yes.

16930. He may of course during that week come to the hospital three or four times?—Yes.

16931. As soon as he requires to have his treatment renewed he must join the provident department or go somewhere else?—Unless it is a serious case; then he would be admitted.

16932. You admit everybody?—Yes.

16933. Are the inhabitants of that neighbourhood extremely poor?—A good many of them, a large percentage I should think.

16934. Has it ever occurred to you whether the people could or could not afford to become subscribers?—I think the majority could afford to pay the amount we ask from them, which averages about two shillings a year.

16935. You have no idea, I suppose, how far that goes towards the cost of defraying the expense of the treatment they receive?—It pays for the medical officers who attend to the provident department and for the drug bill for the provident patients.

16936. It does pay the drug bill?—Yes; I should think for all the drugs consumed in the provident department, and for the medical officers who attend to it, the rest is covered by these contributions. Of course it does not allow

Chairman—continued.

anything for the building in which the patients are seen.

16937. From your observation do you think that the population about there like the feeling of independence of paying something?—I think they do.

Lord Zouche of Haryngworth.

16938. I think you adopt the wage-test as far as possible in asking people to become members of the provident department?—Yes.

16939. Do you think that at all a reliable test or is it a fallacious one?—We check it. The district around the hospital is divided up into four parts; there is a medical man who lives in the centre of each district to attend to the patients living in that part, and therefore all his patients are within a very short distance of where he practises, and he sees the name and full address of the patients in the book, so that the medical man living in that district could say, "I think you must be earning more than you say you are if you are living in such and such a street; explain matters." So that in that way we have a check and can see that those who say they are not earning more than a guinea a week are not getting more.

16940. It is quite possible that a man earning a guinea a week might be really richer than a man earning more, is it not?—Occasionally.

16941. Often would it not be so; it would depend upon a man's family and whether he had had illness in the family?—A married man earning up to 35*s.* a week is at present allowed to join, but no single man earning more than a guinea a week is allowed to do so.

Chairman.

16942. Is your out-patient department very crowded?—Nothing like so much as it used to be formerly when any one could go there without payment.

16943. It is kept quite within reasonable limits is it?—Quite.

16944. Do you also have departments for special diseases?—No.

16945. You have no special department?—No, only for diseases of women.

16946. But you have not got skin and dental arrangements?—Yes, there is a dental department as well.

16947. On what principle are your medical officers elected; must they hold what are called the London qualifications?—All the surgeons must be fellows of the Royal College of Surgeons of England, and all the physicians must be members of the Royal College of Physicians of London.

16948. And must the assistant house surgeon or physician, whichever he is, hold the London qualifications?—Not necessarily; he must be a member of the Royal College of Surgeons, England.

16949. You have no students?—No.

16950. Therefore you have no teaching to do in the out-patient department?—No.

16951. Are

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Mr. GOODSALL.

[Continued.]

Chairman—continued.

16951. Are you in favour of the out-patient department?—Yes.

16952. On provident lines, or do you think it should be free?—It should be combined, I think, as we have it; I think, if it were entirely on provident lines you might prevent serious cases from receiving immediate attention. You see we are practically perfectly free, for a week; anybody and everybody can go for a week, and we say, "In the meantime you must elect whether you will go to another hospital or join the provident department or go to a private medical man."

Earl Cathcart.

16953. I think it was argued that the essential value of the out-patient department was in some respects compared with its importance as an educational establishment. But you say that *per se* the out-patient department is very essential?—I think so.

16954. Have the out-door practitioners complained to you in any way?—They complained very much of the provident department at first; but I think that now practically all the objection from medical men has subsided.

16955. Have you made any inquiry to ascertain their views at all?—Yes.

16956. I think it was said here that you have some 90 practitioners within your circumference; was it said so just now?—More than that. We sent notices to 85 medical men residing within a mile of the hospital asking them to come.

16957. With that number of gentlemen affected you surely would have complaints if they really suffered?—We had when we first started, recently we have not.

16958. My experience in the country is that of all the sensitive people in the world with whom I have had to do, the medical practitioners practising amongst the poor, in fact all medical practitioners, are the most sensitive, with regard to anything in the nature of interfering with their practice or trespassing upon them. Am I just in that observation?—Yes, I should think so.

Chairman.

16959. Who makes the inquiries as to what the circumstances of the patients are?—We ask the medical men connected with the provident department to use as much supervision as they can in seeing the patients. We have also two collectors whose duty it is; they have been recently appointed. Prior to that, we sent one of the clerks from the office, in any doubtful cases, to make full inquiries.

16960. But I understand that a person can attend for a week, and that, after that, he must either go elsewhere or he must become a member of the club?—Yes.

16961. Is it not possible that great hardship might arise owing to a person not being in such a position as to be able to pay the money, and yet having to go a great distance, two or three miles perhaps, to get into hospital, because you would not take him under any circumstances, I understand?—If a person was seriously ill, the rule would not be strictly enforced. We recognise that we are there to perform charitable

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Chairman—continued.

work, and what we want to do is to get the poor to be provident, and to contribute a very small sum towards their own relief.

16962. I understood you to say in answer to Earl Cathcart, that independently of the teaching of which we have heard a good deal in the inquiry, the out-patient department is essential for the poor?—Yes, I think it is very much to their advantage that they should be able to go to the out-patient department even for a slight ailment.

16963. Are there any provident dispensaries in your neighbourhood that you know of?—I believe there is one.

16964. Are there any free dispensaries that you have to compete with?—There is the German Hospital at Dalston; we compete with that, of course.

16965. But does that take other people than Germans?—Yes, as out-patients but not as in-patients, accidents excepted.

Lord Monkswell.

16966. Have you thought whether it would be desirable to keep up the London qualification?—I think it is most desirable.

16967. Could you give us any reasons why you think so?—It is the best proof that a man at a certain time of his life possessed very good knowledge of his professional work.

16968. Why do you say it is the best, have you any knowledge of the degrees or qualifications elsewhere, such as Dublin, Edinburgh and other places?—In Edinburgh I believe you can get a fellowship on payment, or you could until recently.

16969. Fellowship, yes; but is your qualification a fellowship not a membership?—A fellowship for all the permanent appointments.

16970. With regard to Dublin, do you know about the examinations there, the standard?—There is an examination there.

16971. You do not know whether the standard is higher or lower than that of London, or do you?—I cannot say from experience.

16972. We have been told that the London qualification is desirable, because the students' characters are more inquired into in London than they are elsewhere; do you know anything about that; should you say that was a good reason?—I could not say.

16973. Do you desire that no use should be made of your hospital for educational purposes?—There is a rule of the Royal College of Surgeons that for clinical teaching to be recognised 160 beds must be in use. At present although we have room for 160 beds we have not the funds to keep more than 78 occupied.

16974. So that if you could keep your 160 beds open, you would let the students come and be instructed?—Yes, they may come now.

16975. Do they come?—No; occasionally men come round with the surgeons and physicians; but the attendance is not recognised by the examining bodies.

16976. A certain amount of attendances is necessary to get the qualification, I suppose, and attendance at your hospital is not recognised?—Our field of observation is too limited at present to be recognised by the licensing bodies.

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Mr. GOODSALL.

[Continued.]

Lord Monkswell—continued.

16977. That would be an additional reason why you would like to be able to open all your beds?—Yes, that would give the hospital a much better standing in the profession.

Chairman.

16978. Do you have to turn patients away, because you have not a bed to put them in?—Yes.

16979. Do you consider that the accommodation for relief of the sick in your district is very deficient?—Very deficient.

16980. I understand that you have no hospital within two miles of you?—A mile and three-quarters as the crow flies; it is further of course by road.

16981. Is there any parish infirmary belonging to your district?—Yes, at Shoreditch.

16982. Is that one of the new ones built since 1867?—I think so, I should think it is about 20 years old, so that it would be since then.

17983. Have you any means of judging whether a great many patients do go to other hospitals from your district, on your advice, that is to say?—I have heard that since we have been opened they have had far fewer patients from our district at Saint Bartholomew's Hospital than they used to get before the hospital was placed where it is.

16984. In spite of your provident system?—In spite of our provident system.

16985. What I mean is that the provident system does not drive the patients out from your district to other hospitals for relief?—I should think it does to some extent.

16986. Or does it put them on the poor law, do you think?—I should think it drives them to the general hospitals, where the attendance is perfectly free.

16987. You have to send some cases to the workhouse infirmary?—Incurable cases.

16988. Do you find that the poor dislike that very much?—They prefer going to the general hospitals; there is more liberty, and, I suppose, better food and better nursing.

16989. That is only a supposition though?—That is only a supposition. I know as a fact that they do not care to be taken to the poor-law infirmaries.

16990. Is there anything else you wish to say to the Committee; any other point you wish to raise?—I think not.

Earl Cathcart.

16991. Your provident system is still in an experimental stage, is it not?—It has been in force now for three years.

16992. But you cannot say yet that it is more than in an experimental stage; that is to say, it would not be a safe guide for any other institution immediately to follow?—I think it might safely be followed throughout London, and would lead to a large increase in the revenue for charities.

Chairman.

16993. Might not that cause the subscriptions to fall off?—Our subscriptions have increased. People approve of the principle of inducing the poor to assist themselves as much as they can.

16994. Are you on the staff of any other hospital?—Yes, of St. Mark's special hospital.

16995. For what purpose?—Fistula.

Earl Cathcart.

16996. Your system would no doubt work much better if it were general; it would not then have a tendency to drive people out?—I think it would be much better; I think that people who now go out of the district to go to free hospitals would come to us.

16997. But we have been told that people go a long distance to a favourite hospital?—Yes, they will pass the doors of one to get to another where they know the medical man, or where a friend has been cured.

16998. And that is adverse to your system?—Yes.

Chairman.

16999. Can you tell me is there any Samaritan Fund at your hospital?—No.

17000. None?—Not at the Metropolitan, there is at St. Mark's.

17001. Do you know whether out of the provident fund you pay any money to keep families going during the time the bread winner is in the hospital?—No, it is all devoted to paying the costs of working it.

Lord Monkswell.

17002. Do you know at all whether your system relieves the infirmaries, or whether it has had any effect upon the admissions to the poor-law infirmary; or have you not paid attention to that?—I should think it must have done so.

17003. But you do not know?—We do not know as a fact. I consider that we do relieve the rates of the parish in which we are.

17004. But you have no statistics about that?—No.

Lord Thring.

17005. With respect to the objection of the poor to poor-law infirmaries, does it not arise from the fact that they are considered as paupers in the poor-law infirmaries, not from any dislike of the treatment, I mean, but from the fact that they go there as paupers?—I could not say; I know as a fact that they do prefer being in the wards of a general hospital to going to the poor-law infirmary.

17006. But surely the poor-law infirmaries of the class that now exist in London are extremely well managed, are they not?—I cannot say anything about their management, I can only speak to the fact that the poor prefer the hospital.

17007. But you do not know whether that arises from dislike of being considered paupers or dislike of the management of infirmaries?—I cannot say.

The Witness is directed to withdraw.

9 March 1891.

MR. CHARLES H. BYERS, having been re-called; is further Examined, as follows :

Chairman.

17008. THERE is one question I forgot to ask you just now; what is your assessment?—£. 583 net, 700 *l.* gross; roughly we pay 160 *l.* a year.

The Witness is directed to withdraw.

Chairman. I wish to state to the Committee that I have had a letter from the Sister Superior at University College Hospital, which is addressed to the Clerk of the Committee, and is as follows :—“Dear Sir, In reply to your letter, I beg to state that on 6th April 1889 the Mother Superior of All Saints decided that it would be well to admit nurses of all creeds to the paid staff of the hospital. Mrs. Alison (of whom I have no recollection) must have applied previously to this decision. Prior to 6th April 1889 we trained nurses of all creeds, but did not take them on our paid staff. I am, sir,—Yours faithfully, Sister Cecilia, Sister Superior.”

MR. ALGERNON COOTE, is called in; and, having been sworn, is Examined, as follows :

Chairman.

17009. YOU are Secretary of the Lock Hospital, are you not?—I am.

17010. Will you tell us exactly what that is?—The Lock Hospital was started in the year 1746 originally in Grosvenor Place, Westminster, and it was moved about 50 years ago up to the Harrow-road, and is now divided into two separate departments. There is the female department at the Harrow-road and the male department in Dean-street, Soho, which has been started now, about 30 years. This was opened in the year 1862, only for male patients and out-patients; the female department being in the Harrow-road.

17011. Therefore you have two hospitals?—We have practically two hospitals; they are under one management.

17012. Are you secretary of both?—I am secretary of both.

17013. How long have you been secretary?—Three years.

17014. And previously to that had you any hospital experience?—No; previous to that I had no hospital experience.

17015. In what line of business were you previously?—For three or four years previously to that I had not any salaried appointment at all.

17016. You had no business training?—I had no business training. I had a University training.

17017. How many beds have you in the female hospital?—One hundred and forty beds at the hospital, but there is a rescue home under the same roof; possibly that is outside the present inquiry.

17018. And in the male department how many beds are there?—There are 20 beds in Dean-street.

17019. And into the bargain under the same roof on the female side you have a rescue home?—Yes.

17020. How many people does that hold?—We can accommodate 70; we have 56 in at the present moment.

17021. Are funds which are subscribed to the hospital for hospital purposes applied to the rescue home?—They are not, unless they are

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Chairman—continued.

requested to be so. If they are sent for general purposes, generally a third is given to the rescue home, unless otherwise specified.

17022. But in making an appeal and receiving, we will say, 1,000 *l.*, a third of that would be used towards the home?—Unless it was otherwise specified.

17023. But in all money subscribed to the general funds of the hospital unless specified otherwise, a third goes to the home?—A third goes to the home.

17024. Are your beds all full?—No, not all full.

17025. What is your working number?—I think in 1890 it would be 100, it was 96 in 1889.

17026. Have you any reason for keeping as many as 40 beds vacant?—There is no special reason; we do not refuse cases as a rule.

17027. Have you funds enough to occupy the whole?—No, nothing like enough funds to occupy the whole.

17028. Is that the reason why so many beds are vacant?—That is probably the reason why they have not been filled up, but at the present moment we are refusing no cases.

17029. Then is there a great disinclination to enter that hospital?—I do not know that there is; we are receiving more cases now than we did a year or two ago; there are more applications.

17030. Have you any means of telling whether that is because that particular disease is increasing or because other places of relief, general hospitals, and so on, will take them?—The reason is partly that since the repeal of the Contagious Diseases Act in 1886, as soon as those Acts were repealed, we lost a good many cases, but a great many cases are coming to us now from workhouse infirmaries. We have at the present time, I think, 46 cases sent us upon orders by the workhouse infirmaries.

17031. But you say that the cases fell off in 1886 immediately after the repeal of the Contagious Diseases Acts?—We had not so many cases afterwards in the following year.

17032. To what do you ascribe that; the
s s 3 disease

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Mr. COOTE.

[Continued.]

Chairman—continued.

disease not being so prevalent?—Under the Government Contagious Diseases Acts cases were sent to us, and we were obliged to take them in. Now it is absolutely voluntary.

17033. Will you tell us the constitution of your hospital?—The constitution of our hospital has been altered during the last year; the weekly board was open to all governors, but now there is a fortnightly board, and after next month the board will be elected at the annual meeting of the hospital. I have a copy of the new rules here, if your Lordship would like to see it; they were revised this last year, they had not been revised for about 50 years.

17034. If you will put a copy in we can deal with them?—Certainly (*handing in the same*).

17035. Is there a quarterly court or meeting?—There is a quarterly court open to all governors, and an annual meeting which is also open of course.

17036. It is open to the press?—It is open to the press.

17037. Do the press come to your annual meeting?—We have never had an annual meeting; this will be the first, the press will be invited.

17038. Have you never had any quarterly meeting when a report was read?—Only open to the governors till last year.

17039. Then it was not an open meeting? It was not.

17040. Will you have an annual meeting now?—We shall have.

17041. And a quarterly court?—Yes; but the April quarterly court will be called as the annual meeting and will be open to the public.

17042. Then what is the next body below that?—The fortnightly board, the board of the hospital.

17043. And are there any sub-committees?—There is a medical committee and a ladies' committee in connection with the female hospital, a standing committee.

17044. And any finance committee or nursing committee?—There is no finance or nursing committee. Our board is so small that it practically becomes a finance committee; we have a very small attendance at the board.

17045. It performs those functions itself?—Yes.

17046. What are its duties, what do they do at the fortnightly board?—Everything connected with the hospital comes before the fortnightly board.

17047. They are the executive of the hospital?—They are.

17048. Do they check all their books relating to provisions and to finance, and so forth, at that meeting?—Yes, they are all laid upon the table.

17049. Are they ever looked into?—Yes, they are looked into and initialed by the chairman. There are two visiting governors who visit every week, and look into everything at the hospital itself.

17050. Then all that time when the board is not sitting, are you in full charge of the hospital?—Yes, I am.

17051. Are you supreme in the absence of the

Chairman—continued.

board?—Yes, I am answerable to the board for everything.

17052. Therefore, you would have power to suspend anybody?—On special occasions for special reason.

17053. At least you might suspend, but you would be responsible for your action?—I should have to report to the board at its next meeting.

17054. Are there any medical men members of your fortnightly board?—There will be. Up to the present any medical man who is a governor could attend the fortnightly board. In future, the medical committee will elect their own representatives, they will nominate their own two members for the board of the hospital each year.

17055. Therefore, as well as having two men on the fortnightly board of the hospital, they will also have their medical committee?—They have their medical committee.

17056. Have you any other hospitals close to you?—St. Mary's is the nearest hospital to us.

17057. Do they take lock cases there?—No. We receive lock cases from most of the general hospitals, not from all, as well as from the work-house infirmaries.

17058. Who admits to the beds at the hospital on the male side?—It is practically free upon application; a governor's letter of course we receive upon, but it is not often used, and the rule of procedure is, that an applicant comes in, is seen by the medical man, and received into the hospital at once, if the case requires it.

17059. If not it is treated as an out-patient?—If not it is treated as an out-patient.

17060. Is the out-patient department very crowded?—Yes, it is now; there is a special reason for that, the out-patient department is at Dean-street not Harrow-road.

17061. What is the special reason?—Two and a-half years ago we commenced evening attendances for out-patients. On two evenings and Saturday afternoons out-patients are seen, and the attendance has exactly doubled in the time from 11,000 to 22,000.

17062. That is the attendances, not the new cases?—No. The new cases I have a memorandum about; they are reported and published.

17063. I will just ask you a question upon that. Can you give us the number of in-patients, male and female, and the number of new cases in the out-patient department for last year?—Last year there were 731 patients admitted into the female hospital, and into the male hospital 231, I think it was; 250 it was for 1889. I am not quite clear as to 1890.

17064. And out-patients?—There were 3,278 new male cases, and 415 new females. There were 19,600 males altogether, and 2,450 females altogether, of whom the 3,278 were new male cases, and 415 new female cases.

17065. Is your cost per bed very expensive?—I think it is as economical as in any hospital in London. Last year the cost per patient was only 16 s. 3 d. per week.

17066. If you take it for the year?—It would be between 40 l. and 45 l. a year. At the male hospital it is more, because we have fewer beds. At the male hospital it was about 60 l.

17067. Who

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Mr. COOTE.

[Continued.]

Chairman—continued.

17067. Who makes the contracts for the food?—The contracts are for six months, and the lowest tender is taken if the provision supplied is good. We have had the same contractor for some time for meat now, and it has been very good; it is the same man who supplies St. Mary's and St. Bartholomew's.

17068. Do you advertise for tenders?—No we do not advertise; we send to a certain number of firms.

17069. Who takes the food in?—The matron of the hospital takes the food in.

17070. Is there no steward?—There is no steward; I have to act as steward.

17071. And you have clerks in your office?—Yes, two permanent clerks.

17072. Who is responsible for the healthy condition of your building?—I presume I am. We have an inspection every spring of the whole hospital. We test it with peppermint or with rocket to see whether it is right.

17073. Who does that?—Until last spring it was done by the Sanitary Association, but the visiting governor last year thought it was hardly necessary to do that; we had been going on year by year and nothing really was wrong with the hospital, so last year the same man who went round with the Sanitary Association people tested it under my supervision.

17074. Have you any plan of your drains?—Yes, I have, but not here with me.

17075. It is kept up to date?—Yes, it is kept up to date.

17076. Supposing that a nurse or a physician or surgeon found something very defective in the way of smells or dirt or whatever it might be, to to whom would he report such a state of things?—To me.

17077. And what course would you take?—I should have it attended to at once if the visiting governors were not there.

17078. To whom would you apply to attend to that?—We have a man who has done our work for a great many years in the neighbourhood and given thorough satisfaction; he has tendered two or three times, and he has generally come in with the lowest tender; we can depend upon him.

17079. But is he a sanitary expert?—He is a contractor, and I presume he is a sanitary engineer; he does all our building and alterations.

17080. You do not know that he is specially skilled, that is to say in sanitation?—No, I do not know that he is.

17081. Do you pay him for what he does?—Yes, we pay him for what he does.

17082. Are you nursed by a sisterhood, or do you train your own nurses?—We have our own nurses. I think one reason why our cost is small per bed as compared with other hospitals is probably that 75 per cent. of our patients are able to assist the nurses, so that we only have a nursing staff at the present time of three head nurses and four assistant nurses under the matron.

17083. What do you pay your nurses?—The head nurses begin at 25 *l.* and are raised 1 *l.* a year. The one who has been there the longest is now getting 30 *l.*, and I do not think the board will give her higher than that. The assistant nurses begin at 18 *l.* and rise 1 *l.* a year.

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Chairman—continued.

17084. Are they under the matron?—Yes, all are under the matron.

17085. And the matron is under you?—The matron is answerable through me to the board. Then there is the ladies' committees who have charge of the domestic arrangements of the hospital under the board in connection with myself.

17086. In the number of nurses do you include those in the male ward?—No; there is a male nurse in the male ward.

17087. One male nurse only?—There are only 20 beds; the average number occupied is 14.

17088. And that is all the assistance there is?—Yes; you see with men there are not many bed patients, they are able to help.

17089. Do you have any night nurses; is that necessary?—If we require special nurses, we generally engage special nurses for a time.

17090. Do you give your nurses any pension?—No, they have not stopped long enough; most of our nurses up to the last two years have not remained very long in the hospital; but they are remaining now.

17091. Where do they dine?—They have a dining-room of their own; they all have separate bedrooms; and they have an afternoon off, and an evening off every week, and on alternate Sundays afternoon or evening. Then they have a fortnight's holiday in the year.

17092. At what time do they begin their work in the day?—I am not quite clear. I think that would be more a question for a medical man; our house surgeon is here and he could give me the information, and I could give it to you.

17093. We will get it from him. Then as regards your funds where do you get your funds from?—We have no investments, and no endowments, and since the repeal of the Contagious Diseases Acts we have, of course, lost all Government support; but our funds are made up in different ways. All unions pay us for cases sent to us at the same rate per patient as was paid us by Government formerly, 16 *s.* per case; that is all cases that come to us on a workhouse order.

17094. That is per case you take in?—We never practically refuse workhouse cases. They are very much increasing; we have a great many more than we formerly had. I sent a notice out to all the unions in the United Kingdom a few months ago, and we have cases from unions in all parts of the United Kingdom sent to us.

17095. Do you know how long a case of that kind takes to get cured?—Seven weeks is the average.

17096. And they pay you 16 *s.* shillings for the whole treatment?—Sixteen shillings per week per case.

17097. How much did you get from that source last year, do you know?—£. 1,164 for the females, and 236 *l.* for the males.

17098. Then what was your gross expenditure last year?—The hospital is in departments; we work in departments and keep the expenditure separate for each department.

17099. But what was the gross expenditure?—Between 7,000 *l.* and 8,000 *l.* for the whole institution;

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Chairman—continued.

institution; then 2,300 *l.* of that was for the home; so that leaves between 5,000 *l.* and 6,000 *l.*

17100. What receipts did you have to put against that?—We received last year in subscriptions about 1,500 *l.*; 958 *l.* only for the female hospital, and for the male hospital we received 99 *l.*

17101. £.1,500 in donations or subscriptions?—£.1,500 in subscriptions. We had a dinner last year; we had not had one for 20 years, which brought us in two thousand odd pounds; but every year we are about 1,500 *l.* to 2,000 *l.* on the wrong side of our accounts as we are working at present, so that we have now a debt of between 4,000 *l.* and 5,000 *l.* But last year through the special effort that was made by the dinner our receipts met our expenditure for the year, and we had a little over to pay towards the liabilities.

17102. How do you hope in future to get rid of that debt?—We hope to get rid of it merely by appeal; we are getting in a large amount by appeal. When I came to the hospital three years ago the debt was 6,000 *l.*; it has been reduced to 4,000 *l.*

17103. To whom do you owe money?—To the bankers 1,750 *l.*, and the rest to tradesmen standing over an average period of about nine months, I suppose. We have never been pressed by the tradesmen for the money.

17104. And you do not pay your bills quarterly?—We pay our bills quarterly, so far as we are able to pay them.

17105. As to the rest of the deficit, except the 1,500 *l.* which, of course, is not paid, where do you get that from, voluntary donations. We will go through the items; first of all 1,500 *l.* subscriptions for the two buildings, of course?—Yes, that is for the two buildings, including the asylum.

17106. That is subscriptions?—Yes.

17107. Then donations?—The donations last year amounted to 2,100 *l.*

17108. That was a very good year?—An exceptionally good year. Then we had last year 1,000 *l.* from legacies exactly; and we received by payment from unions, which I think your Lordship has, about 1,400 *l.* altogether; then we have received a very considerable amount from out-patients in voluntary contributions, averaging one shilling a-piece all round.

17109. How much do you charge them?—We charge them nothing, and some of them give nothing.

17110. How much did that amount to?—It came last year to 1,151 *l.*

17111. And your expenditure was how much?—Between 7,000 *l.* and 8,000 *l.*, taking the three places, the Female Hospital, the Asylum (Home), and the Male Hospital.

17112. So that you were out very little on the whole?—We were right last year, and we had a little balance on the right side last year (1889); but that was entirely owing to a special appeal.

17113. Do you appeal from time to time during the year?—We generally appeal in the autumn. We are appealing now, and getting a

Chairman—continued.

very fair response. Our last appeal has already brought us in about 1,000 *l.*

17114. What are you assessed at?—It is freehold property, 3½ acres in the Harrow-road, and the Dean-street Hospital is freehold also. We are assessed at 148 *l.* for Dean-street, and 150 *l.* for Harrow-road.

17115. Is that what you paid?—No, that is what we were assessed at.

17116. How much then do you have to pay for rates?—Rates do not come to very much; but last year the rates and taxes for the male hospital came to 44 *l.*, and 48 *l.* for the female.

17117. Have you any paid staff?—We have a resident medical officer at Harrow-road, and a resident medical officer at Dean-street. Then we have an assistant at Harrow-road for the female hospital; he is not a qualified man; he acts in the dispensary, and helps the resident medical officer.

17118. And then you have a staff beyond that?—Yes, we have an honorary staff.

17119. How many are there on that staff?—We have a consulting physician, a physician, and two consulting surgeons, and we are now just appointing a consulting ophthalmic surgeon, because there are so many cases suffering from their eyes. Then we have three visiting surgeons, one for the male hospital, and two for the female hospital, and three surgeons for the out-patients; also an anæsthetist.

17120. Are there any restrictions as regards the out-patients at all?—We do not admit them if we find that they are not suitable for hospital treatment; we are careful as to that.

17121. If they are not suitable for treatment for this special disease, you mean?—Yes, or if they can afford to pay a medical man.

17122. Do you restrict them as regards numbers at all?—No, we have never restricted them as regards numbers. We are very full, because our out-patient room although sufficient, is no more than sufficient, on the two evenings in the week.

17123. Is there a separate kitchen for the officers of the hospitals, and the nurses, and so forth, in the female hospital?—There is not a separate kitchen.

Earl Cathcart.

17124. As regards the general welfare of the population, probably your special hospital is one of the most important, if not the most important of all the special hospitals, and yet you live from hand to mouth?—Yes.

17125. Is that at all from any adverse feeling that might have been created during the discussion on the Contagious Diseases Acts?—I do not know whether that may be the case; but I think there is still an idea among some portion of the public, and probably among that portion who would give support to us, that we are still receiving support from the Government, which they object to.

17126. But by means of your circulars, and other means, you are making it known now that you are not doing so, are you not?—We do our best; we are gradually making it known.

17127. Have you any consolidated statistics which would show what amount of the disease prevails

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[Continued.]

Earl Cathcart—continued.

prevails in London and the country?—I have not; that is rather a question, I think, for the medical men who will come before your Lordships.

17128. Are they likely to be provided with such statistics?—I do not know as to statistics; one of them has been for 30 years surgeon at our hospital.

17129. He would naturally know a good deal about it; one of the principal medical newspapers has stated that, probably, when you appeared before this Committee you would be able to provide the Committee with statistics in relation to the disease; but you think that the medical officers would be better prepared in that respect?—They would be more likely to be prepared than I should.

17130. Your experience is limited; it has extended over three years only?—That is so.

17131. Therefore I need not, I suppose, trouble you with details as to statistics at all as you have not gone much into the matter?—I can give you the statistics during the three years that I have been secretary.

17132. Relating to the hospital?—Yes.

17133. But not relating to the prevalence of the disease, generally, in the country and metropolis?—No.

17134. And consequently as to the necessity for further accommodation?—No.

17135. Is it within your knowledge that some of the hospitals, recently at all events, have given up taking lock cases?—The larger hospitals are sending lock cases to us now more than they used to do; but there are some that have their own lock wards, the London and St. Bartholomew's, for instance.

17136. I see from a certain little book which you have published, and which, I suppose, is your own, that you have some cases of respectable married women?—Yes, we have a proportion of respectable married women come to our hospital.

17137. And that is inevitable, I suppose?—Yes.

17138. You would not be surprised, perhaps, to hear of a case that I read of the other day of a midwife, in one of the large provincial towns who had infected no less than 30 women and children with venereal disease; it is so stated, that such a thing is possible?—Quite so, but I have not heard of the case.

17139. The number of the male out-patients you have given us?—Yes.

17140. And you stated, which is a very satisfactory fact, that 1s. each on the average has been paid by each out-patient?—Yes.

17141. That covers nearly the whole of your expenditure, does it not?—It will make our male and out-patient departments very shortly quite self supporting.

17142. Are you of opinion that you have not taken people who are able to pay fees to outside doctors?—I cannot say so for certain, but I think that those who have come to us have not been to our own medical officers who would be the medical men that they would be most likely to go to.

17143. I suppose you cannot answer the question whether the disease is on the increase, or is

diminishing?—I can only answer it from hear say.

17144. Is it difficult to get nurses; do they dislike the sort of operation?—Yes, they naturally dislike it.

17145. Have you ever heard of the case of a nurse, or of anybody attached to the hospital contracting the disease?—We have had no case that we have been able to verify either of a doctor or a nurse.

17146. You have never heard of those who have been attending the patients being in any way affected by the disease, to your knowledge?—Not to my knowledge.

17147. Have you any pupils, or anybody who studies lock cases at the hospital?—Not at the female hospital; they are permitted at the male hospital if the surgeon who visits there brings them with him.

17148. Do they come from the larger hospitals?—Yes.

17149. Have you any female out-patient department?—Yes; that is also in Dean-street; but they come on a different day from the males.

17150. Is that a paying department also?—They do not give anything like the same amount as the men give.

17151. But they do pay something?—They give something, but it is entirely voluntarily.

17152. And you know nothing about the special hospitals in the other large towns in England?—Does your Lordship mean lock hospitals?

17153. Yes?—I have been over the Birmingham Hospital; they have very few beds there; the hospital has only been recently opened. And they have one at Liverpool and one at Manchester.

17154. They have a new hospital at Liverpool with 100 beds?—Yes.

17155. And that is quite separate from the other hospital?—Yes, I am aware of that.

17156. That is said to have worked very well, and to have done a great deal of good in Liverpool?—Yes.

17157. I suppose, as we have been told over and over again, that the reception of lock cases in any but special wards in a general hospital would not do?—It would not be permitted.

17158. This is merely a general question, but you can answer it from your own knowledge. Do you not think that it is wrong that these women should be left to suffer, and go about the town from want of sufficient means of curing them, for want of sufficient accommodation, that is to say, and that the effect on the general population must be very bad?—Undoubtedly. I was going to mention one fact which your Lordships would not be likely to ask me perhaps, viz., that since the repeal of the Contagious Diseases Acts we have no power to keep patients in. Our hospital is divided into separate wards; one ward is called the "Rescue" ward, into which we put cases from rescue homes, and married women; another ward is called the Cambridge ward, where we put the cases from workhouses with workhouse orders; then we have the London ward for cases of prostitutes

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Earl Cathcart—continued.

from the streets chiefly, and out of that ward 43 per cent. leave the hospital without being cured, that is, they are still in a contagious condition.

Chairman.

17159. Without being absolutely cured?—Yes.

Earl Cathcart.

17160. In a condition to infect the whole neighbourhood?—With the risk of infecting the whole neighbourhood.

17161. It has been argued here that these cases are not cases for charity because they have brought the disease upon themselves; but in all these cases you must be aware that a man eaten up with syphilis is an object of charity in himself?—Yes.

17162. A man afflicted with that most horrible of diseases?—Yes, certainly. I was speaking of the London ward where we put cases from the streets, and I said that 43 per cent. of those cases left the hospital without being relieved; but if you take the whole of the hospital about 31 per cent. go out at their own request.

Chairman.

17163. Male and female?—No, that is in the female hospital; in the male hospital they usually stop; we have only some 20 beds there.

Earl Cathcart.

17164. Can you trace whether the cases come from any particular district of the metropolis or from all parts?—I had a list worked out of the different places from which they come. We received cases last years from all over the country; our hospital is not only for London. I have a list of 24 places in the country, that is country and country unions; but in London we receive them from the Unions of Kensington, Lambeth, Bloomsbury, Woolwich, the Strand, Westminster, Camberwell, Chelsea, Lewisham, Poplar, Hackney, St. Olave's, Paddington, Greenwich, and Mile End, as well as upon their own application.

17165. Does not the Seamen's Hospital take them for Greenwich. I should have thought it would?—It only takes seamen I suppose. I am speaking of the female hospital. I do not know whether they take female cases or not.

17166. But you have only 100 beds for females and only 13 or 14 for males; that must be a totally inadequate proportion of beds for the metropolis?—We have 20 beds for males.

17167. But you only have an average of 14 occupied?—That is so.

17168. To go to more concrete matters now; I do not mean to say that this is my own view, but this is what has been stated: Three years ago, just at the time when you entered the hospital, was there any difficulty or anything that caused the resignation of your predecessor?—No, he resigned; he had been there eight years.

17169. Did you mention what your salary was?—No, I did not.

17170. What is it?—£. 250 a year.

17171. Your predecessor's salary used to be 105*l.* a year?—Yes; but formerly there were two secretaries, one for each hospital.

Chairman.

17172. Does that 250*l.* a year include board and lodging?—No; I have my luncheon at the hospital.

Earl Cathcart.

17173. And there was an accountant before your time, and an assistant secretary?—There is no assistant secretary now.

17174. He had 100*l.* a year?—There is none now.

17175. And there were two clerks?—There are two clerks now.

17176. One has 78*l.* and the other 52*l.* a year?—That is about what it is now.

17177. And the accounts of your two hospitals are kept altogether separate?—They are.

17178. That makes more work no doubt in the accountant's department, but as long as these two departments are kept separate it is necessary no doubt that the accounts should be kept separate?—Yes.

17179. And for the spiritual wants of 163 persons the clerical staff is a chaplain, whose remuneration is 350*l.* and a house?—It is not so now. There is a chapel connected with the hospital, but it is now detached from the hospital management; we have nothing to do with it, except that the asylum patients attend there.

17180. Have you a chaplain now?—Yes; we pay him 100*l.*, and give him a house equal to another 100*l.* for his work as chaplain.

17181. You used to give him 350*l.* a year and a house; and then there was an assistant chaplain with a salary of 150*l.*, what have you done with him?—He is still there, but we derive no receipts from the chapel now and the responsibility for the chapel has gone from us.

17182. Have you two chaplains now?—Yes.

17183. Are two chaplains necessary?—That is a matter for the chaplain. The assistant chaplain is practically his curate; he appoints him as his curate.

17184. But you pay him?—No, the chaplain pays him.

17185. But he used to be paid; was he paid out of the 350*l.*?—No, that was additional. But then we had all the pew-rents from the hospital chapel; we have none of them now.

17186. There was formerly a loss by the chapel, but that loss has ceased now?—The loss has ceased now because it is taken over by the chapel people themselves; there is a congregation meeting at the chapel.

17187. And the public used to be admitted on payment for the seats?—So they are still, but not to us.

17188. Then you could not have made money out of it when you had it in your own hands?—Not of late years, but in former years they made a considerable amount of money.

17189. Formerly the charity received a considerable benefit from the chapel?—Yes, they did, a very considerable benefit.

17190. There is an idea, I do not know whether it has been ventilated in your time, that it would be better to consolidate the two establishments, and that the chaplain's house should be utilized as the Male Lock Hospital?—I do not think that would be suitable; I never heard it suggested.

17191. I am only asking you whether you are able to contradict it?—When I was appointed secretary

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Earl Cathcart—continued.

secretary I, myself, proposed that the male hospital should be moved up to Harrow-road, but it did not meet with the approval of the members of the board to whom I mentioned it.

17192. On what ground was their disapproval based?—Because formerly it was found objectionable to have the men and the women under the same roof; they met when they went out.

17193. But that would not be the case if the male patients had the chaplain's house?—But it is close by, and they would meet at the gate as they went out.

17194. Another reason why it probably would not be desirable to bring up the male department to the same hospital would be because of the out-patient department?—Quite so; it would be very objectionable. And the male hospital is self-supporting, or will be now, so that we need not consider that. We have no paying patients; we are paid for the patients, but we have no paying patients.

Chairman.

17195. You have no patients at a guinea a week, or anything of that kind?—No.

Earl Cathcart.

17196. Do I rightly understand you to say that you have any debt now beyond the debt you have mentioned of bills unpaid?—We have a debt to our bankers of 1,750 *l*.

17197. But there was a debt of 4,500 *l*?—Yes, that has been reduced.

17198. But still a debt remains?—Yes, a considerable part of it.

17199. Is it in the nature of a mortgage?—No; 1,750 *l*. of it has been advanced by the bankers; we pay them 4 per cent. for it.

Chairman.

17200. On what security, may I ask?—I cannot answer the question. I suppose they consider that the freehold of the hospitals would be a security, but I believe that we are not at liberty to dispose of the property without the permission of the Charity Commissioners.

Earl Cathcart.

17201. What have you done with the chaplain's residence?—He lives in it.

17202. Then he has that in addition to the 880 *l*. pew rents?—He has nothing like that amount; he only received last year 170 *l*. beyond what we gave him.

17203. What sort of people go to the chapel?—The people in the neighbourhood, but there are so many more churches now in the neighbourhood than there were that the Lock Chapel does not fill.

17204. Had you not some idea of selling a part of the ground at Westbourne-green for 1,200 *l*., to the Paddington Guardians?—There was an idea of that sort; that came up before the board the other day, but they decided not to do so, because the money would have to be invested according to law in a way that would bring in very little, and we want the ground.

17205. But they did offer you 1,200 *l*.?—That was before my time.

17206. For what purpose did the Paddington

(24.)

Earl Cathcart—continued.

Guardians want it?—I believe for the purpose of the workhouse infirmary next door.

17207. I hope you quite understand that the questions which I have asked you are not my own?—Certainly.

Lord Zouche of Haryngworth.

17208. I think you told us that you have an asylum connected with the Female Lock Hospital?—We have a rescue home.

17209. Does it answer practically, do you think?—It answers very well indeed. We consider that about one-fourth of our patients are permanently rescued; I do not mean that they simply go into the home, but we follow them up for years.

17210. You ascertain what happens to them?—Yes, we get them situations; we never have any difficulty in getting them situations. They stop one year in the home.

17211. Your work, of course, is very much limited by want of room at the asylum?—We have as many beds as we require; we have never for a long time had more than 60 cases there.

17212. Why do you suppose that the infirmaries send more cases to you than they did a few years ago?—I fancy that they were not aware that we would take them in the way we are taking them now. A circular letter that was sent round, drawing attention to that, has brought us a very large number of cases; one or two of the larger infirmaries have their own lock wards.

17213. Are you speaking of London or country infirmaries?—I was then speaking of London infirmaries. We have them from the country; we have a good many cases from the country infirmaries; we have had them sometimes from Wales.

17214. Were those cases formerly treated by those infirmaries themselves, or dismissed, and not allowed to come in?—I cannot answer, of course. So far as I know, I believe they were in many instances treated; but they were very glad to get rid of them, because, of course, naturally there was the risk of infection.

17215. Was there any other reason for the nurses not staying in your hospital besides a natural dislike to these cases?—I do not think so; it was owing to the unpleasantness of the work there. Their wages have been increased lately.

17216. You find that you can work with a very small staff of regular nurses?—With a very small staff: they work well, too, without any difficulty.

17217. You think that when the Contagious Diseases Acts were in force you were able to keep female patients better until they were quite cured?—Until they were relieved. A medical man will never say that they are cured of syphilis; they will never give a clean bill of health for syphilis.

17218. But, so far as might be expected, they would not be so likely to spread the disease?—Until they were practically free from it they would not have been allowed to go out.

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17219. Now,

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[Continued.]

Lord Zouche of Haryngworth—continued.

17219. Now, there is no guarantee at all that that happens, is there?—None whatever.

17220. On the contrary, you say that nearly half the cases go out before they are cured?—About 30 per cent. last year.

17221. Are those usually very bad cases, infectious cases?—They vary; I cannot say for certain whether they are or not; that is rather a medical question, I think.

17222. At all events this proportion has greatly increased since the Acts were repealed?—Yes.

17223. Would you say then that since the repeal of the Acts many more women are allowed to spread the disease and death in society?—Certainly, they are allowed to spread the disease; we had a remarkable case. A young girl went out to be married with the disease full upon her. Our surgeons did their best to keep her in; they told her practically that she was a murderess, but she would go; I communicated with the registrar, and I did my best to communicate with the man she was going to marry; but it was no good. Under the old Acts (I am not expressing an opinion upon the old Acts, it is not for me to do so) she would have been kept in.

17224. You would not go so far as to say that the repeal of those Acts was a benefit?—I do not think I ought to give any opinion. When I came to the hospital I certainly thought that the repeal of the Contagious Diseases Acts was a great benefit to the community; but I have modified my views since then. I should not myself say that it would be a good thing to re-commence the Acts as they were before; but I think there ought to be some modified form of guarding the cases.

17225. I think the Acts never applied to London?—I think they applied to London; they applied to garrison towns.

Lord Thring.

17226. They never applied to London, if you mean the whole of London, but to certain parts of it?—Yes, to garrison towns, such as Woolwich.

Lord Zouche of Haryngworth.

17227. With regard to these subscriptions that were given voluntarily by out-patients, were they mostly from male patients?—Mostly from the male patients; I think the females spend their money as soon as they get it; that is our experience.

Lord Thring.

17228. What is the motive of the women going out before they are cured, is it lust, or a dislike of the restraint of the hospital?—They clan together a very great deal. One of our difficulties is that these women come in from certain neighbourhoods, and, if one takes it into her head to go out she will very often take others out with her. We very nearly reclaim two or three women, and then, at the last moment, some bad woman talks them over, and they have gone. I do not think it is lust; it may be the desire to make money.

17229. And the dislike of restraint. There is a certain amount of restraint in the hospital,

Lord Thring—continued.

of course?—Yes, there is a certain amount of restraint.

17230. I gather that you would not object to a legislative provision, if necessary, that women who come into the hospital with that disease should not be allowed to go out until they are cured?—I think it would be a most useful thing if it could be done.

17231. What time would that generally mean; what time do they take to be cured?—Seven weeks was the average last year; three weeks for the men, and seven for the women; the main reason for the difference, probably being that the men are able to do work and to get about to their work sooner than the women. Many of the women, of course, have no work.

17232. But seven weeks, as a general rule, would not render a woman harmless, would it?—An average of seven weeks. Some are in for a great deal longer. We have had one in six months or a year.

17233. But, as a general rule, supposing that there were a legislative enactment that they should remain in hospital until they are cured, it would not involve more than seven weeks' confinement, you think?—No, not as a general rule.

Lord Clifford of Chudleigh.

17234. Is your hospital used for clinical teaching at all?—There is no school.

17235. It is not used in that way then?—The male hospital may be so used; it has not been very much used.

17236. The female hospital is not used at all for that purpose?—No.

Lord Saye and Sele.

17237. Would you kindly tell me whether the rescue ward is under any sisterhood, or whom is it under?—The rescue ward is merely our own name for one of the wards of the hospital.

17238. With regard to the Home, who is that under?—That is under the ladies' committee who are answerable to the board.

17239. Under the chaplain, I suppose?—Under the chaplain.

17240. I suppose it is quite optional for the patients to go to the home, or not?—Quite optional. Many of them go to other homes, what they call shorter homes, where they are not kept in so long.

Lord Thring.

17241. I should like to ask you another question. Where do doctors learn and obtain a knowledge of this disease, if you have no clinical teaching at your hospital?—The doctors, I presume, learn it from practice among patients and from books, but according to our laws, which have just been revised, we have the power, as I say, to have pupils at the male hospital.

17242. But at the present moment, as I understand you, it is not used for teaching at all?—No, it is not.

17243. And also the other hospitals in London exclude Lock cases as a rule; therefore as a rule there is no teaching at all in regard to that disease?—Not of that particular disease. Our board

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[Continued.]

Lord Thring—continued.

board feels very strongly, rightly or wrongly, that they do not like to open the female wards to male students.

17244. That is to say, you are afraid of what would be said?—They really do not quite think it would be fair to the women, considering the nature of the disease.

Lord Zouche of Haryngworth.

17245. You entirely ignore the fact of the men who attend them being more or less ignorant of the nature of the disease?—They can learn it at the out-patient departments of other hospitals. We have a great many patients sent to us by other hospitals.

Earl Cathcart.

17246. Because they are disgusting cases, and they try to shunt them I suppose. One reason why they went out in my experience was that there was some local tea or feast, and they went to it. I daresay the same thing prevails in London?—Yes, they go out at such times certainly; they will go out a great deal more in the Derby week, or any time of that kind you will find.

Chairman.

17247. Do you have any army or navy doctors come to you for instruction?—No, not for instruction. We have medical men visiting there, and they can go round the hospital, and they do.

17248. But those are men connected with your staff, are they not?—No, medical men may come and visit the hospital, and many of them do come, not students, but any qualified medical man is at liberty; they simply have to send a card in to my office, and get permission from one of our medical staff.

17249. They can come to you for experience?—Yes, qualified men. I am only speaking of students when I say that they do not come.

Lord Thring.

17250. You allow these qualified men to learn, as it were, and to stay as long as they like?—According to the law, as revised this year, a medical man may visit the hospital with the knowledge of the secretary and an introduction from any member of the staff.

17251. I suppose there is no disease that is so much quacked as this disease?—None, I should think.

17252. And none which requires more accurate knowledge, or more accurate teaching?—That is so. And in the evening attendances, where we have now 22,000 instead of 11,000, I know that the great proportion of those cases went to quacks before.

17253. But this is a disease which is obviously the least taught in London of any disease?—Yes.

Earl Cathcart.

17254. What becomes of the awful cases which are too horrible to mention, where people are nearly eaten away altogether?—There are very few of them.

17255. There are some?—Very few.

17256. Have you never had any?—We have had about two or three a year.

(24.)

Earl Cathcart—continued.

17257. What became of them?—One is still in the hospital; she was sent to us from a Union in Kent, and is still in the hospital; she was a married woman.

17258. And these cases come up of respectable women?—Apparently; this was a married woman.

17259. Do these cases come up usually for careful and skilful treatment?—Yes; that case was from a workhouse infirmary.

17260. But there are cases so horrible that they can hardly be mentioned, where people are nearly eaten away, are there not?—Yes, but not nearly so many as people think.

Lord Saye and Sele.

17261. Is there a fund from which assistance is given to patients on leaving the hospital?—There is no actual fund from which assistance is given; but if there were any special case the ladies' committee would mention it, and the board would give something.

17262. At the Home?—When they leave the Home they go into service, and at the end of the year they receive a guinea if they keep their situation.

17263. Out of what funds is that given?—It is given to them by the board; it is an understood thing that they will have it in such a case.

Lord Monkswell.

17264. With regard to the Contagious Diseases Acts, I suppose you could only keep in women until they were cured under the Acts; you had no jurisdiction over the women?—No.

17265. Therefore you could keep only a small proportion of the women?—Yes.

17266. How do you account for there being such a small proportion of beds for men, when you have so many for women?—Because the men can get out to their employment so much better than women can when they are suffering from the disease.

17267. They are not so much knocked up with it?—No, they are able to do their work and get about. We have occasionally to refuse men; the hospital has been filled sometimes, but not often.

17268. When they go to the Home do you insist on their staying until they are well?—They never go there until they are relieved; they go to the Kinnaird Ward until they express a wish to go into the Home, then they go to the Home.

Chairman.

17269. Is the Kinnaird Ward the convalescent ward?—No, not exactly, because directly they express the wish they are drafted from the other wards of the hospital into that ward.

Lord Monkswell.

17270. Do you keep them in the Home until you can get situations for them?—Yes. There is not the slightest difficulty in getting them situations.

Chairman.

17271. Do these people get the same wages as other servants?—Some of them are getting very high

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high wages indeed now; they do not begin with such high wages; some of them begin as general servants, which is the best for them when they are looked after by the mistress.

Lord Monkswell.

17272. What proportion relapse again after they have left the Home?—A very small proportion. They are in the Home a year before they go out. Many are afterwards married.

17273. You do not send them out before the year is over?—Not as a rule.

Earl Cathcart.

17274. According to your little book here; I suppose it is yours?—Yes.

17275. And you know that the letters in it are genuine, no doubt?—Yes.

17276. Many of them marry, and do very well, I see?—Yes.

17277. And marry in a superior position?—Some of them marry in a superior position.

Lord Clifford of Chudleigh.

17278. You said that the men were able to go to their work earlier than the women; do you mean by that that some of the men go away before they are cured?—Before they are actually cured, undoubtedly.

17279. That is to say, they go away while they are still liable to communicate the contagion?—Yes, quite so.

Chairman.

17280. Have you any means of telling what the proportion of prostitutes is to the number you treat in the female hospital?—I was asking a doctor that question to-day. We cannot say definitely; because the prostitutes go into the London ward, and we have in that ward I see about 45 per cent. But there are some of those who are not actually prostitutes; some come from laundries, and we cannot say whether they are or are not prostitutes, but they are not on the streets in the sense that the word is used generally.

Lord Monkswell.

17281. But as to that, surely the Cambridge ward must also contain a great many prostitutes that come from infirmaries, those sent from Chelsea are invariably prostitutes?—Yes, they are.

Chairman.

17282. You understood what I meant. I meant what was the proportion of people whom you considered to be prostitutes to the number that you treat; that was the way in which you answered my question, was it not?—We had about 80 per cent. altogether last year; 40 per cent. came from workhouses to us, and so far as a great many of those cases are concerned, no doubt they were prostitutes; but some are married women who come to us through the workhouse infirmaries; 15 per cent. are rescue cases from "Homes" when they come to us. And a great many of those are rescued afterwards who come to us as prostitutes in the first instance.

Lord Thring.

17283. Supposing that you had more money, would you have more rescue cases, in your opinion?—I do not think we should have more rescue cases; but the work is very trying, because it is such a difficult hospital to beg for. I am sure that if we could get clear of our debt we should have little difficulty in keeping the hospital going on as far as it is required.

17284. Supposing you had considerably more funds, would you be able to rescue a great many more women?—Probably not; because we take in all the cases who apply to us, and we rescue what proportion of them we are able to. We rescue quite a quarter of those who come; in fact rather more than 25 per cent. are rescued.

17285. I do not understand why so few come?—We do not refuse any.

Chairman.

17286. You never refuse a female case, and very seldom a male case?—Very few indeed.

Earl Cathcart.

17287. You seem to be of the view that there is really sufficient accommodation for these cases?—I am sure we have sufficient. We have two large wards we could put beds in if necessary; I have not mentioned those.

Chairman.

17288. That is to say, if you had the money?—Yes, and if we had the patients.

Earl Cathcart.

17289. My idea was that you send patients away because you have not money?—We have not done so. Our board closed a ward once with the idea that they could appeal more satisfactorily to the public; but it did not succeed, and we are getting our debt cleared off very slowly.

Lord Saye and Sele.

17290. How far are the two hospitals apart; four or five miles?—A good long way.

17291. Does not that add greatly to the working expenses?—It does not add to the working expenses; it adds to my work.

17292. Does your secretarial business take you to both every day?—No, not every day. I visit the male hospital when I am required to do so; but I am always there on Thursdays regularly.

Chairman.

17293. Who is the authority at the male hospital in your absence?—We have a house-keeper, a very respectable widow woman, a resident house-surgeon, and a dispenser.

Lord Thring.

17294. Do you suppose the dread of being found out prevents people applying to your hospital?—Some, undoubtedly, it does. I do not think very many.

17295. Of course, you take care not to unduly publish names?—We never publish names; we never give any information as to our inmates;

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[Continued.]

Lord Thring—continued.

inmates; we decline to do so except on a subpœna. We are a hospital, not a prison. Formerly we were more in the nature of a prison under the Contagious Diseases Acts.

Lord Zouche of Haryngworth.

17296. Then to what do you attribute this paucity of applications?—I really do not know. I suppose they think they are not ill enough to come in, not ill enough to require our treatment.

Earl Cathcart.

17297. Have you any reason to think that the type of the disease is less severe than it was formerly?—From what the medical men tell me, they say it is so, that probably it is more widespread, and as it becomes more widespread, it becomes less severe. That is a medical question.

17298. The extreme virulence is dying away?—Yes, I think so.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 12^o Martii, 1891.

LORDS PRESENT:

Earl CATHCART.

Earl of KIMBERLEY.

Lord ZOUCHE OF HARYNGWORTH.

Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.

Lord SANDHURST.

Lord MONKSWELL.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. HENRY DOBBIN, is called in; and, having been sworn, is Examined, as follows:

Chairman.

17299. ARE you the Secretary of the Consumption Hospital?—I am, of the Hospital for Consumption at Brompton.

17300. Is that the actual title of it?—The Hospital for Consumption and Diseases of the Chest, Brompton, is the proper title.

17301. That is what is termed a special hospital, is it not?—Quite so.

17302. That is to say that you take only cases of one particular description?—Cases of consumption and all diseases of the chest, including heart disease, every disease of the chest in every form and every stage, practically.

17303. How long have you been Secretary?—I have been Secretary 33 years. I began life in the offices of one of the largest railway companies, the Great Western Railway Company. I remained there for seven years and got promoted to be head of a department with clerks and porters under me; but the promotion was very slow, and I got the offer of another appointment, that of accountant to the "Art Journal"; and when the partnership was dissolved and different arrangements were made, I was invited to become the financial secretary of the Nightingale Fund; and I also held at the same time the post of secretary to the Home for Gentlewomen in Reduced Circumstances in Queen's-square, Bloomsbury; and then, soon after, the appointment of Secretary to the Brompton Hospital became vacant, and I was a candidate, and was elected.

17304. Then you have had a thorough training in administration, and in accounts?—I think so.

17305. May I ask what salary you get as secretary of the Brompton Hospital?—I get 500 *l.* a year, and am non-resident.

17306. And luncheon?—Luncheon or dinner, or whatever you like to call it.

17307. Where is the Brompton Hospital?—In the Fulham-road, just beyond the Cancer Hospital. We are really on both sides of the road now, in two parishes, Kensington and
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Chairman—continued.

Chelsea. The new extension building is in Chelsea.

17308. When was the hospital founded?—In 1841, at a very large and influential meeting at Hanover-square Rooms; I think Lord Harewood was in the chair.

17309. Is it generally looked upon by your medical staff as a suitable building for the purpose?—Quite so; I think that anything that was not considered so very desirable in the old building has been altered and remedied in the new. There is nothing of any importance that was not thought suitable. The heavy stone mullions of the windows, although looking very picturesque, and the rather high windows of a Tudor building, rather shut out the light; and so in erecting the new building they have had rather larger and lower windows without any mullions.

17310. How many beds have you in the hospital?—We have 184 in the old building, and 137 in the new; making 321 altogether.

17311. And of those how many are for males?—There will be about 185 for males, and not quite so many for females; 137 for women, or something of that sort. In erecting the new building regard was had to the fact that so very many more male applicants were always on the list than women, and therefore we have two floors for men in the new building, and only one for women.

17312. What is your working number of beds; how many are occupied on the average?—When the hospital is full our daily average number of beds has been 300.

17313. To whom are you responsible as secretary?—I am responsible to the committee of management.

17314. Would you tell us what the constitution of your hospital is; first, I will ask you, have you an annual meeting?—We have four meetings of governors, which are open to the press and to any governor. The annual court is held
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Mr. DOBBIN.

[Continued.]

Chairman—continued.

held in May, and that is convened by advertisement, and by a special notice sent to every individual governor.

17315. Is that annual court one of the four meetings?—Yes, that is one of the four meetings; that is the principal meeting. Then the annual report is presented, and adopted, if the governors so please; and as to the other three meetings those meetings are convened by public advertisement only in certain papers.

17316. Then the next body below that is what?—That is the committee of management, which is appointed by the governors in annual court assembled.

17317. Is that appointed from their own number of governors?—Yes, from the body of governors.

17318. And what is the number of that committee of management?—Twenty-five elected members, and the whole of the medical staff, numbering 16; and the president, and the treasurer, and the chaplain are members of the committee.

17319. That is to say, there are 25 lay governors, 16 professional, one chaplain, and the treasurer; these constitute the committee of management?—Yes, and the president of the hospital, who is Lord Derby.

17320. As to the committee of management, who is the ordinary chairman of the committee of management?—The chairman and vice-chairman are elected at the first meeting after the annual court of governors by the committee themselves. Mr. Thomas Beckwith is the chairman, and Mr. Robert Gillespie is the vice-chairman. Mr. Beckwith is here this morning to offer himself to give evidence if the Committee desire him to do so.

17321. What is the quorum of the 40 or so members of the committee of management?—Three for ordinary business.

17322. And what is your average attendance?—We have always a good working committee, five or six, or if it is specially summoned for any business, very much more than that.

17323. About five or six on ordinary occasions?—Very often more. It somewhat depends upon the time of the year, and on a variety of circumstances.

17324. Would you say that it was as many as a dozen on an average?—I think hardly as many as a dozen on an average. We generally find the larger the committee the less satisfactorily the work is gone through.

17325. How often do they meet?—Every week.

17326. And are there any sub-committees?—There are constantly sub-committees for the various subjects that arise, drainage or ventilation, or anything of that sort.

17327. But are there any standing sub-committees?—There is a finance committee, consisting of five, which meets every month. Then we have medical committees and medical sub-committees.

17328. But I am only just now on this committee, which is the executive of the hospital, as I understand?—It is the executive.

17329. And they meet once a week, and have

Chairman—continued.

one sub-committee, which is the finance committee?—Yes.

17330. At that committee of management are all the books placed upon the table, the stores book, the alcohol return and bank-pass books, and small books of every description?—Yes, a variety of books, a wheelbarrow full of books of various sorts; various returns of the admission and discharge of patients, and all sorts of returns and statistics are laid before the committee.

17331. How long does that committee generally take over the work?—That depends upon the circumstances. If there is nothing beyond the ordinary business, an hour or a little over would suffice.

17332. Does that committee find that an hour is sufficient for all that business, going through those books, item by item?—They are not gone through; they are read over at the committee.

17333. You mean that the sum total is read to them?—Yes, the figures; the number of admissions, the number of discharges, the number of deaths, and the names of the patients who have died, the number of days the patients have been in the hospital, and the number of patients waiting to come in, male and female; an immense quantity of information.

17334. But I mean these books which really are the guide as to how the expenditure of an institution is rising or decreasing. Take, for instance, a weekly book belonging to a house-keeper in which every item is put down; those are guides, are they not, as to how the expenses of the hospital are kept down or possibly increasing?—That would be more in the province of the finance committee; all those books come before the finance committee and the bills.

17335. All these books, then, have to do with the finance committee?—Not the books which I was first speaking of, showing the admissions and discharges, and the names of the patients going out, and the length of time they have been in and the progress they have made, and so on.

17336. But what I want to get at is the guides that you have with regard to the expenditure of your institution, as to whether things may be on the increase or the decrease. That obviously can only be determined by systematic checking and comparison; is not that so?—Yes; we have regular returns which come before the finance committee every three months, what we call the quarterly finance committee.

17337. But with regard to finding out whether the expenditure is on the increase or the decrease, that can only be done by checking the expenditure very systematically; is not that so?—If the committee were to go through all the books and check everything, they would be practically doing my work and the work of my clerks over again. They have to take the results to some extent which are presented to them.

17338. But is not the committee responsible for the expenditure of the hospital?—Certainly.

17339. And, as a man of business (I am not speaking of your particular institution), can they be responsible unless they do check the expenditure?—I think so; they have quarterly returns of various kinds.

17340. I know

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[Continued.]

Chairman—continued.

17340. I know that; but if you have quarterly returns a quarter is rather a lengthy time to check any account, is it not?—They have also all these bills before them every month as well.

17341. Yes; but the quarterly check is for rather a lengthy period, is it not. I am only asking you as a man of business, because you have had a great deal of experience; I am not condemning the system, but asking you your opinion?—I do not think any difficulty has been found in connection with that. I will put in, if your Lordship pleases, some of the papers that are laid before the committee.

17342. Are these books initialed every week or every month?—Yes; everything that goes before the committee is signed by the chairman.

17343. Every book that is placed on the table?—Yes.

17344. But if the committee only take an hour over their work, and there are no sub-committees, is not the glance rather a cursory one?—I do not know that it is particularly so; it is considered sufficient for the purpose, I think.

17345. At least your committee are satisfied with it?—Yes, quite.

17346. Is the treasurer an honorary officer?—Yes; you mean in the sense of being paid.

17347. I mean in the sense of being paid?—Quite honorary; and he does not take the same position that the treasurers of the large hospitals, like St. Bartholomew's and Guy's do, where the treasurer is everybody. At our hospital he is merely the custodian of the hospital funds, and the person who signs receipts for legacies and so on. He is considered an important officer in point of dignity, and in the absence of the vice-president or president he takes the chair at any meeting.

17348. He no doubt signs all cheques and receipts?—He only signs the legacy receipts; the cheques are signed by the chairman and another member of the committee, usually the vice-chairman, and then countersigned by myself as secretary.

17349. Have you official auditors?—We have five auditors; they are elected by the annual court of governors.

17350. Are any of those auditors members of the Society of Chartered Accountants?—No, they are not.

17351. They are all private individuals?—They are private individuals, men of business.

17352. With a good knowledge of accounts?—Decidedly; the audit is every three months.

17353. There is no professional audit?—No.

17354. Do you take any paying patients, or is it all free?—All free. Our patients all are supposed to be unable to pay for medical advice.

17355. You did not mention it, therefore I will ask the question; have you an out-patient department?—A very large out-patient department. I shall be happy to give your Lordships some fuller particulars of the in and out patient departments by-and-bye.

17356. I will come to that in a minute or two?—The administrative part, of course, is in my office.

17357. I will come to that later. Now, as
(24.)

Chairman—continued.

regards the admission of the cases, in whose hands does that lie?—The patients are admitted in this way, upon letters of recommendation signed by the governors, or in the case of out-patients, probably signed by subscribers; and in this letter the governor or subscriber writes that he or she has satisfied himself or herself that the patient is unable to pay for medical advice.

17358. Then that is the only way that the admission of in-patients is done, on the letter of the governor?—Not entirely. Some in-patients are admitted as what are called acute cases; that is to say, if a patient presents himself or herself in the out-patient department, and is found to be suffering from any acute malady, pneumonia, or pleurisy with effusion, or anything of that sort, the medical officers have power to admit that patient immediately under certain restrictions, the signatures of three of the medical officers; and those are very rigidly reported from time to time to the committee of management, with a view to exercise a check upon the admission and retention of those cases.

17359. They are only what you might call extremely urgent cases?—They are not what the public call urgent cases. The public consider an urgent case, a case which they think should come in at once, from poverty or anything of that sort.

17360. Possibly every person may think his own case urgent; but I mean urgent in the opinion of the staff?—Quite so.

17361. But unless they are considered urgent cases by the staff or admitting officer, the governor's letter is the only passport to admission?—With another exception, which is this; that if a patient, coming from a distance, in the out-patient department is found to be so very ill and exhausted as to be unable to perform the journey home again with safety, that patient is admitted temporarily into a ward; and very frequently such patients perforce remain there and die; they never become able to go away.

17362. Then, as I understand you, patients get a governor's letter and are admitted or else they are very urgent cases and are admitted. Then who is the officer of the establishment who receives them when they first arrive in the hospital and are taken in as in-patients?—They are seen by one of my assistants, who questions them as to their religious belief, that is to say he is the first person who sees them, putting aside the porter who puts them into the room and so on; and then they remain in the admission room, in the waiting room, until the arrival of the medical board. Our admitting days are Monday, Wednesday, and Friday, when they are seen by one or more of the medical staff, and passed and sent up to the wards, or in some few instances rejected.

17363. But supposing that the patient arrived on Tuesday, the medical board does not meet till Wednesday, what happens then?—We should send the patient up to the ward and tell him to come down on the following day and be seen by the medical board; or if he was very ill we should ask one of the doctors to go up and see him specially. In the case of their coming from
a very

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[Continued.]

Chairman—continued.

a very long distance we say, "Come up the previous evening and we will take care of you, and you can be passed through the medical board the next day.

17364. Passed, or, it may be, rejected?—Yes.

17365. But have you any resident medical officers who do that work?—We have a resident medical officer and an assistant resident medical officer. In the absence of the medical board, or if they are late, or anything of that sort, we ask the resident medical officer to attend to the cases.

17366. Is he a salaried official?—Yes.

17367. What is his salary?—He has 200 l. a year, and everything found.

17368. And his assistant?—His assistant gets 50 l., a year and everything found.

17369. Is this a permanent appointment, that of the assistant resident medical officer?—It is held from year to year.

17370. He is eligible for re-election?—He is eligible for re-election.

17371. In addition to that you have house physicians?—In addition to that we have four house physicians. No medical qualification is necessary, but the appointment is very much prized by young medical men; consequently we always get men as candidates who are doubly and trebly qualified, very often graduates of Oxford or Cambridge, bachelors or doctors of medicine, members of the College of Surgeons and so on.

17372. Have they to undergo any examination at the hospital?—Not now; they have to bring their testimonials. It used to be so; they had to examine a case and report upon it; but it is considered that, with regard to these men, who have passed, very often with great distinction, and who are gold medallists occasionally, it would be rather *infra dig.* to make them pass an examination, and now they are passed upon their testimonials, and upon the personal knowledge which the medical staff have of them.

17373. You said that when the patient first came he was received by your assistant, and questioned as to his religious belief; is that with a view to excluding him?—By no means. The only object is this, and we always tell them so, in order that their feelings should not be hurt, or that they should think there was any preference shown; we tell them that it is only in order, if they are not members of the Church of England, and consequently in special charge of the chaplain, that they may have their own minister to attend them, or their priest, if Roman Catholics; and then, immediately after their admission, if they wish to see a minister of their own persuasion, we have a form that we send off at once, requesting the minister or priest to attend them.

17374. Do you take any other cases besides consumption and diseases of the chest?—No; we have had one or two cases which have not been strictly of that kind; cases of external tuberculosis; but that was merely to assist the medical staff in their observation and investigation of Professor Koch's treatment, upon purely phthisical patients.

17375. With regard to phthisis, do you take

Chairman—continued.

any cases of acute phthisis?—Yes; those are the acute cases.

17376. Do you take any cases of chronic phthisis?—Yes, certainly; in all stages.

17377. Do you ever take any cases of disease of the liver?—Not unless it is complicated with chest disease; at least I think I am right in saying so. I never heard of a case of liver complaint, pure and simple, being taken.

17378. Now would you not be in a position to know the disease from which any patient was suffering; because I understand that these cases go through your office practically?—Yes, but not medically; that is all ascertained by the physician. Then if they are found to be not suitable cases, after a little while, the medical men having had sufficient time to inquire into and study their cases, they are sent home. That is not very often the case; they generally stay their full time.

17379. Who makes the contracts for your food and supplies?—The committee of management, every six months.

17380. And is that done by open tender?—The contracts are not advertised, but they are sent round to a number of respectable people in the neighbourhood, five or six of each trade, sometimes more.

17381. Who sees the food taken in, and who is responsible for it?—The steward.

17382. Is he under you?—Yes.

17383. Is he a salaried officer?—Yes.

17384. And what may he get?—£. 80 a year and his board and lodging; he does not actually live in the hospital, but he lives under the shadow of the hospital, and we pay him lodging money, because there is not room for him in the buildings. He gets his full board.

17385. And he personally takes in all the food?—He personally receives it; his office is close to the store room, and then he goes out under the glass shed, sees all the meat weighed, examines it, and so on.

17386. He is responsible for the quantity, and for the quality as far as he can tell?—Yes.

17387. And then suppose the quality was found inferior on its getting to the hospital kitchen, the cook would complain, I suppose?—The cook would complain, and we should send it back.

17388. To whom would the cook complain, to you or to the steward?—To the steward; then the steward makes a complaint to the committee of management, if he has anything special to report; and if it is as to the quality of the meat he is desired to write to the contractor.

17389. That takes place at the meeting of this committee of management, which meets weekly?—Yes; but we are very well supplied as a rule.

17390. How much did your hospital cost you last year; that is to say, what was the total expenditure of the hospital last year?—£. 24,495. May I put in this (*handing in a statement of "Receipts and Expenditure for the year 1890."*) That is prepared annually for the use and information of the committee.

17391. Twenty-four thousand four hundred pounds odd you say was your total expenditure; and

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[Continued.]

Chairman—continued.

and where do you get your funds from to meet that expenditure?—We get from ground rents 932 *l.* odd; from rents from the Chelsea estate (those are some houses that were bought by the committee some time ago), 198 *l.* odd; then dividends, 3,590 *l.* odd; annual subscriptions, 8,050 *l.* 14 *s.*; and from Dr. Lambert's fund, 18 *l.* 17 *s.* That was a sum of money left to be set apart, and the annual interest was to be added to the annual subscription list. Then from donations we had 5,206 *l.* last year.

17392. Was that an exceptionally good year?—Well, I think it was a very good year. From legacies, 9,594 *l.*; that is an extremely fluctuating source of income.

17393. Could you give me any average of what the legacies have been for the last ten years?—They have averaged for the last ten years, cash and stock, 14,900 *l.*

17394. Then last year was a poor year, so far as legacies go?—It was not quite up to the average, but we should not call it a poor year.

17395. Is any of this a permanent endowment that you cannot sell the principal of?—Only a small portion; that is the Harrington Memorial Trust Fund, 400 *l.* odd Bank Stock, and Hollins's Trust Fund.

17396. With regard to all the rest of your property you can dispose of it as you require it?—Yes. The exact amount of the Bank Stock is 416 *l.* 15 *s.* 3 *d.* as given by the Countess of Harrington; and the other was a bequest of 1,000 *l.* Consols.

17397. Then the next item, after the 9,594 *l.* for legacies, is what?—Church collections, 168 *l.* 6 *s.* 4 *d.*; Hospital Sunday Fund, 1,562 *l.* 10 *s.*; and Hospital Saturday Fund, 662 *l.* 2 *s.*; making altogether from the collections, 2,392 *l.* 18 *s.* 4 *d.* The total of the donations, as I have said, is 5,206 *l.* Then "incidental receipts and interest," 3,549 *l.* 0 *s.* 4 *d.*

17398. What sort of items are the "incidental receipts"?—Principally for private nursing; also fees of lady pupils, alms boxes, sale of kitchen stuff, sale of soups in the out-patient department, sale of old materials of various kinds, sale of reports and pharmacopœias; that is a small item. Private nursing is the largest item.

17399. Have you a collector?—Yes.

17400. How do you pay him; what percentage does he get?—He gets a limited percentage; he gets 5 per cent. upon all old subscriptions, nothing upon new subscriptions unless they actually come through his hands, which is very rare; but on any sum over 5 *l.* he gets no commission beyond that on 5 *l.*; so that on Messrs. Rothschild's subscription of 50 guineas he only gets 5 *s.*, and on the Queen's subscription of 25 *l.* he gets 5 *s.*

17401. Do you get any commission on subscriptions?—None whatever, no commission of any sort or kind.

17402. With regard to that 1,562 *l.* 10 *s.* which you received from the Hospital Sunday Fund, is it an increasing sum or a decreasing sum that you receive from that fund?—It varies; the last two or three years it has decreased. I do not exactly know the principle on which they act, but I think our previous good years of legacies (24.)

Chairman—continued.

have told upon us there. Shall I read the figures for the last few years of the Hospital Sunday Fund, and the Hospital Saturday Fund?

17403. Yes; will you take the last ten?—From the Hospital Saturday Fund in 1881, we had 287 *l.*; in 1882, 756 *l.*; in 1883, 477 *l.*; in 1884, 630 *l.*; in 1885, 578 *l.*; in 1886, 589 *l.*; in 1887, 571 *l.*; in 1888, 542 *l.*; in 1889, 585 *l.*; and in 1890, 662 *l.* That makes an average of 567 *l.* Then from the Hospital Sunday Fund, the amount for 1881 is 1,058 *l.*; for 1882, 1,051 *l.*; for 1883, 1,248 *l.*; for 1884, 1,528 *l.*; for 1885, 1,533 *l.*; for 1886, 1,861 *l.*; for 1887, 1,870 *l.*; for 1888, 1,872 *l.*; for 1889, 1,718 *l.*; and for 1890, 1,562 *l.*; rather a drop in those last two years. That makes an average on the ten years of 1,530 *l.* The annual subscriptions have steadily increased for many years.

17404. I should like to ask about one item; how do your salaries and wages compare with your annual subscriptions?—The salaries and wages last year were 5,446 *l.*, about two-thirds of the amount of the annual subscriptions.

17405. Do you look upon the annual subscription, then, as your most reliable source of income?—Yes, certainly, after the dividends and rents, of course.

17406. You say that you are in two parishes?—Yes.

17407. At what are you assessed?—We are assessed, I am sorry to say, in Kensington now, gross, 1,250 *l.*; rateable, 834 *l.*; we paid last year 212 *l.* 16 *s.* Formerly we used to be assessed at 40 *l.* a year rateable value, the supposed worth of the resident medical officers' apartments. And in the new building in Chelsea we are assessed gross, 2,000 *l.*; rateable, 1,500 *l.*; rates, 387 *l.* 10 *s.* So that we pay out of our hard got subscriptions 600 *l.* a year in that shape.

17408. Now is your hospital nursed by a sisterhood or by your own nurses?—Not by a sisterhood, but by our own nurses.

17409. Who is the head of the nursing staff?—The lady superintendent.

17410. Does she reside in the hospital?—She does.

17411. And what salary does she receive?—She has 150 *l.* a year.

17412. And board and lodging?—And everything found. She has a special fee for lectures to the nurses which she gives, of 20 guineas a year; and the committee have given her in recent years, since the private nursing has been established (it was quite a new thing inaugurated by her and involving a great deal of additional work and anxiety and responsibility) a special gratuity of 50 guineas, it being quite outside the ordinary work of the hospital.

17413. So that she receives, in one way and another, 223 *l.* 10 *s.*?—Yes; and the last payment was for a larger year, and it was rather more liberal on the occasion of her leaving the hospital service.

17414. Then this lady has gone now?—Yes, she has just gone; she left the hospital last Tuesday week to be married. She will be very happy to come and give evidence before your Lordships.

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17415. But

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[Continued.]

Chairman—continued.

17415. But you are competent to speak about the nurses?—To a limited extent.

17416. Of course, if there are any questions which you are not acquainted with, you will tell us so, and we can get that evidence from another witness.

17417. Now would you tell us the number of the staff of nurses?—We have seven sisters; one at the head of each gallery for day duty, and two night sisters or night superintendents, one for each building to go round and see that the nurses are always at their posts. That makes nine. Then we have 61 regular nurses.

17418. Do you call those staff nurses?—Yes, staff nurses, and perhaps some of them would be probationers; they are all paid nurses. That includes 18 private nurses. Then we have nine extra nurses.

17419. Private nurses are people who go out to nurse?—Yes.

17420. Have you any lady pupils?—We have sometimes; I do not think we have any at the present moment.

17421. What are the extra nurses; just merely for cases of emergency?—Yes, I think in times of special pressure they have been had in.

17422. Do they board and lodge in the hospital?—Yes, usually.

17423. Have you any difficulty in getting nurses when you want them for special occasions?—I do not think so; there is always a great demand for nurses, but I could not tell you exactly the details of that.

17424. Then do you change your night nurses and day nurses round frequently, or do they go on for periods of six months?—I think three months or six months; I am not sure which.

17425. Could you tell us the hours that these nurses work?—The day nurses are on duty from 7 in the morning till 9 at night. They are off duty three times a week from 6 to 8 in the evening, and once a month from 2 to 10 o'clock, and once a month from 12 to 10, and one Sunday in the month from 6 to 9.11. They have an annual holiday of 16 days. The lady superintendent was telling me yesterday that she proposes, with the sanction of the Committee, to give them, instead of a time off every other day, a time off every day; she thinks we shall be able to manage that.

17426. That is from 7 in the morning to 9 at night for those on day duty; do they breakfast before they go to the wards?—I believe they do; I am not quite sure.

17427. Perhaps then I had better not ask you any question about the details of it; do you know how much time they have for dinner?—I do not exactly, but I believe quite a sufficient time. I have frequently seen them in the dining room, and I have never seen any evidence of hurry.

17428. Have they a separate kitchen?—Everything is cooked in the kitchen at the top of the hospital. It is the hospital kitchen, but it is quite detached from the wards, and it is at the top of the hospital, in the new building, and built out in the case of the old building.

17429. Do you employ ward maids?—Yes.

Chairman—continued.

17430. Is it the duty of the matron to go round the hospital?—Yes.

17431. How often does she go round?—She seems to be constantly going round, sometime or other; she certainly goes round every day, and most likely twice every day.

17432. Have you any children's ward?—No children's ward, but we have a number of children, and we find no inconvenience, but rather the reverse, from mixing them up with the other patients; they help to amuse the adult patients; these patients make great pets of the children, and the children themselves are as happy as they can be.

17433. Do you yourself appoint any officers or servants in the hospital?—Practically I appoint the porters, whenever we have a change, subject to the approval of the committee.

17434. And do you appoint the nurses too?—No, I have nothing to do with that; the lady superintendent does that.

17435. Have you any power of suspension?—I do not think I have; it is nominally in the hands of the resident medical officer; but that has been so rarely exercised during my 33 years that I can hardly say. We are always in accord, and if there should be anything wrong, we should soon exercise whatever power we had.

17436. You and the resident medical officer, then, represent two different heads of the hospital?—I am the general head of the hospital, and he is the head in regard to the internal management of the wards.

17437. You represent the committee?—Yes.

17438. Would you have the power to suspend a medical officer of the hospital; supposing that you or the resident medical officer considered that a medical officer in the establishment had committed a serious breach of discipline, have you the power to suspend him, pending the next meeting of the committee?—I have never known a case of the kind. I remember the case of a gentleman who did not conduct himself satisfactorily, and he was told to go; I do not think it came before the committee; it was managed by the resident medical officer and the physicians.

17439. Then that did not come before the committee of management?—No, I do not think it did. The resident medical officer I do not think would have the power to suspend or dismiss a house physician.

17440. Therefore, supposing that a certain officer did commit a serious breach of discipline he would go on with his duties until the committee of management met; is that so?—No, I do not think he would; but we really have never had an instance of the kind in my experience.

Earl of Kimberley.

17441. Supposing that one of the medical officers was found to be very drunk indeed, so as to be unable to discharge his duties, would you allow him to remain in the hospital?—No, I do not think so. We have never had a case of the sort.

17412. That such a case should happen is very improbable, but it might happen, might it not?—It might.

17443. And

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Earl of Kimberley—continued.

17443. And supposing it did happen, who would have authority to inquire into it, and suspend him?—I think we should consider that we had both conjoint authority and should at once put ourselves into communication with the house physicians' immediate superiors, the medical staff, perhaps the senior physician; something of that sort; but we have never had an instance of the sort.

Lord Clifford of Chudleigh.

17444. Who did you say appointed the nurses?—The lady superintendent.

17445. And the probationers too?—And probationers too.

17446. Is the lady superintendent coming to give evidence here?—She will be unable to do so to-day, but she will be very happy to come next Thursday if it can be made convenient, if the Committee wish any further information. She is no longer in the hospital service.

Lord Saye and Sele.

17447. If any of these young doctors committed any breach of discipline in the hospital itself they would be reported to the chairman, I suppose?—Yes. The only instance I remember is one where a young house surgeon was inclined rather to flirt with one of the nurses, something of that sort; and it was put down with a very strong hand. He had to go at once; he was sent away.

17448. Have these young medical officers latchkeys?—No.

17449. Have they to be in at a certain time?—The hospital is shut at 10 o'clock at night, and any one who is out has to ring the bell, and he is let in by the night sister. People always see the condition in which a man arrives home. But we get a superior class of men, as you know, different from what are ordinarily termed medical students.

Lord Monkswell.

17450. You said that you have a committee of management of 44 members, as I understood you, and that the attendance averaged less than 12, and that this committee of management consisted of the whole medical staff; about 16, I think, you said the medical staff were. How many of that staff attend usually?—They do not attend frequently in any large numbers; one or two perhaps would attend in the ordinary way; they do not attend in any large numbers, unless there is something interesting to them, matters of drainage or medical matters.

17451. But do you try to arrange that some of them shall always attend?—No, we cannot take anything particular means to do that, but they are summoned when there is any special business.

17452. Then sometimes it happens, I may take it, that no members of the medical staff attend these meetings of the committee of management?—Occasionally; that is not very often the case.

17453. You say that the letter of the governor states that the patient recommended is too poor to pay; do you make any inquiry into the fact whether he is really too poor to pay or not?—

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Lord Monkswell—continued.

If we have any cause to think that he is in a position to pay, we always make inquiry; but we have generally found that the case is a suitable one for the hospital. I inquired the other day into the case of an applicant on the list, the Reverend Mr. So-and-so in a town on the coast of South Wales; I did not think he could pay, but I wrote to him all the same as a matter of duty. I got a polite letter in return saying that he had been for 12 months ill and unable to work; and, consequently, being only a Welsh curate, we might assume that he was perfectly unable to pay.

17454. What sort of circumstances would put you upon an inquiry?—If we saw a person with very superior clothes, or superior belongings, or anything of that sort.

17455. Then you would ask questions of the friends?—We would ask the friends or the patient himself.

17456. Have you any inquiry officer?—We are our own inquiry officers.

17457. You do not employ any inquiry officer specially?—No; you are referring in your questions to the in-patients as I understand. The out-patients we are just as particular about.

17458. Have you any inquiry made about the out-patients?—Yes.

17459. Any inquiry officer?—No; no inquiry officer but one of my assistants who registers them makes inquiry in each case.

17460. In regard to the in-patients, would the governor who had given the letter of recommendation be communicated with if you found that the case was not a fit one in your opinion for the hospital?—Certainly.

17461. Have you ever communicated with a governor under such circumstances?—I do not remember that we ever had a case that called for that communication.

17462. With regard to the out-patients, you make inquiries but have no inquiry officer I understand you to say?—No inquiry officer; our assistant sees every patient; I see a great many myself.

17463. Every patient is asked by you, or the assistant you mention, what station in life he occupies and so on?—Yes, and if we think he is a person who can pay we say to him, you must not come again. Then there are some of an intermediate class, who perhaps can pay a little, and we tell them that they must put what they honestly can afford into the alms box to pay something towards the medicine.

17464. You have never refused yet, as I understand, to admit an in-patient because you have not found him a fit subject for relief, but you do occasionally send away out-patients for that reason?—We do occasionally send away out-patients.

17465. Do you think that the out-patient department is much abused?—I have no reason to suppose so. I see patients who come to my office; I see some three or four a day and they say, "I did not know I should require a letter; what can I do?" and I generally have from a governor who does not want to use it himself, an out-patient letter to give away, but I make searching inquiries before I give it.

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17466. A governor

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[Continued.]

Lord Monkswell—continued.

17466. A governor will very often send a letter to a friend of his, will he not; and then, I suppose, he does not consider himself personally responsible. You do not know, do you, whether the letter comes straight from the governor?—No. I may say that often we find people presenting a respectable appearance, well dressed, who are quite fit objects of hospital relief. Perhaps a girl comes in a sealskin jacket, and you find that she is the daughter of a rector of a parish who died and left not a sixpence; and she is a teacher of music, and helps to support an invalid parent; or she is an assistant in the mantle-room of Marshall and Snelgrove. Sometimes this well-dressed person is the wife of a city clerk who has been laid up from work for 14 months (these are cases I have in my memory), and she supports the husband and two children by going out as a governess.

17467. Have you any rule as to not giving people relief who have more than a certain amount a week in wages?—We have no wage limit. We are in a different position from a General Hospital; you are in this way, that, as a rule, our patients have been ill and laid aside from earning money; they or the bread winner of their family, for many months or years; and in the case of in-patients, when they die, frequently nothing is found in the purse but a packet of pawn tickets.

17468. With regard to your contracts, you say that you do not advertise them; who selects the tradesmen?—I practically do, or my chief clerk.

17469. Do you take the opinion of the committee of management as to the selection of the tradesmen?—No.

17470. They always leave it to you?—Yes.

17471. They then never make any inquiries in the matter; what inquiries do you make?—A good many of the tradesmen we know as tradesmen in the neighbourhood.

17472. Within what limit do you select your tradesmen?—Perhaps within a limit of about a mile.

17473. You do not go beyond about a mile?—Somewhere about that. It is inconvenient to be supplied by a man living at a long distance, in the event of anything having to be sent back or any addition having to be made to the order.

17474. Do you ever change your tradesmen?—Some we do; and some have gone on supplying us for a considerable time; the butcher for instance has had the contract for several years.

17475. Have you gone to any other butchers and found out whether they would do it cheaper, or are you satisfied without that?—We are satisfied; we have never found any man serve us better.

17476. Have you tried anybody else?—We have had other butchers but have not been so well served. We have sent forms of tender to the principal people round about.

17477. Do you consider that it is part of your duty to go within a certain radius and inquire of the tradesman about their prices?—No, we do not do that; we leave them to give us their prices in the tenders.

17478. Then how do you put a man on the

Lord Monkswell—continued.

tender list?—We send them a tender form by post or leave it to them to fill it up and send it back.

17479. What rule do you go by in selecting those to whom you send these tender forms?—We merely select those we consider to be respectable tradesmen; people with nice-looking things in their shops.

17480. How do you test the quality of the article?—By observation; passing a butcher's shop and seeing whether the meat looks good, and in that way.

17481. Is there any reason why you should distinguish your "cash" legacies from other legacies; legacies of stock I suppose you mean?—There is no particular reason; only the stock legacies do not come into the cash book; they are transferred straight to the account of the president, vice-president, treasurer, and governors of the corporation.

17482. Do you take very young children into your hospital?—We have had them as young as two years old, but we do not care to have them as young as that. They come in very often as acute cases and get marvellous relief.

17483. Do you not find that those very young children are rather a nuisance to the other patients?—No.

17484. From crying in the night, for instance?—No, we hardly ever hear a cry.

17485. Then the question has not been mooted, whether you ought to put the young children in a separate ward?—We have often been asked the question, and I have given the answer that I gave to his Lordship just now, that it has been found rather a source of pleasure to the other patients than otherwise.

Lord Saye and Sele.

17486. Do you happen to have an in-patient letter that you could show us?—Yes; an in-patient letter and an out-patient letter (*handing in the same*).

Chairman.

17487. As to these tenders, unless you advertise for tenders, how are you in a position to know that you get good food at the cheapest rate?—Cheapness is not the committee's first desideratum.

17488. I said "good food at the cheapest rate"?—I do not know that the advertising would help us, bringing us, as it would, a number of tenders from distant people, of whom we know nothing whatever. Those in the neighbourhood are fairly well known to some of us.

17489. Have you ever compared the price you pay with the prices paid by similar institutions?—I do not think we have specially.

17490. Have you done it at all?—No, I do not think I have. We compare them with the prices that we pay as private individuals, and we get the food at the hospital for very much less, with the exception of the beef for beef tea. As regards the patients, we have to order legs of mutton entirely, with the exception of once a week.

17491. Is that always English meat?—Yes, all English meat.

17492. Is

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Chairman—continued.

17492. Is there any reason that you should always have legs of mutton?—It is found to cut to better advantage, and there is less fat and less bone; it is generally considered the primest part of the sheep. It is very nicely cooked, and it looks extremely good when put upon the table.

17493. Is the meat carved in the wards or below?—It is carved in the galleries. There is no eating or drinking in the wards, unless patients are bedridden. Ours is what is termed a corridor hospital. We have wide corridors, and they branch out in a large bay or recess, and in those there are tables where the patients take their meals and sit and work. These corridors are warmed to the same temperature as the wards, and the passages and staircases as well.

17494. Do you ever have any complaints of the food from your patients?—Very rarely.

17495. But in the case of a complaint being made, it would be made to the sister of the ward or by the sister of the ward, I suppose?—It would be made to the sister of the ward, or the lady superintendent, or one of the doctors.

17496. But supposing that one of the nurses was not satisfied with the quantity or quality of the food, what would she do?—She would go down and complain of it, and it would be remedied.

17497. But there is little complaint with regard to the food, you say?—Very little. The committee, I may say, grudge no expense in any way; and we have lifts for the conveyance of food up, and speaking tubes, and electric bells.

Earl Cathcart.

17498. You are aware that it is exactly in the direction of contracts that fraud and corruption would creep in first; is it not so?—It is possible, but it never occurred to me. We have never had any fraud or corruption.

17499. I do not impute it for a moment. I should have thought it would have been the duty of the best and most active business men on your committee to look after the contract themselves; but that is not done in your hospital?—It is not.

17500. And I understand from you, that you, yourself, do not look after the contracts in every case, but entrust it to your clerk?—They come sealed, and are laid before the committee.

17501. You told us that you sometimes leave the arrangement of contracts with your clerk?—The selection under my supervision of the tradespeople. He says, "I have sent out so many contracts to So-and-so," butchers or bakers, "who else shall I send to?"

17502. Do you leave it to your clerk to make arrangements for contracts with tradesmen?—There are no arrangements beyond sending out blank contracts.

17503. Has your clerk any power in the matter, or is it done by yourself?—He has no power, nor have I over the contracts.

17504. Everything comes in the last resort, does it not, to you, before it is decided?—No, it comes to the committee, and is decided by them. The tenders are sealed and laid before the committee; they open them.

17505. Has the clerk any sort of power what-
(24.) e

Earl Cathcart—continued.

ever in selecting or giving preference to any particular tradesmen?—Not the slightest.

Chairman.

17506. But would you, on the suggestion of you clerk, send a paper to any particular tradesman?—Yes. And if anyone said, "So-and-so is a very capital butcher or cheesemonger; he supplies me very well," and any member of the committee might do so. I should say, "Well, next time we send tenders, send one to So-and-so," mentioning that tradesman.

Earl Cathcart.

17507. Is any person connected with the hospital in a position to receive a fee or reward from any tradesman; is it possible, I mean, that anyone connected with the hospital is in a position to receive any fee or reward from a tradesman who obtains a contract?—No, I should say not.

17508. There is no opportunity of fraud in that direction, you think?—No; it has never been attempted I am sure.

17509. To turn to quite another subject, are your drains up to date?—Perfectly.

17510. What is the date of them?—Three years ago the whole of the drainage of the old building was overhauled and reconstructed by Mr. Rogers Field.

17511. Is your water supply a constant supply?—Yes.

17512. From the Chelsea Waterworks Company?—Yes.

17513. How do you get a constant supply, by paying extra?—When I say "constant," it is nearly constant. If there are any repairs, or in very hot weather it is turned off a little.

17514. But practically the water supply never falls short; you have always plenty of water?—Yes, we have large cisterns all over the buildings.

17515. With regard to fire, what arrangements have you?—We have very complete arrangements; we have hydrants that go from top to bottom of each building.

17516. Have you any fire drill?—Yes, a drill by the fire inspector; the engineer of the local fire brigade, under the shadow of our new building.

17517. You have nothing, have you, in the nature of a two months' book. Do you understand that term?—No.

17518. It is a book which they have in many hospitals; it is a book which shows how many patients have been in the hospital two months or more?—No, we have not such a book, but a periodical report upon the patients in the hospital is read over by me to the committee of management every week, and signed by the chairman.

17519. Then from the nature of the diseases which you treat you do not hurry the patients at all?—No; it would be absurd in the case of slow chronic disease to consider they were well in three or four weeks, or something of that sort.

17520. What is about the average time that they stay?—Sixty-five days last year; it has been very much longer than that.

17521. Have you any temperature book of the temperature of the wards?—Yes, certainly.

17522. Have you any difficulty in keeping
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Earl Cathcart—continued.

up the temperature to 60 degrees?—No difficulty whatever with our system of warming and ventilation.

17523. That is by hot water, is it not?—By hot-water pipes all over the building. In the old building in the east wing, the cold air comes in at the floor level, passes into a large air chamber, and circulates amongst about a mile of our hot-water pipes.

17524. You did not mention a bank pass-book; at least I did not hear it mentioned. Is the bank pass-book always produced and examined by the committee?—Yes, always produced.

17525. Have you more than one bank account?—Only one.

17526. What is the reason for not having a professional audit. My experience teaches me that whenever there is an expenditure of public money there ought to be a professional audit, as being that which is most satisfactory to the subscribers and to the public generally; what is your reason for not having a professional audit?—Our practice is simply in accordance with the standing rules as made by the governors themselves.

17527. But as an abstract question, do not you think it right and proper, with a turnover of some 24,000 £ a year, to have a professional audit?—Personally, I do not see the advantage. Nothing can be more business-like or careful than our audit. Every amount is checked by the counterfoils of the receipts, and these are all numbered and checked by the auditors and initialled.

17528. But my experience in a good many instances is this, that none but a professional audit is satisfactory; that is not your experience you say?—That is not mine. It depends of course on how it is done.

17529. Do not you think that a professional auditor could prepare you a better balance sheet than this which you have just before us, or a more comprehensive one?—That is not a balance sheet; that is a private account which I get out every year as a matter of interest to the committee. The balance sheet is printed with the annual report.

17530. With regard to private nursing, do you only send out nurses for cases analogous to the cases which you treat in the hospital?—We nurse all complaints; we send out nurses for all complaints, because our nurses have outside training; they are not exclusively trained in our hospital; all our nurses are hospital trained.

17531. Is your cooking gas cooking?—Yes, gas cooking and steam.

17532. Do you find it very convenient having the kitchen at the top of the house?—Yes, far better than any other arrangement.

17533. You get rid of the smell in that way?—Yes; with the kitchen of the old building taken away from the main building, we still find on occasions that some of the kitchen smells are wafted in, according to the set of the wind.

17534. Have you ever known any case where a servant, or any person connected with the establishment, has contracted consumption from having been in the establishment?—I have no knowledge of that; I think you will get that better from the medical witnesses.

Earl Cathcart—continued.

17535. But in 33 years' experience you must have heard a great deal; have you ever heard of a case where a servant or any other person employed in the establishment has contracted consumption from employment in the hospital?—No, I do not think I have. I remember a case where a servant of the hospital came back to us. In one case a head nurse married a consumptive patient who had been in the hospital; and she went away and had family trouble and privation and came back to us as a patient and died.

Lord Zouche of Haryngworth.

17536. I notice a very large amount on your receipts side under the heading, "Incidental Receipts and Interests;" can you explain what that arises from, a sum of 3,500 £ and more?—The bulk of that is from private nursing, which is represented by 3,218 £, I think it is.

17537. What is the number of the private nurses?—We have 18 private nurses borne on the books as such, but during last year we had, as you will see by the foot-note to that account, a considerable portion of the hospital, the whole of the new building, empty; and the lady superintendent did not disband these nurses; she always has more demands for nurses than she can supply; therefore, she was very glad to utilise the services of these nurses.

17538. So that when the new building was unoccupied, that brought you in more income?—Yes.

17539. Would you consider this item an unusually large one?—It is the largest we have ever had for nursing; and it is in a great measure due to the fact of our having had more nurses at liberty to send out. We have sent away half-a-dozen applicants a day who want our nurses.

Lord Thring.

17540. Your bill of fare seems rather monotonous; why do you always have legs of mutton?—We do not always; for the exceptions are very numerous. The patients have roast leg of mutton every day in the week except Wednesday, and then it is boiled; and then on Sunday they have roast beef. But the doctors have power to order special diet, and, as a matter of fact, they do very extensively.

17541. And are your nurses also fed on nothing but legs of mutton?—No; they have a variety of food.

17542. However, leg of mutton is the prevailing fare?—Leg of mutton is what is called "ordinary full diet;" but then the doctors order just what they like.

17543. Is it supposed to be particularly good for consumptive patients to eat mutton?—It is considered to be very digestible; I think much more so than beef, more nourishing.

17544. I want to ask you with respect to another matter, with respect to your mortuary; have you one?—Yes; that is under the post-mortem building, which is the detached building on the opposite side of the road. It is quite detached in every possible way; the ventilation of it is up a separate shaft.

17545. I will ask you the question which I have

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Lord Thring—continued.

have so often asked, with regard to the post-mortem examination, are they conducted with propriety, and by whom?—They are conducted by the curator, or the assistant medical officer, under his direction.

17546. And who sees that the body is delivered up in a decent state to the relatives?—The house porter; that is his duty.

17547. Nobody but the house porter, as a rule?—No; they come after dark for them. A post-mortem examination is not made as a matter of course.

17548. Who sees that the body is properly sewn up?—That is done, I believe, under the supervision of the medical officer.

17549. You do not know about that?—No.

17550. Does any sister or nurse attend at that time?—No.

17551. As far as you know it depends upon the porter alone?—He works under the observation of one of the medical officers.

17552. But when the relations come, in order to take care that their feelings are not affronted by the condition of the body, there is nobody but the porter?—I suppose he is the individual personally responsible; he is a man we have had for a great number of years, and we have never had any complaint about him.

Earl of Kimberley.

17553. Could you tell how much a pound you are paying for these legs of mutton?—I cannot tell you exactly; I fancy something about 7½ d. or 8 d. a pound.

Chairman.

17554. Would you tell me what the amount of your chicken bill is in a week, when the hospital is quite full?—Probably about 6 l. or 8 l. a week.

17555. Perhaps you would put in a return of your contract prices, or send them to us?—I will send them with pleasure.

17556. You have a certain number of nurses who are sent out to do private nursing?—Yes.

17557. How long do you teach them before they are qualified to go out?—I cannot tell exactly; but really they are not sent out until they are considered qualified to do the work which they have to do.

17558. I want to know how long do you keep them before they are sent out in that way?—I should say we should hardly send out a nurse under 12 months' training for consumptive patients.

17559. I will not press you on that, as we may have another witness who will speak to that. You have a chaplain?—We have a chaplain.

17560. And how much does he receive in salary?—£. 300 a year, and a house.

17561. And board?—No, no board.

17562. Has he any assistant?—No.

17563. Then, as regards your system of accounts, is your system of accounts the same as that of the Hospital Sunday Fund; is it based on that, or on a system of your own?—It is on a system that was introduced by or under the auspices of the late Mr. John Ball, who was a member of our committee, of the firm of Quilter and Ball. The books are kept by double entry, and enable us to give information upon

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Chairman—continued.

almost any point; and we publish, and always have published yearly, in addition to the cash balance-sheet, an account of the actual expenses of the hospital under different heads in a concise form. May I put in that? (*Handing in the last annual report.*)

17564. Then, have you a Samaritan Fund?—We have; it is called the Rose Charity Fund. It was inaugurated in honour of Mr. Rose, who became Sir Philip Rose, who was the founder of the hospital.

17565. And what do you pay out of that Samaritan Fund; do you out of it assist any families, the heads of which are in the hospital?—We do not assist the families.

17566. You do not practically give out-door relief in that way?—No. We give washing money to those patients who cannot afford to pay for the washing of their personal linen each a shilling a-week, and then sometimes a trifle when they go away. It is a great help to them to give them 10 s. or 1 l. then. We do not profess to pay travelling expenses, but giving them that sum helps them to go second class by a fast train, when otherwise they would have had to go third class on a long journey. We have had patients from the extreme north-west of Ireland, and from Scotland, and from Madrid, and from Germany, and we had, the other day, a girl who was in the Vienna Post Office, and who came all the way from Vienna to be treated as an in-patient; she has now returned.

17567. Have you any convalescent home?—Not connected with the hospital; but we have an arrangement with the London Samaritan Society, by which we send patients to their convalescent homes.

17568. How much did that cost you last year?—Patients at convalescent homes in 1890 cost 1,430 l. We send them there for three or four weeks after they have been in the hospital for a couple of months, when it is felt that perhaps they would do more good at the seaside than by continuing at the hospital, having derived benefit up to a certain point.

17569. How many in-patients had you last year?—We had 1,528 admitted.

17570. And how many out-patients?—Thirteen thousand seven hundred and fifty-three out-patients. Those figures you will find also in the account which I put in.

17571. And have you ever made a calculation as to the cost per occupied bed?—Yes, certainly; it is 89 l. 1 s. 3 d.

17572. And how do you arrive at that?—By simple calculation.

17573. Taking the gross expenses and dividing the number of patients into it?—Yes; that includes, I should explain, if you will allow me, a good many things that do not specially concern the patients. Collector's commission, chapel expenses, and the honoraria to the assistant-physicians and curator. If you were to eliminate those it would bring down the cost of the bed considerably. Then, before we make that calculation, we take out the cost of the drugs for the out-patients.

17574. Have you a separate dispensary for the out-patients?—No.

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17575. Then

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[*Continued.*]*Chairman*—continued.

17575. Then how do you get at the amount of drugs which you use in that department?—We calculate, by rule of three, the proportion. We know what the drugs are, and we take out from the total drug amount everything that pertains specially to the in-patients, such as wine, spirit, and that kind of thing.

Lord Thring.

17576. To arrive at the cost per bed you take your whole expenditure and divide it by the number of patients, and then exclude the drugs for the out-patients?—Yes, I could tell you, if you like, the cost for the last two or three years per bed.

Chairman.

17577. At the same time there are a certain number of officials who are engaged both for out-patients and in-patients, are there not?—Yes, but we have not gone into the calculation so nicely as that. For instance, one of my assistants, who has been here a considerable time, gives a portion of his time to the out-patient department; he is away out of my office in the other building during a portion of the day, perhaps between three and four hours. Then in the dispensary, the dispenser and his assistants do the work for the out-patients as well as for the in-patients. In fact, they do a great deal more for the former than for the latter.

17578. Then you have certain porters engaged in the out-patient department?—We have certain porters who are engaged in the dispensary.

17579. And you have to estimate the value of that?—We have done that for another purpose, but not for the purpose of this particular calculation.

17580. As a matter of fact, all these comparisons as to the cost of beds are very fallacious, are they not; because no one of the public knows on what basis the cost of the bed is arrived at in any two hospitals?—It would not make a very material difference in the cost of the bed, I think, if the wages of these men were apportioned with a great degree of nicety.

17581. At any rate that plan which you adopt is considered good enough for your purpose?—Yes, quite good enough.

17582. Would you like to see a general system of accounts throughout all the hospitals, for purposes of comparison?—I think it might be advantageous; but we have generally given the fullest possible information, and in as simple and concise a form as possible, to the governors; and if there are any facts which they desire to arrive at, they can pretty well get at them by looking at our balance sheet or expenses account. And with regard to the Hospital Sunday Fund, we have no difficulty in making out their account; it is chiefly, I think, a matter of grouping rather differently. In fact, our accounts are fuller than their accounts, considerably.

17583. You have a medical committee, I think you said just now?—Yes.

17584. What is their particular function?—Anything relating to the medical department of the hospital.

17585. Do the medical committee take any

Chairman—continued.

part on the weekly board?—They have power to join in the weekly deliberations.

17586. Supposing that something having to do with the medical requirements of the hospital came before the board, would that be referred to the medical committee?—It would be referred to the medical committee specially; they meet twice a month.

17587. Are all the professional members of the board members of the medical committee?—Yes; all the medical staff are members of the medical committee.

17588. And how many members are there of the medical committee?—Eighteen; they include the consulting surgeon, Sir Joseph Lister, and the acting surgeon.

17589. Therefore, any matter which is referred from the weekly board to the medical committee is referred to a body which is, in fact, itself a portion of the weekly board?—Yes, in that sense.

17590. That is the constitution of your hospital?—Yes.

Lord Thring.

17591. Now, about the cost of beds, have you a heavy debt?—We have no debt, I am happy to say.

17592. But in calculating the expenses of your beds, you assume that the hospital is built and furnished and complete for the reception of the patient; you do not put any of that expense into the sum which you divide by the number of your beds?—No.

17593. You assume that you have got a hospital fully furnished?—Fully furnished.

17594. And then you take the whole of your expenditure, including the expenses of collection and everything, and divide it by the beds?—Yes; excluding extraordinary expenses. We are spending now, for instance, 1,541 *l.* in improving the drains of the new buildings; we should exclude that from the calculation of the cost per bed.

17595. That ought not to be excluded, ought it; a certain portion of that is obviously a part of the expenses of the hospital?—That is perfectly true, but we consider that to be extraordinary expenditure, not part of the ordinary expenses of maintaining the patients and maintaining the building.

Lord Thring.] I want only to accentuate what the Chairman says, that really and truly these calculations of the cost per bed, however useful they may be in other respects, are, for purposes of comparison, useless.

Chairman.

17596. Will you give us a return of your employés and their salaries?—Certainly; do you require the names?

17597. No, not the names, but their description and their salaries?—At page xxvi, in the preliminary part of the annual report you will see the whole of them; for instance, the chaplain, 250 *l.*; and there is a foot-note to explain that he has besides 50 *l.* from the chapel endowment fund.

17598. But

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17598. But on that page you say "Wages of nurses, 1,726 l."; we have not the number of nurses stated. Then "Servants, 696 l.," but we have not the number stated; I want to know the number of people employed and paid by the hospital, and the amount that they receive?—I will furnish that.

Lord Saye and Sele.

17599. Patients are sometimes sent away abroad for their health, are they not?—Not by us. I believe there is an institution, one of those health resorts, but it has nothing to do with the hospital, where governesses and ladies of that class go.

17600. Have any of the new treatments for the cure of consumption, such as Dr. Koch's, been tried at your hospital?—Yes, they are now being tried at the hospital.

17601. To what extent?—I could not tell you on how many patients, but Dr. Williams, who will follow me, will be able to tell you.

Lord Monkswell.

17602. You say you make some provision for Nonconformist ministers, and I suppose Roman Catholic priests attending in the hospital?—Yes.

17603. What sort of provision is made?—They are able to come in at any reasonable time and visit their people.

17604. And they do come in?—They do come in. The Roman Catholic priest is very regular and assiduous in his visits, remarkably so.

17605. And have you ever had raised in your committee the question of paying either the Nonconformist minister or the Roman Catholic priest?—No.

17606. Are there many Nonconformists or Roman Catholics in the hospital?—I could not tell you exactly; there is a fair proportion.

Chairman.

17607. Is there anything else you wish to state?—I think you were going to ask me something about the fire appliances?

Earl Cathcart.

17608. You have already stated that you have

Earl Cathcart—continued.

fire drill?—We have fire drill every month, and in addition to that we have fire pumps and buckets at every point and a fire escape, means of escaping on to the roof of the old building.

Chairman.

17609. I think you said you employed a local fire brigade?—No, the ordinary fire brigade, Captain Shaw's.

17610. You did say "local?"—The fire station happens to be immediately behind the hospital, in the mews behind the hospital. Then we have four staircases from the top to the bottom of each building, and a means of access to the roof of the old building, in case of fire, in two or three places.

17611. I believe there is something you want to add to your evidence on one point. You told us just now that there was a weekly board, and that as a rule over 16 of them were members of the medical staff?—Quite so.

17612. And in elaborating it a little I discovered that these members of the medical staff are also members of the medical committee, and comprise the whole of that medical committee, with the exception possibly, of one or two; and that therefore, supposing anything was referred from that weekly board to the medical committee, practically it was referred back to a portion of the board itself?—I merely want to say that I ought to have explained that the medical staff, although members of the committee of management, have no voting power; that is the only point, but I ought to mention it, because of course it makes a difference.

17613. Then I should like to ask you this further question: Have you any visiting weekly governors?—We have house visitors, generally two a month; they go round the hospital at their own times, and come in contact with the patients and ask them if they have any complaint to make.

17614. Is there anything else you desire to say?—No.

The Witness is directed to withdraw.

MR. C. THEODORE WILLIAMS, M.D., is called in; and having been sworn, is Examined, as follows:

Chairman.

17615. You are on the staff of the Brompton Consumption Hospital?—I am.

17616. What is your exact position there?—I am the senior physician of that hospital, head of the acting staff.

17617. Will you tell us what qualifications you hold?—I am an M.D. of Oxford, and a Fellow of the Royal College of Physicians of London.

17618. How long have you been at the hospital?—I was 3½ years assistant physician and I have been nearly 20 years full physician of that hospital.

17619. What is the nature of the cases that you take at the Consumption Hospital?—Diseases of the chest; that is what it is limited to. The

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Chairman—continued.

great part of the cases are those of consumption, that is to say from 67 to 70 per cent. of all the cases admitted are cases of consumption. The rest are cases of other forms of chest disease; a certain number of diseases of the heart; pleurisy and empyema; then bronchitis, asthma, what we call emphysema, congestion of the lungs, different forms of pneumonia and pleuro-pneumonia; in fact, generally speaking, diseases of the heart and lungs, including consumption.

17620. Then do you take in cases of phthisis?—Yes.

17621. In its early stages or in its later stages?—Whenever we can get hold of it we take it in its early stages, but we practically take it in in all its stages.

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17622. You

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17622. You would not exclude a patient in the early stage?—No, just the reverse; we would rather take a case in its early stage. But the only thing is that sometimes we find that cases of that sort are better dealt with as out-patients; but we should give them relief either in the in-patient or out-patient departments, and if possible we should take them into the in-patient department, because we think in those cases we can do more good than in any.

17623. Now would you take a diphtheritic case in?—No, strictly speaking we should not, because that is more a general disease. We look upon diphtheria like scarlet fever or measles or that class of cases. There are cases of sore throat accompanying consumption and other chest diseases; and in fact we have a throat department; but it is intended for cases of lung disease in which the patients have throat affections, and as you may imagine there are a great many of those. But we should not take in a case of diphtheria; we should remove it to another hospital, or we should isolate it, and then get rid of it as soon as possible.

17624. You would take it in only to give temporary relief?—We should be very sorry to have it in the hospital at all, because the disease might spread in other quarters. It is just like a case of small-pox; you are in great danger if you have a diphtheria case of causing risk to the other patients.

17625. Have you taken any cases of disease of the liver?—Not knowingly; we do not, as a rule, take in cases of that description. I do not remember at the present moment any cases of disease of the liver having been admitted. Probably, if a case of that sort was taken in, it was in connection with heart or lung disease. In many cases, as you know, where there is heart disease the liver is affected.

17626. That is to say, you confine your charity entirely to cases of chest disease?—Yes; diseases of the thorax; we include the whole of the air passages to a great extent. We cannot help treating sometimes colds, and sometimes diseases of the nostrils, as part of the air passages. You are obliged to treat them; but what we aim at is treating consumption and diseases of the chest; consumption mainly, and diseases of the chest as well.

17627. Do you think there is no fear of cases being admitted to your hospital which might be properly treated at a general hospital to the exclusion of cases which you might treat, but which could not be treated properly at a general hospital?—No, I do not think there is that fear; and I think the proof is the number of cases of consumption admitted; 67 to 70 per cent. are cases of consumption.

17628. Do you think that your hospital is situated in the best possible place for a consumption hospital?—Well, I do not know. It is a very good place; and I believe it was the best place according to the knowledge of the time when it was founded; but I frankly admit that my own view, and the view of a great many others, is that the best place for consumption hospitals is not in towns at all, that they ought to be in purer air. But then there are great difficulties that you will have to meet with; you cannot have the patients dragged out to great distances,

Chairman—continued.

certainly not those of the out-patient department. And then another difficulty is that you could not have the same medical staff; you could not procure the same stamp of physicians to go out a great distance into the country as you obtain in London. We do the best we can by having convalescent establishments attached to the hospitals in London, so that any case of consumption, such as you spoke of in the early stage, is practically for about two months under treatment at the Brompton Hospital, and then is drafted off into one of the convalescent institutions in connection with the Brompton Hospital.

17629. That is to say, to which you subscribe?—Yes; to which we subscribe.

17630. Is consumption now considered, by medical men, to be an infectious disease?—There are some who think it is an infectious disease, and there is some slight ground for that view. As far as the example of Brompton Hospital is concerned, however, it is dead against it. The institution has been founded since 1841, and we have got a careful history of all the physicians, and assistant physicians, and house physicians, and resident medical officers, and nurses and, in fact, of the whole staff from beginning to end; and we practically have not had a single case of consumption from infection in the hospital since its foundation; not a single case proved. There have been one or two doubtful cases, but none proved. There have been some cases of consumption, but they either had come on in the official before he came to the hospital, or else some time after he quitted it. And as regards the mortality from phthisis among the residents, it amounts to this: that as far as it has been gone into, it is considerably less than the mortality from phthisis among the residents of some of the general hospitals which have not to do with phthisis at all. So that, I think, there is no doubt about it, and I should like, in order to save your Lordships' time, to present you, if I might, with a report which I made some years ago, at the request of my colleagues and others, on that very subject, on the personnel of the Brompton Hospital, and how it bears on the question of consumption.

17631. Are any measures taken to stop infection?—Yes.

17632. What is the opinion of your staff as to whether there is a fear of infection or not?—My impression is, as regards the staff, that on the whole they are unanimous that in Brompton Hospital there is no fear of infection. I do not know whether we should be quite unanimous about the possibility of infection under other circumstances; and for my own part I freely admit that there have been some very, very rare instances of infection from consumption, very rare, indeed; and they have taken place under very unfavourable circumstances. For instance, I have known cases where consumptive husbands have infected their wives; I have known that where two young women were sleeping together in the same bed, one a consumptive far advanced in the disease and the other healthy, the healthy one has been infected. But I must tell you that I have had large experience in this disease during the last 25 years, and I could not, by counting up every instance that I ever came across, arrive at

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at more than six or seven such cases of infection in the whole of that time, and those have been under the most unfavourable circumstances. As regards the hospital, I should like to say a few words about the measures adopted and the reason why there is no chance of infection there; and it bears so much on the structure of the hospital that I should have to say a few words about the structure and the ventilation.

17633. Will you please do so; we shall be glad to hear anything you may say on this subject?—The great principle that we go on at the Brompton Hospital, as apart from the ordinary treatment, by giving excellent food and tonics and so forth, and with respect to medical treatment, is to give the patients plenty of air, and air at the temperature at which they can breathe it. If you take, for instance, the new wing of the hospital, which is the best arranged part of the hospital (and what I say about the new equally applies to the old, though that is not quite so perfect a machine, as being of older date); and if you take one floor of that wing, you will find that it consists of a number of wards and some very roomy large corridors and large dining halls; and our principle is that the patients should live the greater part of the day in the dining halls and corridors and not in the wards. Nevertheless, in each ward we give each patient 1,400 cubic feet of space, and we also give him as much as 115 superficial feet floor space. Then the next thing is what we do as regards ventilation, and that is the most important of all. Our ventilation now, the system that we have adopted for many years in both buildings, is by extraction. In the new building we have four extraction towers. In each of these towers there is a large coil of steam pipes which is kept up, of course, to a certain temperature; and those four extractors of the hospital are situated at different parts of the building at a good height above it. Air is admitted into the wards and the corridors by a series of openings direct, that is to say, on the same level. Supposing it were this room, it would be admitted, as it were, underneath that window (*pointing to the window*). It is admitted through an opening; and after the air is admitted it is divided into two supplies. One supply goes up a sort of vertical tube; a half goes that way, and that is comparatively cool; the other half passes through a coil of hot-water pipes and enters the gallery that way. But practically the two currents mix together just above the coil, as it were, so that there is no draught. The air is admitted in that way. Then it is extracted by a series of openings from the wards and galleries connected with flues, and those flues are connected together by another series of flues, and they eventually leave the building through the four large towers in which the hot-water steam coil is. In this way we are able to change the air of each ward three times in an hour, and we change it to that extent; and by changing it three times an hour each patient has 4,000 cubic feet an hour of fresh air—at least as fresh as we can give it. Then, besides that, there is another most important point. This is easy enough to do so far, only there is one very im-

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Chairman—continued.

portant thing. How do you maintain the temperature? Now, you know, it is very easy to ventilate a place and have a draught; but we manage to do it without a draught, and to maintain the temperature of those wards all through the winter (such a winter as we have had lately) day and night, at a temperature of from 60 to 62 degs. Fahrenheit. Then when it comes to the summer, the heating apparatus is shut off; we do not use the hot-water coil at all, but we keep up the steam coils in the towers; they are kept as hot as ever; in fact, the heat has to be raised, because our rule is this: that the temperature of the tower shall always be 10 degrees higher than the temperature of the wards. In that way you will always get a current running through. That is how it is that we are able to supply plenty of air to our patients. The same thing takes place in the old building. There are two towers there, but the ventilation is not quite so perfect; we do not give the patients there quite so much cubic space; that is to say, instead of having 1,400 cubic feet per patient, they have about 1,100 or 1,000; something of that sort. They had rather less, but we reduced the number of beds on purpose. I tell your Lordships this to show you how it is that we prevent any chance of infection. The patients are surrounded with an immense amount of air, and there is no fear of any overcrowding or anything of that sort. But of the presence of tubercle bacilli in the air, and that they could infect people, I have had ample proof; for I have detected the tubercle bacilli in the flues of the hospital; and there is a curious proof of it. If you have a ward, for instance, such as I tried an experiment with once, with cases of consumption, and then take another ward containing no cases of consumption, but cases of heart disease and others, you will find the tubercle bacilli in the flues coming from the consumptive ward, but not in those coming from the other ward. Then, as regards the other measures to prevent infection, we are not very particular about our arrangement of patients. It has been urged that we ought never to put a case of incipient phthisis, or a patient with lung disease, not phthisical, next to a case of advanced phthisis; and we bear this in mind, but we do not always carry it out. Sometimes you will see an advanced case near a non-phthisical patient, but, at any rate, we have never had such a thing as infection of one patient from another. That is quite unknown. I have watched for it during the last 20 years, and I never found a single instance. Then another most important thing is about the expectoration. Your Lordships know that the expectoration is the worst and most virulent part of the disease, that is to say that if the disease is to be communicated at all it may be communicated by the sputum; and that is a very important matter, and it is one of the great arguments against the infectiousness of consumption, that in the highways there are a number of consumptive people who go about and who are spitting all over the pavement, and in the summer this is wafted about and people who walk there, including your Lordships, may inhale this stuff and yet they do not get this consumption;

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Chairman—continued.

tion; showing that the infectiousness cannot be very great. What we do is this: the sputum is received into the ordinary spittoons; the opening is very small so as to allow as little evaporation as possible; and at the bottom of each spittoon is a certain amount of anti-septic fluid. Then these are emptied into covered vulcanised iron buckets which are collected twice a day in the wards; it is taken down and the whole mass of that is mixed with the small coal which is used to heat the furnaces and burnt there, and it is all consumed, every bit. And this answers a double purpose; we get rid of what might be a dangerous ingredient, and at the same time we, to a certain extent, reduce the consumption of coal in the furnace. That is what I have got to say about infection.

17634. I will ask you this question: Is the health of the nurses good on the whole?—Very good indeed. We get, of course, little ailments; and though there have been cases of sore throat, and I cannot say that the whole life of the hospital, I mean to say of the residents of the hospital, has been entirely without a blot on its scutcheon, because there have been times when we have had small outbreaks, nothing very much, of sore throat, for instance, and even there has been erysipelas, yet that was due partly in past years (many years ago now) to defective drainage, which was corrected at great expense, and which is thoroughly right at the present moment under the able supervision of Mr. Rogers Field. And another thing is that when the ventilation goes wrong, then we are alive to anything of the sort. If when going round my wards, for instance, I find more than one case of sore throat, I do not inquire of the resident medical officer about it, but I go at once into one of these shafts, where the extraction is going on, to see whether it is acting properly; and if I find that there is not the proper difference between the temperature of the shaft and the temperature of the ward, that is to my mind at once one reason why there should be some ailment of the sort.

17635. Have you any knowledge whether the soil on which the hospital stands is impregnated by the drainage?—No, there is nothing of the sort. It is pure gravel and sand, chiefly sand I should say; I do not think there is any clay in the region. We have been having fresh pipes laid down for one thing and another, and I have seen the new hospital built and different things done, and there is no sign of anything of that sort. We have got plenty of sewers close by us and there is no difficulty about carrying off our drainage; we are rather favoured in that way I believe.

17636. Do you treat a large number of out-patients?—Yes; but if your Lordship will allow me, I will leave the out-patient department to my colleague, Dr. Fowler, who I believe follows me; he is the senior assistant physician, and with regard to anything connected with the out-patient department he will give you far better experience, it being 20 years since I left the out-patient department.

17637. You said there was another head on which you would speak?—There are one or two heads that I have still left.

Chairman—continued.

17638. Anything you may have to tell us we shall be glad to hear?—I wanted to say a word about the reasons why there ever were consumption hospitals. I have understood that the question has been raised why consumptive patients should not be treated in general hospitals in special departments, and why we should have consumption and chest hospitals at all. Well, the reason of it is very simple. The reason was that, though some of the other hospitals took in consumptive patients, the great majority of the metropolitan and London general hospitals did not take any consumptive patients, but they refused, and even to this day a large number of them refuse, to take in cases of either consumption or of confirmed consumption. Here I have collected the letters of seven hospitals, and if you look at those you will see that in those seven hospitals consumption is one of the diseases which is debarred from admission.

17639. Is that because consumption is looked upon as incurable?—I believe it was because it was looked upon as incurable, and cases of it blocked the wards to much. There are three hospitals in London, there may be more, but I think there are three of the general hospitals which admit cases of consumption, a certain number, but only for a short time. But when they are admitted into those three hospitals the cases do not do well. One reason is they have not got all our appliances, which are very expensive and troublesome, no doubt, but still very effective; and the other thing is that they keep them such a short time. I took the trouble to inquire of some of my friends at the general hospitals, for instance, St. Bartholomew's and Guy's, what number of consumptive patients they take in, and also particularly what the mortality was; and Dr. Steele, of Guy's Hospital, was kind enough to supply me with the information about Guy's; also Dr. Gee at St. Bartholomew's; and the result was this: the mortality for the last four years among cases of phthisis at St. Bartholomew's Hospital is 54 per cent. of the cases admitted, and at Guy's Hospital it is nearly the same, about 50 per cent.: the average stay of a patient at Guy's Hospital is from 28 to 30 days. Now, I thought your Lordships would like to know what we do at Brompton. I may say that the average stay—

17640. The former witness has told us that the average time that they stay is 65 days; you might give us the mortality percentage at your hospital?—The mortality percentage, taking the same four years as I have taken at St. Bartholomew's, of the cases of phthisis and consumption is 17 per cent., or, to give it exactly, it is 17.1. The percentage of the mortality of the whole hospital is 14 per cent. You see that makes a great difference; but then we keep the patients longer, and then we give them all these appliances which are exceedingly expensive and troublesome, but which at the same time have been proved by medical science to be necessary for the treatment of consumption; and that is one of the reasons why I do not see that it would be possible to admit consumptive patients with any great advantage into the general hospitals. If general hospitals are prepared

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Chairman—continued.

pared to establish hospitals of the same character as Brompton in connection with their own, I do not see why they should not do as well as we do; but it would be very costly for them to do that. Say that you had 50 beds at one of the general hospitals for the teaching of the treatment of consumption and diseases of the chest, it would be an extremely costly business. We find it much cheaper, the more we have; that is to say, we can do 320 beds cheaper per bed than we could do 100. That is obvious. The great point is that the arrangements for the consumptive and chest cases in our hospital are somewhat different from those of general hospitals; we have large corridors, and they are warmed; and I may say, in relation to the result of our treatment as regards the purifying of the air, and keeping a good supply, that I have had the air at Brompton tested on several occasions; I have had it tested for carbonic acid, and I have had it tested for tubercle bacilli, as I have already said, and for other organisms; and the result is that in the new wing the amount of carbonic acid is exceedingly small. One day, in the corridors (certainly it was a fine day) the windows were not open, but simply the ventilation was going, and there were a few patients about in the corridors, and Dr. Marcet, F.R.S., found no difference between the amount of carbonic acid in the corridors and the amount in the external air; at the same time, in the wards there was a slight rise, but very slight, indeed. Air is held to be impure when the carbonic acid reaches 1 in 100. If the percentage is 0.4 per cent. that is pure. Now, on that occasion the wards showed 0.6, 0.7, against 0.4 of the outside air, for instance; you will see that that is a long way from any impurity. This was with patients in it. Then, as regards the question of the extension of consumption hospitals, I think the great argument for the existence of our hospital is the fact of the way in which other hospitals of the kind have sprung up. We were the first hospital, I believe, with beds for the treatment of consumption; but other hospitals have sprung up. There are four hospitals for consumption in London; and there are a number in the country; there is one at Liverpool, there is one at Manchester, there is one at Belfast, and, I believe, there are no less than 18 institutions of different sorts for the treatment of consumption and kindred diseases in the United Kingdom.

17641. Have you any reason to suppose that those hospitals are as well organised as yours is?—The Victoria Park, I think, is quite as well organised; I cannot speak of the others because I have not visited them all, but the Victoria Park was really founded on very much the same principles as ours, and is akin to ours; it is a smaller hospital, that is all. But what I have noticed of late years, and what has struck me so much, is the anxious inquiries from foreign countries about our hospital; I have had commissions from various countries, for instance, from the city of Paris, from Berlin, from St. Petersburg, and various ones from America, to study the arrangements of the Brompton Hospital with a view to imitation; and it is about 12 years ago that I submitted the plans of the

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Chairman—continued.

Brompton Hospital to Professor Senator, of Berlin, for at that time they were anxious to establish a similar hospital at Berlin, and they still wish to do it, and I saw him the other day in Berlin, and he still thinks they will be able to do it; and a few years ago Professor Virchow, who is well known by name to you, when he came over told me that his principal object in coming was to study the arrangements of Brompton Hospital; he paid a very careful visit, and went all over it; the new wing was hardly open then, but he saw the way it was to be managed, and he wrote me a letter afterwards, which I read to the committee of management, and which was to the effect that everything was done in our hospital that was possible for the consumptive patient.

17642. You have no school at the Brompton Hospital?—We have pupils, but we do not teach other subjects than those which have to do with the diseases of the chest.

17643. How do you arrange it; do they come from other hospitals to you to study those diseases?—Yes, there are a certain number who do so, but they are few; any student can enter on the payment of the fee, for the practice of the hospital; either for two or three months; two guineas for two months, and three guineas for three months; and I believe there is a committee sitting to determine whether a pupil should be admitted for one month. We have not heard the report of that committee, but it is quite possible that that may come about too. In addition to that, we give lectures; at present we have joined the post graduate course, a course chiefly arranged not for students but for graduates, qualified practitioners who wish to make special studies at different hospitals; and we have joined with six or seven other special hospitals in which the course is carried out, ours being arranged according to the necessities of the practitioners. We give two lectures a week during the greater part of the year in that course.

17644. Do you know what number of pupils you have at the present moment?—I do not know now; I know that one year we had 30 entries.

17645. And a large number of pupils besides who had entered before?—No; because you see men do not enter there for more than a year; there are a few perpetual pupils, still very few; if a man wants to study in that way, if he comes for a year that is quite enough.

17646. This Brompton Hospital is essentially a special hospital, is it not?—Yes.

17647. Are you, from your experience, in favour of special hospitals for special diseases, as opposed to general hospitals with special departments?—That is a very difficult subject to give an opinion on. I think on the whole I am in favour of special hospitals; but if I had been asked that many years ago, before any special hospitals had been built, and if the general hospitals had been ready to offer those opportunities to special departments which they were later, I should have said decidedly that it would have been much better to have a special department in a general hospital. But it has got too far for all that; you must have special hospitals.

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17648. Then

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Chairman—continued.

17648. Then you do not agree with what has been told us here by witnesses during this inquiry, that the presence of the special hospitals is rather a farce now that the general hospitals have a special department; yours is the contrary opinion?—Yes; I consider that it would be too expensive for a general hospital to erect a special hospital for diseases of the chest. I have given you some reasons, I think, for the establishment of consumption hospitals in this country; but there is another point which I want particularly to draw attention to, and that is to the reduction of the mortality from consumption in this country. I daresay your Lordship is aware that there has been an enormous reduction in the death-rate from consumption in the United Kingdom, and that is a very important fact. For instance, shortly after this hospital was built, viz.: in 1848, that is some years after the hospital was opened, the mortality from consumption in the United Kingdom, out of a population of 17,340,492, was 51,663, or 2·97 per thousand; in 1888, that is 40 years afterwards, out of a population of 28,628,804, it was 44,248 or 1·54 in a thousand; practically it had been halved. In France and the United States during the same period the phthisis-mortality has increased. Now, it may be said that this diminution of mortality was due to a great many causes. I think it is one of the greatest triumphs as regards sanitary and other sciences that has ever been achieved. The great point is what that has been due to. No doubt it has been due to a great many causes. It has been due to improved legislation, in the better housing of some classes, in the Factory Acts, and, above all, to the great drainage of the land. But I claim that the earlier diagnosis of the disease, and the better treatment of it, has had a great deal to do with it. The saving of what would have been 50,000 deaths a year by this time is a matter of great importance. Your Lordship said something about facilities for medical education; I should like to say something about that. At the Brompton Hospital we have a certain number of pupils, no doubt, and we have the post graduate course of instruction, thirty of which post graduates are now attending at Brompton. Then we have a certain number of others. Where we claim to do a great deal of good to the country is in this way: we have what are called the house physicians; they were formerly called clinical assistants; and we have a resident medical officer and an assistant medical officer. These house physicians are appointed for six months; they are young men for the most part qualified; they get the appointment by competition from other hospitals; and some of them have turned out exceedingly well; they are brilliant young fellows, a good many of them; and so we send out every year eight of these young men into the country with a very fair knowledge of the chest diseases, they having taken care of cases of consumption under our guidance and instruction; and in that way we have sent out hundreds of young men well qualified to deal with these diseases.

17649. Then I understand you that this appointment is given by some kind of competitive examination?—Yes, it is a competitive examination. We do not always examine them so much

Chairman—continued.

now, but it is competition certainly. There is an advertisement in the paper stating when they are to apply; they come and we see them, and select those that we think best.

17650. Would you have room for more pupils than you have at present?—Yes, we could have and for the lectures. We never could have a very large number, I think, because the examination of patients necessitates personal examination which cannot be undertaken by a very large number at a time. The same applies to general hospitals.

Earl Cathcart.

17651. The period you mention in which the very satisfactory decline of consumption to the present rate has taken place, exactly corresponds with the period when the drainage of England was commenced; that was in 1845, was it not?—1848 was the date that I took.

17652. Therefore, I suspect that the drainage had a very great deal to do with the satisfactory decline of mortality from that disease?—If you remember, I said that the drainage of the soil was the great thing.

17653. But in the same time the disease of cancer has greatly increased?—Yes, it has increased, I believe.

17654. Is there any analogy at all between the two diseases, consumption and cancer?—I do not think there is much.

17655. Is the bacillus of the lung the same as any other tubercle bacillus?—Just the same.

17656. Or of the liver or any other part of the body?—Of any organ it is the same.

17657. I understood you to say that the microbe is in the air from the dried-up sputum, that that microbe desires a nidus, and if it does not find a nidus it does not produce a bad effect upon the person passing?—That is quite true.

17658. It requires a congenial soil in which it may grow?—Quite so.

17659. From an abstract point of view it cannot be a very desirable thing to bring a number of people into the same place all suffering from the same disease, whatever that disease may be?—I do not agree with your Lordship. I think, for several reasons, it is desirable; for the study of the complaint, for instance, I think it is most advantageous; I do not see how you can study disease unless you get a number of cases together.

17660. I am speaking now of the patient, and I mean that your private patient living by himself in his own house would have a better chance than if he were brought into a consumption hospital, however good it was?—I consider that, if you take the proper means of preventing the evils of overcrowding, then that case in the consumptive hospital has just as good a chance as my private case, perhaps better.

17661. There is a certain depressing influence, I suppose, from having a great number of people in the same place, all suffering in the same way; is not that depressing to the spirits?—We find exactly the opposite. They cheer each other, and we do all we can to encourage this. We have entertainments going on once a week, as I daresay the secretary has told you. The moral effect is carried out; we have got a beautiful room in which we have all sorts of entertainments going

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going on, and a great deal of other excitement; so that there is plenty to raise their spirits.

17662. There are three principal things, are there not, to be attended to in a consumption hospital; first, the dryness of the soil, which is most desirable; secondly, the admirable ventilation which you have described; and thirdly, the food?—Yes.

17663. Are you quite satisfied with regard to the food supplied in the consumption hospital?—I am quite satisfied.

17664. You have never had cause to complain of it?—There have been occasions on which I did not quite approve of what I saw in the wards, but then that has always been rectified at once; and at the present moment it is excellent. I have had occasions when I have seen on a patient's plate something I did not quite approve of, and I have quietly taken the plate down to the committee of management and shown it to the chairman, and it has been set right at once.

17665. You admit that there is a fear of infection through contiguity?—Under certain circumstances which I mentioned.

17666. That is to say you would never dream of placing a healthy child in the same bed with a nurse who was suffering from consumption?—Not if it were advanced consumption; I should not mind consumption in an early stage, but when there were large cavities in the lungs with a large amount of secretion, and a great deal of expectoration came away, I should be afraid.

17667. Now with regard to infection through the marital conditions, you attribute the infection from the husband to the wife; but is there not a corresponding infection; is it not the case that the wife might infect the husband?—I have known a case from marital relations, but not where the husband has been infected by the wife; it was through inhaling the breath.

17668. But in the other way where the husband infects the wife it is through the marital relations?—Yes, it is generally.

17669. And do you think in that way, through the marital relations and through the father, the children inherit the tendency to consumption?—As regards father and son it is apparently from bequeathing a weak soil, that it is to say, a weak constitution.

17670. You mean rather a congenial soil do you not, congenial to the bacillus?—Yes, that is the thing; and the reason why when you walk out in Bond-street or Regent-street, you do not get consumption, is because your soil is not congenial; because I have not the slightest doubt that you and I, and all of us, swallow quantities of these bacilli.

17671. With regard to infection through the milk of diseased animals, or even of consumptive women, would you explain what you meant by "through the milk of diseased animals"?—There is a Royal Commission at work on that subject, I believe. I meant by swallowing milk. For instance, with regard to the milk of diseased cows, particularly where the udders have been diseased, it has been found that the milk of some of these cows contained tubercle bacilli, and children swallow that milk have been infected; that has been

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Earl Cathcart—continued.

found to be the case, not here, but on the continent.

17672. And is that bacillus found in the udders of these cows, the same bacillus as you meet with in the corridors of a consumption hospital?—Practically it is the same.

Lord Zouche of Haryngworth.

17673. I think you mentioned, or the last witness did, that the average stay of patients was 65 days in your hospital?—Yes; 65 to 70 days.

17674. Do you find that is ordinarily sufficient to effect the cure of a patient; do you think that a large proportion of those who go away are eventually cured?—I cannot say that they are all cured; they are greatly improved; very often the disease becomes quiescent, and they go on very well for years, at all events for months, following their occupation; but a fresh exciting cause may bring it on again at any time. I do not consider that you can effect a permanent cure of consumption, without prolonged treatment or special climates, or certain measures, which must be put in force for years, not months.

17675. But would you go so far as to say that the majority of the patients at your hospital are cured?—No, I would not say that the majority are cured; I would say greatly improved. There are some that one might say are cured, but "cured" is a strong term, because you may relapse again. If your soil has been congenial to the bacillus, though you have rendered it uncongenial for a time, if you get depressed by bad conditions, bad fortune, hard food, and by similar causes, the soil may become congenial again, and the next bacillus may come and settle.

Earl of Kimberley.

17676. Have you found that consumption is at all more prevalent in districts in those parts of the country where milk is difficult to procure, and where, therefore, the population get very little milk?—I have no experience on that; I have not made that a special study.

17677. Would it not be a point worth while considering?—Quite worth while.

17678. I live in a part of the country where milk is very difficult to obtain, and, in fact, is hardly used by the labouring population, except in cases of illness, and it has often occurred to me that it would be a curious matter for inquiry whether consumption is in any way affected by the absence of milk; possibly that might be a source from which information might be procured?—Yes, I think there is evidence on the subject; not my own evidence, but I think you will find there is evidence of the sort; in some of the old books that has been gone into; and, generally speaking, we consider that as regards children the great thing is plenty of milk; that it wards off consumption; that if you can get a plentiful supply of pure milk it will prevent it.

17679. Then, to turn the matter the other way, do you think there is any reason to suppose that where there has been great difficulty in procuring milk for the children the infantile mortality has increased?—I could not express an opinion; I have no facts as to that; what I have been

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giving you in my evidence is my own experience, but on that matter I have not the experience that would enable me to answer the question.

Lord *Clifford of Chudleigh*.

17680. You say that deaths from consumption have very enormously decreased in the last 40 years; I do not quite understand in what way well managed hospitals like yours would account for this decrease, because I suppose the number really cured is comparatively small?—Well, you must remember that there is this way in which you may look at that. You get them very much better, you get the disease into a quiescent state, and they live for long periods of life, and they probably die of something else. We are very cautious about using the word “cured;” it is a very difficult word to handle, as it were. I have no doubt in regard to some of the cases, if I were to show them to your Lordships, you would say from all I have said that the disease was cured; but still I called them “greatly improved;” I prefer on the whole that form of expressing it.

17681. Still they are improved to such an extent as to live long enough to die of something else?—Certainly; that is a common thing; and as regards the upper classes, I have statistics showing that the duration of life in cases of consumption was extended from the original limit of two years on the average to eight years; it is rather longer now; that was calculated on a thousand lives.

17682. I quite understand that hospitals under proper management may very easily prolong the life of a consumptive patient; but if it does not eventually cure him, or prolong his life to such an extent as that he dies of something else, it would have no effect at all, would it, upon the mortality; or am I wrong there?—My view of the matter is this: You take a consumptive patient into Brompton Hospital, say in the early stage; the disease becomes arrested, and he goes on for years and years, during which he never knows that he has any disease. He is a comparatively strong man; then he gets into bad circumstances, want of food or something else, and he has a recurrence of the disease. He comes to the Consumption Hospital, he gets relief again, and goes on for years and years again, and in that way you cannot say he is a cured case; but he may live the natural duration of life; he may die at 70 or 80. I have known consumptives, patients that were still consumptive, live till 83 and 84 years of age. You cannot say that they do not die of consumption, they are consumptive still.

17683. Would not another effect of that prolongation of life be to increase the number of people who are born with a disposition congenial to consumption?—There is something in that. That is what Mr. Darwin has always attacked hospitals for. His argument is that they do a great deal of harm, because they keep alive a number of people who ought not to be alive, and able to marry and increase the population.

Earl of *Kimberley*.

17684. That would be a good argument against the existence of the medical profession alto-

Earl of *Kimberley*—continued.

gether, would it not?—I have heard some of your Lordships say that they are very useful in the opposite way.

Lord *Sage and Sele*.

17685. You gave it as your opinion, if I rightly understood you, that Brompton was not a very suitable site for a consumptive hospital?—No, I did not say that. I said that for instance, *qua* London, Brompton is a very suitable site; but I must confess that if I were wanting a model site for a consumption hospital, I would not put it in the town at all but in the country; that is the best.

17686. But then the Chelsea site was adopted on the advice of the medical committee, was it not?—As far as I remember it was.

17687. Of which medical committee you were a member, were you not?—I was not a member of it then; I was three years old at that time.

17688. But a great many sites, elsewhere, were inspected by the medical committee, were they not?—Yes; and I wish you clearly to understand that my opinion is, that it is one of the best sites in London.

17689. But the Committee looked at sites in the country; at Wimbledon, and other places?—Yes, but that was for the convalescent institution, I think.

17690. No; for the new branch of the hospital?—We were going to have a convalescent institution; you will remember they were anxious to have a convalescent establishment somewhere; and we visited numbers of sites, I should think 16 or 20, but we never got what we wanted, and so we never have erected the convalescent institution. Now we have solved the difficulty by adopting other convalescent institutions, and we send a large number of patients to Sandgate and Bournemouth, and other places, when they have been about two months in the hospital. That is how we have solved the difficulty, and with great advantage.

17691. But I was asking you about the large sum of money spent in building the new branch, and it was then that they considered sites in the country?—It may be so, but I did not remember that; but I am quite sure as regards London, that we could not have done better. We have got an excellent soil, and we have a large open space, as far as you can get it in London; you can get the best medical advice easily; and so we have done very well, in my opinion.

Lord *Monkswell*.

17692. Lord Clifford expressed some surprise that the ventilation in your hospital has had a very considerable effect upon the general death rate from consumption; but I suppose that the ventilation all over the country is one of the things that has made enormous strides in the last 30 or 40 years?—Yes.

17693. So that the diminution of the death-rate is due not only to the improved drainage, but to the attention paid to the question of ventilation?—Yes, I alluded to that when I spoke of the Factory Acts and the improved housing of certain classes. I hope that the new Acts will do a great deal of good.

17694. When

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Lord Monkswell—continued.

17694. When you talked of general as against special hospitals, you suggested that a peculiar kind of hospital was desirable for consumption, which it would be very expensive to erect as part of a general hospital?—Yes.

17695. But I suppose your system of ventilation is one which it would be very desirable to have carried out in every hospital, particularly in every hospital with infectious diseases?—The only thing is that most of those hospitals want what they call forced ventilation, that is to say, windows opposite each other, and the air blowing right through. A great many diseases, and certainly infectious fevers, are best treated by the patients being practically in the open air, that is to say, with the windows open; they stand cold much better than our patients do. Our difficulty is that where we let any amount of air in without warming it, we get a number of troublesome complaints like bronchitis and pneumonia which make the consumption a great deal worse. So that we have to supply not only pure air, but air at a certain temperature.

17696. I suppose there might be other diseases besides consumption in which it would be desirable to keep the patient in a uniform temperature?—Yes, there are others; it is not only in consumption but in diseases of the chest generally; and there are others, such as rheumatism, in its various forms.

17697. Is it not the case that for members of your staff, London qualifications are necessary?—Yes, you must take the membership of the College of Physicians; that is just like the other hospitals.

17698. Not all of them?—General hospitals, I mean.

17699. Not all even of the general hospitals. Do you think it desirable that the London qualifications should be made necessary?—I think highly desirable, and I will tell you why: for the sake of the hospital and also for the sake of the physicians, it is desirable that you should have some corporation or some body that should guide to some extent the conduct of a physician in difficult cases. I, for instance, have derived immense comfort from the college which I am connected with, because I feel that if I am placed in a difficult position with my hospital, or the committee, or with patients, or with members of my profession, I can go for counsel to that body, to the president, or to the officers, and ask them what I should do. We have at the College of Physicians a Censors' board, which is supposed to look after the conduct of the licentiates, members, and fellows; and if we misbehave ourselves, we are cited before that board; for instance, if I did anything derogatory, I should be cited before that Censors' board to answer with regard to it; and if I misbehaved myself very grossly, I should have my name taken off the roll; and I think it is desirable to have something of that sort. But you may say, why should you be obliged to hold that qualification? Remember now, though it is obligatory, it does not mean a very terrible ordeal. Supposing a man comes from Scotland with a good Scotch degree, and he wishes to be a candidate for the assistant physicianship or physicianship of the Brompton (24.)

Lord Monkswell—continued.

Hospital; he has not yet the membership of the College of Physicians; and he is told he must go there. He has been in practice in Scotland for many years, say 10 years; he presents himself to the Censors' board; under those circumstances the Censors do not put him through the long examination that they would an ordinary candidate. If he has been 10 years in practice he is given a simple practical examination in those subjects which he must know to practise his profession; that is to say, he is examined in medicine; he is taken to a hospital to see a few cases, and he may have to write a prescription or something of that sort; but all the preliminary things, the high pathological anatomy, and the various preliminary things, are left out, and if he passes this examination he is presented with his diploma without more ado. You know there is something of the same sort with the College of Surgeons, but I do not deal with that. I am saying this of the College of Physicians. And this not only applies to English people or Scotch or Irish, but it applies to foreigners. I remember a distinguished French physician who came over here with the Orleans family, and wished while he was here to practice as a physician in London. He had no qualification except the Paris qualification, and under that he could not register here. He applied to the College of Physicians. The Censors' board at once received him, and they examined him in a practical examination, and he was made a member of the College of Physicians; and as soon as they could do it, according to the rules, he was elected a Fellow of the College of Physicians. So that the Censors' board is open to all proper applications; it is not a hard-and-fast line that is drawn by them. Of course a young man coming up from the university goes in for a regular examination; but for men who have been in practice the great thing is that the College of Physicians have to make sure, is that they are qualified to hold hospital appointments.

17700. I understand you to say that, as regards the qualification for practice, an Edinburgh degree or a Dublin degree would be just as good?—Yes, I admit that, for actual practice; but then you must remember that you are liable to have to teach at these hospitals; that is a very important thing to be borne in mind.

17701. Do you think it desirable that a man duly qualified at Dublin or at Edinburgh should have to go through that practical examination of which you speak?—Yes.

17702. And pay for it?—And pay for it; it is not a very high cost. But you must remember that Edinburgh does just the same for us. Supposing, for instance, that I go to Edinburgh, and I apply for the post of assistant physician or physician to the Edinburgh Infirmary, do you think they are satisfied with my qualification as a Fellow of the Royal College of Physicians of London? I was not sure about it, but I wrote to the president of the Royal College of Physicians of Edinburgh, and he writes me in reply, and tells me that it is a *sine quâ non* that you should take the Edinburgh qualification.

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17703. Is

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Mr. WILLIAMS, M.D.

[Continued.]

Earl of Kimberley.

17703. Is not that a *reductio ad absurdum*?—No, I think not.

17704. Inasmuch as the London qualification is, I suppose, universally admitted to be higher than the Edinburgh one, is it not a *reductio ad absurdum* to say that this Edinburgh qualification is necessary to enable you, who hold the London qualification, to receive an appointment in Edinburgh?—I do not know whether they would actually examine you. I look upon it more in a moral and disciplinary point of view; I think it is a good thing that you should have a body to go to that is answerable for your conduct to some extent.

17705. I can understand the force of that, but that is another point?—Yes; but that is the point of view from which I view it, and I say that if a man has been 10 years in practice and is fit for anything, he has no difficulty in passing the London examination.

Lord Monkswell.

17706. Lord Kimberley has suggested to another witness that persons taking an appointment in a hospital should put themselves under the censorship of the College of Physicians or Surgeons; what would you say to that?—I do not think the College of Physicians would accept the censorship of anyone out of their body with whom they have nothing to do; I know I would not.

Earl of Kimberley.

17707. Why should they not?—They do not know enough of them.

Earl of Kimberley—continued.

17708. But assuming that a man is a competent man, it is possible, is it not, for the College of Surgeons or Physicians to see that he conforms to the rules of the profession, exactly the same as one of their own body; what would be the difficulty?—It is possible, certainly.

17709. Is there any difficulty?—You are suggesting putting a number of men under corporations who have nothing to do with them.

17710. I fully admit the force of the argument that the disciplinary control is exceedingly desirable. If that disciplinary control can be secured by the voluntary submission of certain men to the body, is there any inferiority in that arrangement to the arrangement which is made with reference to those who are members of the College itself; in what respect is it less a guarantee?—I think there is something in what your Lordship says; I am not at all opposed to it, but I have never heard it proposed yet; it is new to me.

17711. At all events, without pursuing it too far, you would regard that as a possible arrangement?—Yes, as possible.

17712. May I ask, is it not the fact that the College of Physicians have not the power of expelling from their body anyone who has misconducted himself?—I cannot answer that; I am not sure. Still I hold that it is desirable that physicians holding these appointments should have the membership of the College of Physicians. I do not think there is any great grievance about it.

The Witness is directed to withdraw.

MR. JAMES K. FOWLER, M.D., is called in; and, having been sworn, is Examined as follows:

Chairman.

17713. You are on the staff of the Brompton Consumptive Hospital, are you not?—Yes.

17714. Will you tell us exactly what the position is you occupy there?—I am the senior assistant physician.

17715. Are you on the staff of any general hospital?—I am senior assistant physician at the Middlesex Hospital.

17716. That, as we have been told, is a general hospital; and in your position as senior assistant physician at the Brompton Hospital, have you to do with the out-patient department?—Yes, I am the physician to the out-patients.

17717. And are there, as we have been told, about 13,700 out-patients who come to the out-patient department of the Brompton Hospital?—About that number of new cases a year.

17718. Does that, in your opinion, represent the work that the out-patient department does?—I believe there are about 77,000 attendances during the year.

17719. What do you treat for at the out-patient department of the Brompton Hospital, I mean to say speaking in general terms?—Cases of bronchitis, bronchial catarrh, and its results, are the most numerous; consumption, heart disease; of patients suffering from anæmia or poorness of blood, there are a considerable number; and a great variety of others.

Chairman—continued.

17720. And dyspepsia;—Yes, and debility, and a great variety of others.

17721. Do those two latter diseases come within the category of chest complaints, dyspepsia for instance?—No, certainly not.

17722. Would these be treated as well at a general hospital?—A case of dyspepsia could be treated equally well at the general hospitals.

17723. This Brompton Hospital is essentially a chest hospital, I understand?—Yes; but many of those persons come thinking that they have consumption.

17724. Do you keep them until they are cured?—They are allowed to remain as long as they get letters; they are not turned away.

17725. And those letters to the number mentioned in the return come from the governors?—From the governors.

17726. Have you any assistant in your out-patient department?—No.

17727. Then do you see all these cases?—All of them.

17728. Is not your out-patient department very crowded?—It is a large one, and on Mondays, I believe, it is rather crowded; but on other days it could not be said to be crowded; there are a good number there.

17729. I meant is the number inconveniently large for the purpose of proper diagnosis?—The work

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Mr. FOWLER, M.D.

[Continued.]

Chairman—continued.

work is very heavy; it takes a large number of hours, four or five hours.

17730. How often do you go there?—Twice a week.

17731. Do you do any teaching work?—Yes; there are a certain number of students attending the out-patient department, five, or six, or seven or eight, not many more on my days.

17732. Do those students come in with the other pupils that were mentioned just now?—They are the pupils that Dr Theodore Williams referred to.

17733. If it is difficult from the number of out-patients to take a diagnosis, is not the large number also difficult for teaching purposes?—One does not attempt teaching in the same way as in a general hospital; they are all qualified men who come to us: they are all senior men.

17734. You are an official of a general hospital; have you any opinion as to whether cases of this description could be treated as well in a special department of a general hospital?—You mean cases of consumption. The out-patients might be equally well treated at a general hospital. The in-patients, I think, are better treated in the wards at Brompton than they would be in the wards of a general hospital.

17735. Does that answer apply, in your opinion, to other special hospitals?—I am in favour of the existence of special hospitals in many departments.

17736. Have you any particular reason to give; do you think that study could more effectually be brought to bear upon the cases in special hospitals?—I think that the staff of the special hospital gets advantages from seeing a large number of cases of the same kind.

17737. Do you know if any inquiry is made as to the position of the out-patients who come to you, to ascertain whether they are able to pay anything to a general practitioner?—No, I do not think that any systematic inquiry is made.

17738. Do you think that the charity is abused, from what you have observed?—I do not think so; with regard to the men, certainly not. With regard to the women, anyone accustomed to a general hospital might think that the charity was abused, possibly from their dress; but on inquiry you nearly always find that they are people who could obtain materials for dress cheaply, milliners or dressmakers, or ladies' maids, or something of that sort.

17739. Their dress is no criterion, in fact?—Not at all.

17740. And do you think that at the general hospital with which you are connected the charity is abused at all?—No, I think not.

17741. Do you think that the free out-patient department that exists at Brompton is hard upon the general practitioners, that is to say, by what has been called starving them?—I do not think so. The general practitioners make great use of the hospital; they frequently send cases there; I rarely go without having cases which have come from them; they also constantly recommend cases to go there. The other hospitals send cases to Brompton constantly.

17742. And as a general question, are you in

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Chairman—continued.

favour of the out-patient departments at the hospitals with which you are connected; take the Brompton first?—Yes, I think the out-patient department at Brompton does a great deal of good.

17743. Do your patients come from far for that relief?—From all parts of the country.

17744. To the out-patient department, do you mean?—Yes.

17745. But it is not so much used for teaching purposes in the Brompton Hospital as in a general hospital, is it?—No, it is not.

17746. And as to the out-patient department of the general hospitals, do you consider that an essential for education?—Yes, I think essential.

Earl Cathcart.

17747. Suppose an accident occurred in the street, outside your special hospital, what would they do; would they tie the patient up until something happened, or what?—There is a resident staff at the hospital.

17748. You do not remember any such accident close to the Brompton Hospital?—Such a thing may have happened; it is not within my knowledge.

Chairman.

17749. Can you tell us what is the staff at Brompton?—There are six physicians, six assistant physicians, one surgeon, and a dentist, and there is a resident staff. There are also consulting physicians; they are not on the acting staff.

Earl Cathcart.

17750. It would have a good effect upon the health of people taking out stumps and that sort of thing, and therefore you have a dentist?—In a large hospital like Brompton the services of a dentist are often required.

Earl of Kimberley.

17751. You said you thought that there was an advantage in a special hospital because a large number of cases of the same disease could be seen there?—Yes.

17752. But that would apply, would it not, equally well to a special department of a general hospital?—If you were starting the whole hospital system anew I think you would group special departments around general hospitals. Things being as they are, I am in favour of there being special hospitals.

17753. Now is there not this objection to a special hospital, that it diminishes the opportunity for teaching; for example, to take your own hospital, consumptive cases going there in large numbers, and being no doubt excellently treated, are not as available for teaching purposes as the same cases would be in a general hospital, where there is a medical school?—The cases in the wards at Brompton are not so useful for teaching purposes; but there is ample material for teaching the signs and general treatment of consumption in the general hospitals.

17754. You do not think you withdraw so large a number of cases from the general hospitals

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Mr. FOWLER, M.D.

[Continued.]

Earl of Kimberley—continued

pitals as to incur that objection to your hospital?—Not at all.

17755. Can you give us the average number of out-patients that you have usually on your days?—There are two assistant physicians who sit every day; the average is from 230 to 250 out-patients every day.

17756. And how long does the time of examination last?—The time for attendance is at 12, and it lasts to 3, 4 or 5, sometimes half-past 5 o'clock.

17757. There is no actual limit of time?—The physician has to continue there until all the work is done; it depends on the number of cases.

Lord Saye and Sele.

17758. The drugs for the out-patients cost I notice over 2,000*l.* a year; where are they obtained from, are they obtained by contract, do you know?—Yes, I believe they are, but I do not know anything about that.

17759. The contracts for the drugs are not taken by the medical committee, are they?—I do not know.

Lord Monkswell.

17760. Are patients admitted without letters to the out-department, or how do they get there?—They are not admitted without letters.

17761. Supposing a man comes who is really a proper subject for treatment, what do you do if he has not a letter?—He is referred to the secretary, who generally has letters given him by people who do not want to use them themselves.

17762. The man has to walk round to the secretary's office?—Yes. If the secretary considers it a good case he gives him a letter.

17763. Would you send him round with a note recommending him for a letter?—He would not be seen by me till he had a letter.

17764. The porter would tell him to go the secretary's office?—Yes. It would be quite an exceptional way of admission to the out-patient department for the patient to have a letter given him by the secretary; I thought you were referring to an emergency or where some patient who was very ill came to the out-patient department without a letter.

17765. If he was very ill indeed you would see him at once, I suppose, even without a letter?—Yes.

17766. But in an ordinary case the patients know perfectly well that they must have letters, and if they have not a letter they go round to the secretary and get one?—The patients would not know that they could obtain letters in that way; but a patient might come from the country, not having the necessary letter, and I have known such cases referred to the secretary.

17767. There might be any number of out-

Lord Monkswell—continued

patients quite close to you who would be proper subjects of treatment as out-patients, but if they could not manage to get a letter they would not be treated?—No.

Chairman.

17768. From your general experience at the hospitals with which you are connected, do you think there would be any advantage in having an inquiry officer for the out-patients?—No; I think it would be useless unless it were done thoroughly. In case of the Brompton Hospital, if it were done thoroughly you would require inspectors travelling all over the country to carry the system out.

17769. And the total expense that might be saved would not be worth while?—I do not think it would be worth while.

17770. Have you ever considered whether special hospitals could be affiliated to a general hospital, so that any very bad special case might be sent from a general hospital to a special hospital for treatment?—I have not considered the subject, but I think it is more or less done now; cases are sent to Brompton, for instance, from the general hospitals. I send cases to Middlesex Hospital from the Brompton often; serious cases which are not suitable to us.

17771. The feeling, you would say, between the best general and best special hospitals is so good that they do co-operate?—Yes.

17772. I forgot to put this question to you at the beginning: would you tell us what your qualifications are?—I am a Doctor of Medicine of Cambridge, a Fellow of the College of Physicians, and a Member of the College of Surgeons.

17773. Is there any other point you would like to add?—No.

Earl Cathcart.

17774. If hospitals generally were in telephonic communication with one another, according to a suggestion which has been made here, it would be a good thing; what is your view of that?—It might occasionally be of service.

Lord Clifford of Chudleigh.

17775. Could you give me any idea of the proportion that exists between the patients who come to the Brompton Hospital from London and the neighbourhood, and those who come from the country?—No, I have no knowledge on that point, but no doubt the larger proportion come from London and the neighbourhood.

17776. Would it be anything like two-thirds from London, or three-fifths; you could not give any approximate idea perhaps?—No, I should not like to attempt to speak with accuracy as to the proportion.

The Witness is directed to withdraw.

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MR. SEYMOUR TAYLOR, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

17777. WHAT are your qualifications?—I am Doctor of Medicine of the University of Aberdeen, and a Member of the Royal College of Physicians of London, and a Member of the Royal College of Surgeons of England; besides that I am a Master of Surgery.

17778. Are you attached to the staff of any hospital now?—The West England now, at Hammersmith, as assistant physician.

17779. And are you a general practitioner?—No, I am in practice as a physician. I have been in general practice, but I am now practising as a physician.

17780. Do you find that the out-patient department of the general hospital with which you are acquainted is so overcrowded as to make it difficult to work it properly?—I do.

17781. What is the number of out-patients you have to see?—I average all the year round 80 a day; every day of my attendance, that is to say.

17782. Are those new cases?—No.

17783. What proportion of new cases is there, as a rule?—The proportion would be about 60 old patients and 20 new therefore, all the year round. It gets heavier in winter and lighter in summer.

17784. At that particular hospital have you any assistant at all?—No, except those men whom I can bring down to help me.

17785. To profit by the instruction?—Yes.

17786. Is there any school at that hospital?—None at present.

17787. And have you ever suggested to your authorities any organisation by which the difficulties of the out-patient department might be decreased?—Yes.

17788. And have you not been met by them?—Yes they have met me well; the committee have done everything they could possibly do.

17789. Have the difficulties disappeared?—Slightly.

17790. How would you propose to remedy the state of things?—The evil is chronic in the London charities by reason of the competition for money. The competition for money, voluntary contributions and subscriptions, in London is so keen that they must of necessity publish a report, saying, "We have seen so many out-patients in the year," because it is found practically, if I may put it as an equation, that x out-patients brings in y money, and therefore $2x$ out-patients would bring in $2y$ money.

17791. There are many of the cases of these patients that you see so trivial that they ought not to come to a hospital?—They ought never to come to any hospital whatever, they are such trumpery trivial cases, many of them.

17792. Could not something be done by means of organisation to remedy that?—Yes.

17793. That is to say, by having a sifting officer?—As they do across the river; that is the model out-patient department, St. Thomas's, across the river.

17794. Where a sifting takes place?—Yes.

17795. It has been explained to us what the

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Chairman—continued.

system at St. Thomas's is; could you not carry that out at your hospital?—Then we should want a resident officer who is of greater experience than the house physician or house surgeon is.

17796. Is there anything you could wish to say; if so we shall be glad to hear it?—I merely wish to point out the fact that there is no selection of cases, and it is entirely due to the competition for money. I do not think that one hospital in London is one bit worse than another; they all have to do it; and you cannot expect one hospital to disarm, if I may use the term, when another hospital is, as it were, fighting it for the contributions of the wealthy.

17797. Then the only means for combating that, is that there should always be a large supply of money available for the hospitals?—Quite so; if a hospital is independent of the Saturday and Sunday Funds, and voluntary contributions, I think you will find that its number of out-patients begins to diminish; there are exceptions to that rule I admit.

17798. Then would there be no fear of diminishing the usefulness of the hospital?—No; if the cases were selected and sent up to a physician for proper treatment, they would be treated better, and they would have more attention; the method of life suitable for them would be explained to the patients; whereas now they go away with medicine in a bottle, and think that that is going to cure them.

17799. And then, assuming they come back again, they try, I understand you, to keep on as long as they can, and, therefore, that tends to increase the number of attendances of which you speak?—I am not throwing stones at any hospital. The authorities of the hospital I speak of have met me in a very liberal way with regard to any complaints I have made, and they are doing their very best. I find it is the same with other out-patient hospitals. A man comes to me with serious heart disease; he gets no more time nor attention than another person who wants merely a box of pills, and the former being a labourer, whose right method of living should be explained to him, how best he can prolong life, what he should avoid and what he should not do, he gets none or very little of that advice, because he is crowded out by the next patient, who may be a dyspeptic.

17800. Therefore, I understand you to say, that the crowding of the out-patient department acts badly upon the patients themselves?—Certainly. If I may put it again, with all respect to your Lordship, I would suggest, that supposing you had a simple cold, you would not go up to Harley-street and pay a guinea or two guineas for a consultant's opinion; you would go to a general practitioner, and he would be perfectly competent to treat it. Then if this cold develops into something more serious, you say, "I think I must have a consultant's opinion upon this." In the out-patient department in hospitals the most trivial complaints get consultant's opinion for nothing

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Mr. TAYLOR, M.D.

[Continued.]

Chairman—continued.

nothing, because the patients have a governor's letter.

17801. If they consulted a better class physician at first, they might save the malady becoming more serious might they not?—No, I think not. I am convinced that the general practitioner can treat ordinary simple complaints quite as well as the consultant physician.

17802. Then your case against the out-patient department is, that owing to the rapidity of treatment and the crowd in the out-patient room real justice cannot be done to the patient?—Quite so.

17803. In looking at it in another point of view do you consider that the present out-patient system is very hard upon what you may call the poor practitioners?—I do.

17804. You mean that a great number of these people whose circumstances have not been investigated could afford to pay small fees?—Yes, they want sixpennyworth of advice; they can easily get sixpennyworth of medical advice, and many can afford it.

17805. But then is that advice worth sixpence?—Yes, there are scores of patients who have absolutely the most trivial complaints.

17806. That is to say in your out-patient department?—Yes.

17807. With a slight cold or a cut finger, for instance?—I have nothing to do with a cut finger; but they come with a slight cold or an indigestion from drinking too much tea, and require a box of pills; it is the case of Colonel Burnaby, who took Cockle's Pills during his ride to Khiva, over and over again.

17808. Is there anything else you can criticise in regard to the out-patient department?—No, except that it has an effect not only upon the patient, not only upon the general practitioner, but it has an effect upon the clinical teaching in this country, and it has an effect upon clinical observation in this country. If I am seeing a hundred people in an afternoon it is a matter of impossibility for me to make an accurate observation of how my drug is acting in a certain case of heart disease. I have sometimes people in my out-patient room till half-past seven at night.

17809. Beginning at what time?—At two o'clock.

17810. Then in your out-patient room, do you see any description of disease?—Every medical patient that comes with a governor's letter is seen by the assistant physician of the day. If they have not a governor's letter the house physician sees the patient as a casualty and prescribes for the case. If he finds the patient is seriously ill, he then gives the patient a letter, and detains the patient till my arrival, or the arrival of the physician of the day.

17811. Then does he dislike discharging a large number of patients, because he does not want the responsibility to rest upon him of sending away cases that ought to be treated?—No.

17812. Does he not act rather in the light of a sifting officer?—No, the patients who comes to see us are patients with governor's letters; there may be on an ordinary day 10 or 12 others, and they probably have slight ailments; if he finds that some have a serious ailment then he sifts as it were, and gives these patients a

Chairman—continued.

governor's letter, or a letter to the hospital, and they are kept till my arrival.

17813. Is this West London Hospital situated in a poor district?—Yes, it is the only hospital between Hounslow and Hyde Park Corner.

17814. Do you know if there are any dispensaries in the neighbourhood of it?—Yes. There is one at Hammersmith.

17815. Then also owing to these crowded rooms instruction is rendered extremely difficult, because you must go through the patients in the course of a day?—Yes; but we have not at present a medical school in the West London.

17816. What hospital school used you to be in?—I am already a teacher at St. Thomas's; I was a student there, and I am a teacher in the medical school there.

17817. Did the present system of out-patients exist at St. Thomas's when you were there as a student?—Yes.

17818. And there you found that there was no difficulty about the teaching?—No difficulty.

Earl Cathcart.

17819. Would you have any opportunity of testing the urine of the patients?—I do not test the urine of every patient; I only test the urine of a patient where I think it is desirable.

17820. That is often an essential part of the diagnosis, is it not?—Yes.

17821. You said that patients with these trivial ailments could get medical advice for sixpence: where would they get it?—There are dispensaries, for instance, within a stone's throw of this place where they could get it.

17822. I rather gather that you would limit the cases so that there should be at every hospital a limit to the number of new cases?—Yes, like they have at St. Thomas's.

17823. And that limit must depend upon the nature of the locality and the circumstances; but there ought in your view to be a fixed limit of new patients?—Yes.

17824. Would you disregard hard cases and draw the line and say that no hard cases should be admitted beyond the limit?—I would not do that; I would say that urgent cases coming to the out-patient room should be seen, but I would not draw a hard line at 12 or 15.

17825. Now with regard to what you said about the touting of different hospitals and their struggling with each other, and you used some such phrase as an armed neutrality, for instance, St. Bartholomew's has no reason to tout, but they have a very large out-patient department?—And they have a very special staff to meet it.

17826. But they have in point of fact a very large out-patient department, and they do not go to the public for money at all?—Quite so, but there is a large staff to meet it.

17827. And, therefore, the presumption is, is it not, that they think their out-patient department is, in itself, doing a great deal of good?—Yes. I have no authority to speak on behalf of St. Bartholomew's; I have seen the charity, and have admired the work done there, and I think I know some other reasons; but I have no authority to speak on behalf of that hospital.

17828. There may be another reason you think?—There may be.

17829. That

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Mr. TAYLOR, M.D.

[Continued.]

Earl Cathcart—continued.

17829. That is instruction, I suppose?—And training in observation.

17830. In everything in human life, in fact, as we are well aware, there are mixed motives?—Yes.

Lord Monkswell.

17831. You said that the authorities of your hospital did meet you in reference to the difficulties of your out-patient department; in what sort of way did they meet you?—They have given me a second room.

17832. Then is there anybody to see the patients in the second room beside yourself?—No.

17833. Then I understand that everybody who comes with a governor's letter must see you, or if he does not come with a governor's letter, he goes to somebody else and gets one?—He goes to the house physician, and if the house physician thinks it is a serious case he is kept for me.

17834. So that the abuse is due to the practice of giving governor's letters when they are not required, I suppose?—That is it.

17835. You have not tried to meet it in that respect at all?—No.

17836. Have you made any suggestion to that effect?—Yes.

17837. I suppose there are plenty of people who will not be satisfied till they get medicine, even though they do not require it?—Yes; women are the great offenders in that matter.

Chairman.

17838. Do you think that the great number who come to the out-patient department is at all owing to the fact that people go there for purposes of conversation, and as a sort of club?—No, I think not; but many of these women who come to us, have a certain complaint one week, and they come back the next week, and they will have another complaint, the third week a third complaint, and so on till the sixth week; because the letter lasts six weeks.

17839. That is a very faulty system of organization, is it not?—It is practically the fault of the way the charities are supported in London.

17840. But do you mean that that applies universally, that every out-patient can go for six weeks to the out-patient department?—Yes, on most of the advertisements there is a statement that the letter is available for six and for sometimes eight weeks, and "after that you must get a new letter." The women take care that they have their six weeks' medicine.

17841. Does that remark apply generally to the hospitals?—I think, generally; when I heard that this Committee was likely to be appointed, I went round and inspected several of the hospitals.

17842. Is there any other point you wish to speak on?—No.

Lord Monkswell.

17843. You would say, I suppose, that the system of the out-patient letter is simply a nuisance, and should be done away with?—No.

17844. You think it is abused?—It is very much abused.

Chairman.

17845. By people giving them away to those

Ordered, That this Committee be adjourned till Monday next, at Twelve o'clock.

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who are not fit subjects of relief?—Yes; it is easy to get rid of an importunate beggar sometimes by that means.

Lord Monkswell.

17846. If a man has something the matter with him he can always go to the house physician; would not that be sufficient for him?—No; my committee of management say to me, "If the patient comes with a governor's letter, the governor wants the patient seen by the head doctor."

17847. But that is why I asked you whether it is desirable that the system of governor's letters should be kept up at all; what reason do you suggest that it should be; I do not understand it, except that you say people would not give money to the hospital without it?—I do not think that the majority of the charitable public would give money unless they had a *quid pro quo*.

17848. That is the only reason you can suggest why the system should be kept up, of having governors' letters at all?—Yes.

Earl Cathcart.

17849. We were told that the clubs especially will have their full number of letters in return for their subscriptions, and that they will use them all?—Yes, and the same with the clergymen. A clergyman preaches his sermon and gets a collection of 20*l.*, and will have his letters.

Lord Zouche of Haryngworth.

17850. You said that you would not enforce a limit of new cases for out-patients in cases of urgency. Would it not require a little time to find out whether it was an urgent case or not?—No, it does not take very long for a trained man to find out that.

17851. It would lose no time, in fact, you think?—No, not much time; only he must be a man of more experience than, of course, the house physician or house surgeon.

Chairman.

17852. The ordinary house physician or house surgeon may be very young?—Yes.

17853. Then your principal remedy for the evil you have pointed out is that there should be a very careful system of sifting?—Yes.

17854. Though you do not approve of limiting the numbers applying?—No, I do not approve of strictly limiting the number; I should say it ought not to exceed a certain number. If you were one of 30 people seen in a consulting room, and you were the thirtieth person, you would have to stay there along time.

17855. I understand your evidence is that the time does not suffice for teaching purposes, and that possibly some improved arrangement might be made by a system of sifting?—Yes.

17856. And that you would have a resident or other officer of high standing to be able to determine what cases might be suitable for the out-patient department?—Yes. In other words, I look upon a hospital as practically a consulting centre rather than an ordinary institution for the distribution of medical aid, and the officers of it are consulting surgeons or consulting physicians.

The Witness is directed to withdraw.

Die Lunæ, 16° Martii, 1891.

LORDS PRESENT :

Earl CATHCART.
 Earl of KIMBERLEY.
 Lord ZOUCHE OF HARYNGWORTH.
 Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.
 Lord SANDHURST.
 Lord MONKSWELL.
 Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

Mr. PIETRO MICHELLI, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

17857. YOU are the secretary of Greenwich Hospital, are you not?—Yes.

17858. How long have you occupied that position?—I have been just four years there as full secretary.

17859. And previous to that had you any hospital experience?—I was five years secretary of St. Mary's Hospital, Paddington.

17860. And previous to that?—I was assistant secretary and steward at the Seamen's Hospital for four years.

17861. You have had a very extensive experience, therefore, of hospital management?—About 13 years. I had some slight experience before that when I was in the consular service.

17862. Would you tell us what the Greenwich Hospital is; is it a free hospital?—Entirely free.

17863. Where is it situated?—Its head office and largest hospital is at Greenwich; it has branches also.

17864. What is the special function of it?—It is for seamen suffering from any class of disease or accident.

17865-6. Does it take every description of case?—Every class of case.

17867. And what is the size of this hospital; how many beds have you?—Two hundred and twenty-five beds at Greenwich. Will you take the branches now.

17868. If you please?—The branch hospital at the Victoria and Albert Docks will accommodate 14 beds; and there are dispensaries, one at the London Docks and one at Gravesend.

17869. Are those all supported out of the funds subscribed for the Greenwich Hospital?—For the Seamen's Hospital Society.

17870. Is this hospital a sort of head quarters of the branches?—At Greenwich is the head quarters; it is really the Seamen's Hospital Society.

17871. And how is that hospital supported?—It is supported in the greatest measure by voluntary contributions.

17872. Are there any endowments?—Yes; we have a certain amount of funded and landed

Chairman—continued.

property, which brought in an income last year of 3,600*l.*

17873. That is the landed property?—Stock and land; land itself only brought in 707*l.*

17874. Where is your land situated?—We have some at Richmond, some at Kingston-on-Thames, some at Ilford, some at Hackney, and two houses in different parts of the City.

17875. How is that land managed; by agents?—No, entirely by myself.

17876. Then may I ask what your salary is as secretary?—My salary is 400*l.* a year.

17877. And board and lodging?—No board; but I have a house.

17878. And then do you receive other fees or commissions for managing these estates?—I get a small commission once in the year; that averages, as I have brought it out for the last two years, 47*l.* a year.

17879. And that is the total of the amount of the commission that you receive for managing these landed estates?—That is not alone for managing the landed estates; it is part of the remuneration I receive for conducting the business of the society. It is in fact an old rule that I only get a commission if the income reaches a certain sum, and it has been over that sum for a long time, and it is a regular source of income to me of 40*l.* to 50*l.* a year.

17880. Do you take in other patients than seamen at these hospitals?—Only those that are urgent cases, and then we take in a landsman or woman or child.

17881. Then what is the constitution of this hospital?—We are governed by our own Act of Parliament, the 3 Will. 4, c. 9; we were incorporated in 1833.

17882. And then what are the various courts; can you tell us what the constitution is exactly?—We are governed by an annual meeting, by four quarterly courts, and by a committee of management which is appointed at the annual meeting. The annual meeting is held in the month of February, at which any governor (and a governor is a subscriber of a guinea or a donor

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[Continued.]

Chairman—continued.

of ten guineas) can attend, and also any other person who is interested in the charity; but at the quarterly courts only such as are governors can attend. The quarterly court quorum is 15. Of the ordinary meetings of the committee of management the quorum is three, and the general attendance varies from seven to nine.

17883. Is that the executive of the hospital, then?—That is the executive of the hospital.

17884. What are their duties; do they examine all these small books?—No, that is deputed to a finance sub-committee, which meets once a month, generally on the Thursday preceding the first meeting in the month, because there are two committee meetings every month.

17885. Are there any other sub-committees besides that finance sub-committee?—Only such as are special. There has just now been a sub-committee in connection with the branch hospital, and at our last meeting there was a sub-committee appointed in connection with one of the dispensaries.

17886. Then are those dispensaries managed from the Greenwich Hospital?—Yes, they are administered by myself under the committee.

17887. Did I rightly understand you to say that this committee of management meets twice a month?—The committee of management meets twice a month; the finance sub-committee once a month.

17888. When they check all these small bills to which I referred just now?—The finance sub-committee check all matters with regard to salaries, wages, petty cash, and such matters once a month; and once a quarter they examine all the accounts and bills that have come in.

17889. Then are there any other books that come before that finance committee?—I think the finance committee may be said to have control over all the books of the hospital; they do not always examine them, but at times they call for certain books, and do examine them.

17890. The books are laid on the table?—Yes, a good many of them; not all of them, because our meetings are held in town, a distance from our hospital; that is one reason why we do not bring all the books to the Committee.

17891. Do you think that that is really an efficient check?—I think we have a very efficient check as regards our small expenditure, and, of course, our quarterly examinations are very complete.

17892. As to the quarterly examination, is that an examination by vouchers, and so forth?—Yes, all the vouchers are examined in connection with each account, and examiners compare the expenditure sometimes between one quarter and another; which is evidenced by their drawing the attention of the committee to what they consider an excess of expenditure in certain items. Such was done only a few months ago in regard to wine.

17893. But do you keep a book to note down all the various stores that are used day by day or week by week?—Yes, we have rather an elaborate arrangement of that kind, and I have brought a leaf out of the book to present to the Committee (*producing a leaf*). It includes every item of receipt on the one side, and how it is

Chairman—continued.

expended on the other, showing the balance at the end of the month of the stock in hand.

17894. But now is that examined by this committee?—Not as a rule; the house visitors can examine it.

17895. But they do not examine it, I understand?—As a matter of fact they do not frequently examine it. I have known them to see it.

17896. It is not a part of the ordinary routine that they should be looked through and initialed by one of the governing body?—No, it is not.

17897. Therefore the governors leave that responsibility practically with you?—Yes, they leave that practically with me.

17898. Then with regard to such things as the alcoholic return, does that come before them?—Yes, that comes before them; and they frequently call for returns to show the increase and decrease, and that goes before the general committee, not the finance committee.

17899. Does that pass through a medical committee first?—We have no medical committee, but we have a principal medical officer. We are rather peculiar in that respect, because, being so far from London, our principal medical officer is a surgeon of some standing in his profession and receives a good salary and resides on the spot.

17900. Your principal medical officer is a surgeon, you say?—He is a surgeon.

17901. Then, as far as I understand it, the whole of the responsibility of these accounts really rests with you, and not with the committee, because they very seldom check them?—As regards the receipts and issue, yes; but as regards the money, the committee check all that.

17902. But as regards the detail, the study of which can alone tell you whether your expenditure is extravagant, or increasing, or decreasing, that is not looked to at all by the committee?—It is not looked to any more than that returns are called for; that is the only way in which the committee interest themselves in that particular.

17903. You have 225 beds, you told us; what is your working number of beds?—One hundred and ninety-seven last year.

17904. And as regards seamen, you take any sort of case?—Every class of case.

17905. Not infectious cases?—Everything with the exception of smallpox and typhus.

17906. And measles?—Yes, we have measles.

17907. You told us that you had 3,600 *l.* a year from landed and funded property, of which 700 *l.* came from land, and that the great bulk of your money came from voluntary contributions; is not that so?—Yes, that is so. We have an annual subscription list of 3,605 *l.*

17908. Donations?—In donations we had 1,321 *l.*; Hospital Sunday Fund, 708 *l.*; and Hospital Saturday Fund, 126 *l.* Then there are collections from ships' passengers and crews of vessels; they come to 1,137 *l.*

17909. Are those a sort of boxes?—They are principally lists taken by the captains of merchant vessels who make collections on behalf of the society.

17910. And have you profited at all by legacies?—Yes,

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[Continued.]

Chairman—continued.

—Yes, we have profited by legacies. The total amount of legacies during last year was 7,094 *l*.

17911. Was that an exceptionally good year? —It is an exceptionally good year. Our average for the last 10 years is about 1,700 *l*.

17912. That makes a total of receipts of what? —Our total receipts last year, including the legacies, was nearly 18,000 *l*.

17913. And your expenditure?—Our expenditure was 12,765 *l*. for ordinary expenditure, not including building, because we built.

17914. That building came out of the extraordinary expenditure?—Yes.

17915. But that was met, partially only, by the large amount you received in legacies?—The legacies were more than enough to cover it.

17916. More than enough to cover the extraordinary expenditure, you mean?—Yes.

17917. And that was an exceptionally good year?—Yes, an exceptionally good year, the average for the last 10 years having been about 1,700 *l*.

17918. Now, in the case of your having a deficit, you have to draw upon your capital?—Yes, we draw upon our capital. As a matter of fact we allow a balance to hang over; we allow it to remain as a sort of debt hanging over us for a bit, and it generally gets worked off without our having to sell out; but sometimes we have to sell.

17919. You mean you have to borrow money from your bankers?—Sometimes we have done so, especially if we find that we can borrow money at a lower rate than our invested money is bringing us.

17920. Who is the treasurer of your hospital? —Mr. John Deacon.

17921. Is he a banker?—Yes; he is of Williams, Deacons and Company, bankers.

17922. And with regard to anything which has to do with investments or withdrawal of investments, are these treasurers consulted?—As regards the best stock to dispose of they are consulted, but not as regards the expediency of selling it; that would rest with the general committee.

17923. Are these accounts of yours audited by a professional auditor?—By a professional auditor.

17924. Have you studied the accounts of other hospitals besides your own?—Yes, I think I have studied the accounts of almost all the hospitals in England, Scotland, and Ireland, and a great many of the colonies, and also I know the working of a great many of the Italian hospitals.

17925. What is your opinion as regards hospital accounts in general?—I think we want some uniformity of accounts; I think we ought to have a system by which accounts are kept in somewhat the same way in each institution; at the present moment the Hospital Sunday Fund are endeavouring to introduce some such scheme; I do not know if your Lordships are aware of that fact, but they have sent out a form to the different charities in London, asking them for their opinion as to whether it is a suitable one to be adopted

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Chairman—continued.

by the great majority of the hospitals; and our opinions have been asked on such points as that

17926. Was that lately?—Within the last month; and I have given it as my opinion that it is most desirable that a uniform scheme should be adopted. With regard to the uniformity, I do not mean that it should necessarily carry with it control. I see that in Question No. 15042, which was put to Mr. Quennell, it appeared to be the opinion of this Committee that uniformity would necessarily entail control. I think the reason why those men whose opinions are worth having object to anything like an inspection of accounts is, that they think it will injure the receipts from voluntary sources. But I think that is hardly borne out by what takes place at present in Dublin and the Australian Colonies where there is an inspection. In those places a great deal of money comes into the exchequer of the hospitals from voluntary sources, and they are examined. I think that where Dublin has the advantage in the examining point is that the hospitals are examined by a committee composed of laymen and medical men, whereas in the colonies and in India it is entirely done by one man, who is very frequently a doctor.

17927. Do you think that it would be possible to have any central body to audit accounts?—I think it would. I think it would be a very good thing indeed if we had one authority to audit the accounts; and unless we do have something of that sort, and the allocation of the items of expenditure controlled by a glossary, the mere matter of getting a form, such as the Hospital Sunday Fund are now advocating, will not do much. I daresay your Lordships know that I have published a glossary in the Hospital Annual, and my object is not alone, as was stated at this Committee by one of the witnesses, that it should be merely a help to those people who keep accounts, but that it should allocate certain items of expenditure to certain heads, so that the heads could be compared. This brings one to the point that some people think it a fallacy to compare hospitals on the cost per bed occupied; because the hospitals differ very materially in the class of patients that they have and so on. I admit that it is not fair to take the cost per bed entirely on the total expenditure; but it is obvious, that if you take a certain head of expenditure, such as provisions, and you know that in that is included always the same items, you will be able to see whether a hospital spends an undue amount in provisions; in like manner you can compare domestic expenses, surgery and dispensary, &c; whereas if you took the entire expenditure you might be a little at sea. In support of the glossary I would say that the Local Government Board send an auditor to audit all accounts of poor law infirmaries, and whenever this official is changed it gives rise in the infirmaries, I understand, to the question, Why has such and such an item gone up? The reason is that one auditor, for instance, will put down mineral waters under "surgery and dispensary," whereas another one will put it under provisions and so on. Gluten bread and the expensive extracts that are now used instead of meat all give rise to this difficulty.

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Brand's essence of beef is no doubt meat; it is only meat in another form; but I think you will find that for want of a glossary the great majority of hospitals put it under "surgery and dispensary." In these cases it will appear that the hospital is high in surgery and dispensary; whereas if you really investigated it you would find that such is not the case.

17928. Take the case of hospitals taking certain diseases; we will instance the Middlesex Hospital, which takes in cancer cases; that necessarily drives up the cost, does it not?—It necessarily drives up the cost. That is the great drawback to comparison.

17929. You have seen, I daresay, the Charity Organization Society's memorandum, have you not?—Yes, I have.

17930. Have you a copy of it there?—I have a copy of it here.

17931. Perhaps you will turn for a moment to page 10; now here we see that the cost per occupied bed varies very much indeed; take Westminster; it is 63 l. that is put down as the cost per occupied bed there?—Yes.

17932. And then we come to St. Thomas's here, which is put at 99 l. odd; then we get to Middlesex, 81 l.; Charing Cross, 66 l.; and University College, 59 l.?—Yes.

17933. There is great variety, is there not, there?—There is. I have not worked these figures out to compare them, but I did not know that University College Hospital was a cheap hospital in that respect.

17934. But still taking it for what it is worth, that is the result according to that memorandum; now do you consider that taking the thing in this sort of line is a fair way of comparison?—No, I think it is not; I think on the total figures you cannot form a just comparison. But you see cancer cases would not really cost much more for provisions than other cases; therefore if you could compare the item for "provisions," you would have gained something.

17935. What you want is some uniform basis?—Some uniform basis; but not a uniform basis that would include all expenditure; it must be chopped into portions so that you can judge whether a hospital is expensive as regards provisions or whether it is expensive as regards drugs.

17936. Then have you ever considered the out-patients at all as regards matters of expense?—Yes, I have considered them, and I find it is one of the most difficult things to find out how much has been expended on out-patients. I put it, roughly speaking, at 1 s. for an ordinary out-patient, and 10 s. for a lying-in woman.

17937. That is good enough, you think, for comparative purposes?—I think that good enough for purposes of comparison. If the numbers get too high, as is the case in the Miller Hospital, where the number of out-patients is large, it does affect the cost per bed; I mean the cost per bed is then hardly a fair way of comparison.

17938. The Miller Hospital at Greenwich is put down in this memorandum as the Miller Memorial; is that what you mean?—Yes.

17939. The cost of the occupied bed is stated

Chairman—continued.

there to be 139 l.?—Yes, that is very high, and it is difficult to make out how much the Miller Hospital does spend per bed. They have an enormous number of out-patients (14,372), compared with the number of beds, and there are a large number of attendances that are not included here.

17940. Supposing you had some central body for auditing accounts, do you think that they might also be entrusted with licensing power to prevent unrequired hospitals springing up?—Yes, I should like to see them have power to license a hospital. There is no reason why a hospital should not be built and established if it is wanted; but to put that hospital under the windows almost of our great metropolitan hospitals is a great mistake. I know a case in point; I do not know if I should mention names, but this small hospital to which I am now referring was established while I was at St. Mary's.

17941. By all means state the name of it?—It is the Paddington Green Children's Hospital. It was established when I was secretary at St. Mary's. When opened it had 26 cots, and at the same time we had 36 cots. It appears to me obviously wrong that this children's hospital should be established there when I know that Camberwell and all that district south of London has got no hospital accommodation at all. It seems to me that if there had been a central body then they might have suggested, "If you want to build a hospital for children, don't put it there, St. Mary's has plenty of cots."

17942. They might indicate, you mean, the locality where the hospital was required?—Yes, they might indicate the locality where the hospital was required, or at any rate they might discuss the matter. The special hospitals, as explained to this Committee I think, grew out of an uncomfortable feeling existing between the staff and the governing bodies of the great hospitals in consequence of the governing bodies refusing to sanction special departments a good many years ago. St. Peter's Hospital for Stone, I believe, is an instance of that which has grown up to a flourishing institution; because a medical man who was anxious to develop that particular branch of his profession was refused special appliances for the purpose in his hospital; he then left the institution and went and got his friends to help him and opened this hospital.

17943. But that is all changed now, is it not; the big general hospitals have special departments?—To a great extent, but there are still general hospitals which are lacking in certain special departments.

17944. Is it the case that the general hospitals with schools have special departments?—Mostly. The hospitals with schools, I think, are the best off in that respect.

17945. Then, according to you, the requirement of special hospitals is not absolutely done away with?—It is not absolutely done away with; and certainly not as regards the hospitals which receive those cases which are not admissible in the large general hospitals. For instance, consumption is only taken in in a very small way in the general hospitals; I am always grieved when I see a large general hospital or a special hospital increasing its size in London. It appears

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Chairman—continued.

appears to me that the proper plan would be to extend the work of the charity outside London.

17946. You are speaking now of consumption?—I am speaking now of hospitals in general. Since this Committee has been sitting I have taken the trouble to go into the subject with several medical men, as to the class of cases that might without danger be removed into the country, and I find they are of opinion that nearly two-thirds of the cases that are admitted into the general hospitals in London might, with safety, be removed to hospitals in the country or a little way outside the town.

17947. That might be so, but would there not be great difficulty about the medical attendance outside the town?—Yes; that is the great difficulty, and you want to keep in London enough patients for clinical purposes. In London there are 6,000 beds, and about 3,500 used for clinical purposes. It seems a pity to retain the 2,500 beds in London when they might be out of London.

17948. Because there are a large number of beds which afford no instruction at all?—No instruction at all. Everybody admits that there are certain classes of disease, which might with great advantage be treated outside London.

17949. You would like to keep this either licensing or auditing body free of Government control, would you?—I should not like them to have control, but would like them to be able to examine and report, and let public opinion then judge how matters stand; in fact, very much in the same way as the Dublin Board of Examiners do at the present moment. There is no doubt they keep the Dublin hospitals up to the mark very much.

17950. Would not that cause a falling off of subscriptions?—I think very slight.

17951. You do not think the idea would get abroad in consequence that they were State-supported institutions?—Yes, I think that idea might, but I do not think it would do harm; I think there are many people who do not now subscribe but who would subscribe if they had more confidence in the way in which the accounts of the hospitals were kept. This would be the case if there were an official report published.

17952. Is it your experience that people locally situated close to a big hospital do not support that big hospital at all?—On the contrary; when I was at St. Mary's I raised the annual subscriptions in five years over 1,000 £., and I think the great mass of that money came from the immediate neighbourhood. I of course put it to the people that it was the only hospital in their neighbourhood.

17953. Do you mean that an energetic secretary can increase his local subscriptions?—Yes, he can increase his local subscriptions. I put it to them that it was the only hospital in their neighbourhood, and I hoped they would support it.

17954. We had evidence from the secretary of St. George's Hospital, I think, that a large number of residents in that locality did not support the hospital, but their servants were often treated in the hospital?—That is the case very often no doubt; but still if you take the large London hospitals, the West End ones particularly,

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Chairman—continued.

you will find that they are supported from their own neighbourhood. I am confident St. Mary's was.

17955. Of what class are your subscribers chiefly; are they the small shopkeepers?—No, I think the best class are the City merchants.

17956. Have you ever thought out how such a licensing body could be constituted?—Yes; I should like to see it an elective body, but I should like to see it in conjunction with the Charity Commissioners in some way. I think that all hospital trust funds ought to be placed in the hands of the Charity Commissioners. At the present time St. George's and ourselves and a good many other hospitals do so.

17957. Do you mean that it would necessitate tying up the money?—Only the trust funds.

17958. It could be invested in that way if so directed by the person leaving it?—As a rule he directs that the money shall be invested in the hands of two or more trustees; but I know a case in point as regards William Hollins's Fund which you see in almost every report in London. A Mr. William Hollins about 20 years ago left a sum of money to the various London hospitals, and I know that this money has in cases got into the hands of the trustees of the institution, and in one instance the money got mixed with the other Consols of the hospital, and the consequence was that if that hospital had got into low water that money would, in all probability, have been sold out like any other investment; whereas had it been in the hands of the Commissioners it could not have been sold out.

17959. But some hospital authorities hold this opinion, that the money is given you to spend and not to hoard, and that you may spend all that you have got, and when you have done so go to the public for more?—There is a very strong feeling among governors in that direction, and I think there is some reason in it. The opinion is held strongly by many hospital governors who attend committees. But that, of course, only refers to ordinary investments, and not to money left on trust.

17960. You mean governors who take an active part, whereas there are so many who do not attend?—Yes.

17961. I should like to read something to you from last year's evidence; will you turn to page 219, Question 3250; I asked Sir Henry Longley: "Do you think it would be desirable to have a central body for audit purposes with reference to the accounts of all hospitals?" and his reply was, "I think, speaking rather as a private individual than as a Charity Commissioner, that some supervision over the accounts, of what I may call voluntary charities, is very much needed. Having read the recent report of the Charity Organization Committee on that subject, one cannot help agreeing with it. (Q.) In your own mind, could you shadow out any plan as to how that could be carried out?—(A.) It has sometimes struck me that perhaps the central governing body established under the City of London Parochial Charities Act, which will be a very important body, might be charged with such a function. (Q.) Would you kindly explain what that central governing body is?—(A.) It is constituted by a section of that Act; the 48th section

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[Continued.]

Chairman—continued.

section. It is established in order to administer by one hand all these charities, when they are regulated by schemes that we make, instead of the numerous hands by which they have been regulated hitherto; and it is to be constituted in this way: it is to consist of 21 persons, of whom five shall be nominated by the Crown, four by the Corporation of the City of London, and the remainder (four of whom shall in the first instance be chosen from among the persons who are now trustees of the parochial charities of the City of London) in such manner, or by such persons or bodies as the Commissioners shall by scheme provide; and what we have done in our scheme in that respect I think I happen to have here. In our scheme the body stands thus: five by the Crown, four by the Corporation of the City of London, four by the London County Council, two by the Ecclesiastical Commissioners (that is only a temporary provision; they will cease to have an interest after a time), one by the University of London, one by the Council of University College, London, one by the Council of King's College, London, one by the Council of the City and Guilds of London Institute, one by the governing body of the Bishopsgate Foundation, one by the governing body of the Cripple-gate Foundation; and when the Ecclesiastical Commissioners cease, as they will in a few years, to appoint, the London School Board are to appoint to those two vacancies." Now, glancing at that, is that the sort of body that might answer the purpose in your opinion?—Yes, I think it is; but for audit and inspection alone, not for control.

17962. Would the control go as far as licensing?—Yes, of new hospitals distinctly. I could hardly call that control.

17963. Then is it this, that you wish to preserve the individuality of the hospitals?—Yes, that is the great difficulty, to preserve the individuality of the hospitals, and at the same time to keep some little check on accounts as published. I also think (I do not know if it has been mentioned in this Committee) that it is just as important to audit numbers of patients, &c. I have found mistakes in numbers in going through hospital accounts, and there are no doubt many mistakes arising which it is impossible for me to check in going through hospital accounts.

17964. But you do not think the difficulty is an insuperable one, do you?—Not at all.

Earl of Kimberley.

17965. With regard to such a body as has just been alluded to, do not you think that any such power of official or semi-official control would tend very much indeed to discourage the public from giving voluntary subscriptions to these institutions?—No, I hope it would not; I hope that if it did discourage some, as it no doubt would, it would make others feel that they had a greater confidence in the work being properly done.

17966. Is it not almost a universal tendency that the moment you commence to exercise an official control over institutions, the public seem to think that public money ought to be supplied to maintain those institutions?—I should prefer

Earl of Kimberley—continued.

that it was not called control, but simply inspection. I should like to keep the two distinct.

17967. Can you distinguish inspection from control?—It is a great difficulty, of course.

17968. Does not inspection, if it be efficient, mean control?—I can only look at what has taken place in the colonies and in Dublin, and I do not find that they exercise any control whatever; they simply publish a report. The Hospital Sunday Fund of Dublin also publishes a report which is very much more complete than that of the London Sunday Fund, because there they state that a certain number of gentlemen visit each institution, and they give their views on the various points.

17969. Could you tell me exactly how that board in Dublin is constituted?—Yes, I think I have the papers here. (*The Witness referred.*) No, I have a list of the board, but I do not see how they are appointed; but I believe that they are appointed, a certain number by the Corporation of Dublin, a certain number by Dublin Castle, and, I think, there are one or two representatives of the hospitals themselves. You may like to see the list (*handing in the list*).

17970. But I daresay you are aware that the whole system of government in Ireland is throughout one of much greater Government interference than in England?—I am aware of that.

17971. Do you think it is at all desirable to import that system into this country?—But in the colonies the Government interference is very much less, and yet they do it there.

17972. I do not like to contradict you, but is it a fact that in the colonies it is much less?—I thought so.

17973. You are speaking of the self-governing colonies?—Yes.

17974. Is there not a strong tendency there to conduct these things by public bodies rather than leave things to voluntary management?—I did not know that.

17975. You know that all the railways, for instance, are under public control?—Yes.

17976. That is only one instance; this Dublin body simply inspects the accounts which the hospitals furnish?—Yes.

17977. Supposing that the hospitals do not correct any mistakes which have been found, or comply with any recommendations which the board may make, have the board any power to enforce those recommendations on the hospitals?—I do not think they have.

17978. Do they audit the accounts?—No, but they examine them, and make those extracts which you have in your hand.

17979. I understand this proposal of yours is merely with a view to see that the accounts are well drawn up, and that they are thorough satisfactory?—Yes. I should like to see added to that a medical opinion as to the class of case admitted, the death rate, the sanitary condition, and so forth.

17980. Take the accounts first. All that is wanted to secure that the accounts are *bonâ fide* accounts, and properly rendered, is an independent auditor, thoroughly competent for his work?—Yes.

17981. Such, for instance, as the auditor who goes

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Earl of Kimberley—continued.

goes round on behalf of the Local Government Board to audit the accounts of all the different local authorities?—Yes.

17982. Might not that be secured by each hospital itself employing an independent auditor, so far as the accuracy of the accounts is concerned?—Yes, so far as absolute accuracy goes; but the auditor never audits anything else but bare figures; he never expresses an opinion.

17983. What you would like is a scheme of accounts to which the auditors should have authority to compel all the hospitals to conform?—Yes.

17984. And in point of fact the auditor would, as all auditors I have observed do, exercise some control over the policy of the board because on him would rest the interpretation, would it not, of the general orders?—Yes.

17985. And I daresay you are well aware that auditors are very apt indeed to stretch their powers to something considerably beyond merely looking to the accuracy of the accounts?—Yes, but I do not see why they should not be controlled.

17986. Would that be an evil, their so stretching their powers?—Not necessarily.

17987. Might not a general body be formed from the hospitals of London themselves without bringing in, in any sense, Government control?—Yes, I have thought of that, but there is such a rivalry between one institution and another that I think it would be a little difficult to carry that out.

17988. You suggest that it would be desirable to give the Charity Commissioners control over all funds left in trust to these different hospitals?—Yes.

17989. Do you think that the public have confidence in the Charity Commissioners?—I cannot say that I think the Charity Commissioners are popular now.

17990. Do you think that the public have confidence in them?—I should think they have.

17991. Have you ever had dealings with that body?—Our trust funds are with them.

17992. And you have found them an agreeable body to deal with?—Yes.

17993. Do they usually give you an answer within a reasonable time?—Yes.

17994. They do not usually keep you six months before you get an answer?—No.

17995. You are fortunate then in your experience with them. No doubt the Charity Commissioners have done excellent work, but do not you think that if the Charity Commissioners had control of these funds there would be a great deal of danger, owing to the feeling there is in some quarters that it might diminish your subscribers?—Yes, I would not give it alone into the hands of the Charity Commissioners; I would prefer to see it elective, some members of the Charity Commissioners and some others.

17996. Are there not two systems which may be followed: You may have a system of hospitals supported by the public money, inspected by public officers, and which the municipal or the general Government look to, and see that it is sufficient; that is a system which might easily be established; but if you have the other, a voluntary system, must you not trust to a

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Earl of Kimberley—continued.

voluntary effort and to the general feeling of the public that the institution should be well managed; can you mix the two systems without the danger of spoiling both?—I have heard that argument very frequently, that there is that danger a-head.

17997. But is it not a very great tendency, particularly in the present day, directly anything goes wrong to say, Let us put it in the hands of a Government authority to see that everything goes right?—Perhaps it is.

17998. Do not you think that the public is under a great delusion when they think that the moment they have set up that authority they need not trouble themselves any more about it?—I have not thought so.

17999. Would not your experience lead you to this: That though it might be desirable possibly cautiously to introduce some additional control with regard to these great institutions, so long as they remain voluntary bodies, it is better to interfere as little as possible with them?—No, I certainly could not have expressed my views as I have done if I thought so.

18000. I want to ask you a question as to your system of a glossary which seems a very good one; you would separate the different items; amongst other things you would have, of course, the expenses of collecting the money on which the hospital has to depend?—I would.

18001. And that would be very important, would it not, in order to show the exact position of the hospital?—Yes.

18002. Have you ever made out for your own hospital a comparative statement extending over a considerable number of years?—A great many years.

18003. You find it very useful?—Very useful.

18004. In order that statistics of hospitals should be valuable it is necessary that they should be on the same basis?—Yes.

18005. And that is why it is necessary that there should be some general system of accounts?—Yes.

Lord Clifford of Chudleigh.

18006. What is the system of hospitals generally existing in the Australian colonies; is it entirely a free system, entirely dependent on voluntary support?—No, not entirely. They get a Government grant and the larger the towns the smaller the Government grants in proportion to the subscriptions; and the further in the country the larger the Government grant and the smaller the subscriptions.

18007. Therefore, the Australian system combines the two principles that Lord Kimberley has just set forth, that of voluntary subscription and State support?—Yes.

18008. And, therefore, it is necessary in that case for the public, if they assist it from the public funds, to have some State guarantee of the management?—Yes, quite so.

18009. And, in fact, it is very much the same system as is carried on here with regard to voluntary schools?—Yes, exactly.

18010. And that system you think would be advantageous?—It has not injured the schools I think.

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18011. I think

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Lord Monkswell.

18011. I think you stated that any person interested could attend the annual meeting of your hospital; what do you mean by "any person interested"?—It is absolutely open; anybody can come in; we would refuse nobody.

18012. What business is done at these annual meetings?—The report of the Committee of Management is read and the balance sheet, and the officers are elected.

18013. Therefore, you mean that any member of the public outside could come in and take part in the election of officers, whether a subscriber or not?—No, he could not take part unless he were a governor or a subscriber.

18014. Then you have an annual meeting at which anybody can come in, but he cannot take part unless he is a governor or a subscriber?—A governor, or a subscriber of a guinea and upwards.

18015. You said, with regard to the provisions, you might have a comparative statement, showing pretty accurately whether a hospital was or was not extravagant in the matter of provisions, and you mentioned that the Cancer Hospital, for instance, would not cost more in provisions than other hospitals. But is that so; surely in certain classes of diseases you have to give the patient more generous diet than in others?—Yes.

18016. Would not that be particularly so in the case of cancer?—Yes, you do have to give cancer patients a generous diet; but I think all the hospitals do give all their patients a generous diet, especially in consumption cases.

18017. Supposing a hospital was almost entirely full of cases of fever we will say, where the patients for a long time were incapable of taking anything, or only capable of taking very little, would not that make a great difference?—I think an ordinary fever hospital would have to be taken on its merits; but I should like to be able to compare one consumption hospital with another consumption hospital, and one general hospital with another general hospital.

Chairman.

18018. Your comparison would not be between one kind of hospital and another, but between one hospital for a certain kind of case and another hospital for that same kind of case?—Yes.

Earl Cathcart.

18019. You were the parent of the system of accounts and audit which was adopted at St. Mary's?—I introduced those there, but they are really Mr. Burdett's invention.

18020. You introduced that system of account and audit, and you worked it for some time at St. Mary's?—Yes, the system of the books and the ledgers and the general accounts of the hospital, and I worked it for five years.

18021. And you are the author of this system of accounts in Mr. Burdett's book?—It is really his system again.

18022. Your name is mentioned in connection with it?—The glossary is the part that belongs to me, that is all I claim to be original.

18023. Will you be so good as to take that Dublin report and will you glance at the end of the report and give their Lordships an idea of

Earl Cathcart—continued.

the sort of names that make up the Board of Superintendence of the Dublin hospitals?—Lord Powerscourt, Sir Francis Brady, Bart.; Dr. William Colles, Mr. J. W. Murland, Mr. Samuel Boyd, Lord Ardilaun, Sir James Mackey, Knight; Sir George H. Porter, Bart.; Dr. Samuel Gordon, Mr. John Barry, Mr. Joseph Woodlock, and Sir Percy Grace, Bart.; Mr. William Martin, Secretary.

18024. Those are probably gentlemen who who would have the great confidence of the subscribers to the hospitals?—Yes.

18025. I take it their names would command respect and confidence?—Yes, certainly.

18026. Would you be so good as to turn to the estimates of beds there, showing the comparative cost of beds in the Dublin hospitals?—Yes, I have the page.

18027. There are three columns?—Quite so.

18028. The first column relates to the cost of expenditure on the beds for what is called maintenance, and the items are given below there somewhere?—That is so.

18029. Would you say what the items are?—They comprise, "Provisions, groceries, alcoholic stimulants, drugs, leeches, surgical instruments, medical appliances, and clothing of patients."

18030. The second column gives the establishment charges?—Yes.

18031. Will you read what that is?—"Establishment charges include salaries of officers, wages of servants, rations of officers and servants, clothing of servants, rent, taxes, insurance, soap, candles, fuel, gas light, furniture, repairs, straw bedding, utensils, buildings, and furnishing such buildings, stationery, printing, advertising, burials, coffins, pensions, incidentals, and laundry expenses."

18032. And then the third column is the total of the two previous columns?—That is so.

18033. Supposing another column were added for remarks, showing why the beds were more expensive in one case than another, such column as that might be a very valuable addition, might it not?—Very great value.

18034. If you had a return of that sort, would it be satisfactory for the London hospitals?—I should prefer to see them further divided.

18035. In what direction would you have them further divide the cost of the bed?—I should prefer to see them divided in the same way as they are in the annual, but with this addition, the management expenses brought out. I am bound to do that, because I find that the general consensus of opinion is so strongly in favour of showing up the management.

18036-7. But do you think that that Dublin return is an improvement on anything we have at present as regards the metropolitan hospitals?—Very much; we have absolutely nothing in comparison except what has been published by the Charity Organisation Society, or such a book as the "Hospital Annual."

18038. Then you are of opinion that such a return as that would make a basis of comparison for the metropolitan hospitals with regard to the cost of beds?—I do think so; I am not particularly wedded to that system, however.

18039. With regard to the venereal disease, that

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Earl Cathcart—continued.

that is treated in your hospital?—We have 42 beds.

18040. And are they usually full?—They are.

18041. And how do you arrange your lying-in cases?—We do not treat lying-in women.

18042. I understood you to say that 10s. was the charge for lying-in women?—I was asked the cost of an out-patient in general, and I said 1s., and 10s. for lying-in women.

18043. Ten shillings is not an excessive estimate, inasmuch as a private practitioner would get not more than 10s. 6d. a case for a poor lying-in woman?—Yes; but I consider that the ordinary lying-in patient from the hospital, as a rule, gets a certain amount of beef-tea, and meat, and a bag of linen.

18044. Did you ever hear of a Government Audit Board; is there such a thing as a Government Audit Board in London in connection with the Government?—No, I do not think I know it.

18045. Did you ever have any trouble in any hospital you have been connected with from pilfering, or have you heard of pilfering in any hospitals?—Yes, by patients.

18046. Things being lost and not accounted for?—Yes.

18047. Is that common?—I have had two cases brought before me in the last three years.

18048. Then it would not be common?—I do not suppose I have had more than five or six cases brought before me altogether.

Lord Zouche of Haryngworth.

18049. Have you had any great increase of venereal patients in the last few years?—I cannot say that we have, but we always have our wards overflowing with the disease.

18050. I suppose you sometimes have to turn away people who have that disease?—Yes, it is about the only case that we sometimes have to turn away.

18051. You have more applications in that particular complaint than any other, I suppose?—I should hardly like to say that, but I think there is a very great amount of applications for the treatment of that disease.

Lord Thring.

18052. You say, I understand, that as part of your inspecting system you would like to have a central medical opinion to control each hospital?—I should like whatever board was appointed, if anything is done in that way, that it should comprise medical men as well as laymen.

18053. That they should give an opinion on the course adopted in each hospital?—Not as to the treatment in the least, but that they should be able to give an idea as to the sanitary condition of the hospital, and as to the nature of the cases and classify them, and so on.

18054. But not give an opinion as to whether the patients were well or ill-treated?—No, it would not do to interfere with medical opinion.

18055. Then as to the rivalry between the different hospitals, you seem to think that an evil; I should have thought it the contrary?—I did not mean to convey that it was an evil.

18056. I thought you meant to say that the

(24.)

Lord Thring—continued.

rivalry, the competition, between the hospitals would prevent their concurring in a central body?—Yes, I did think so.

18057. I wanted to put this to you: whether there was not another side of the question; whether that rivalry was not one of the first things to be encouraged amongst the hospitals?—I have no objection to the rivalry whatever, but as it exists I think it is a little difficult to get people to combine.

18058. With respect to the Charity Commissioners, do you or not know that throughout what is commonly called the provinces the greatest possible resistance is made to vesting money in the hands of the official trustees on the ground, as is alleged, that it dries up the sources of charity?—I know that it is not popular; that is all I can say; but I cannot see how it can possibly dry up the sources of charity to appoint trustees that never die.

18059. I will put it in another way: are you not aware that in the country the managers on whose zeal the whole charity depends, say over and over again that if they are not allowed the control of their own funds they will take no interest in the institution?—I did not know it went to that extent; I only knew that the commission was unpopular.

18060. Do not you think it is quite possible that gentlemen who have had the management of money for a long time should object to have it taken from them, and put in the hands of Government trustees, however able the gentlemen may be?—I should not disturb the existing arrangements during the life of the present trustees.

18061. You must be aware that in England there is a certain horror of Government interference in any private institution whatever?—Yes, I know it is not a very popular idea.

18062. Then with respect to the colonies, you are aware that in the colonies these hospitals are subsidised by Government?—They nearly all receive grants.

18063. And, therefore, as in England, wherever there is a subsidy by Government, they are of course inspected by the Government?—Yes

18064. There is no analogy between that and inspecting a hospital that has no grant?—Excepting that I say that it does not dry up the sources of charity.

18065. Are you certain of that?—We see the large amount received in subscriptions by these hospitals.

18066. With respect to the licensing of hospitals, would it not be a very strong power to give anybody to say that people may not if they like subscribe their money to put a hospital in a particular place?—Yes, I think they are quite at liberty to do that, but they must not appeal to the general public on that ground.

18067. Why not?—As the law stands at the present moment, of course they can do it and do it.

18068. Why should there be a law in England that I and any friends of mine may not subscribe if we like to put up a beneficial institution and ask other people to subscribe?—If it were beneficial, I should say you would soon get permission to do it.

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18069. That

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Lord *Thring*—continued.

18069. That does not follow at all, because of the existence of that very rivalry that you talk about; you do not imagine that one of these great hospitals would like me to go and put under their noses a rival hospital, and yet it might be a very right thing to do; their hospital might be conducted very badly, and mine might be conducted very well; what I mean is, that I cannot understand the principle; why we should have a law to prevent private benefactors doing anything they like that is not injurious to the State?—I can only say that I think if there were such a licensing body as that, we might have a hospital at Camberwell now. If a man came up and said, "I would like to provide a hospital," and there was an inquiry into it, they might say, "It is not wanted here, but is wanted there."

18070. And you really think that any set of men who wanted to put up a hospital in Paddington might put up a hospital in Camberwell because a licensing body told them so?—I think if they showed good cause it might influence them.

Earl of *Kimberley*.

18071. With respect to the medical inspection which you wish, what is the sort of subject that you would allow the inspector to report upon?—As to whether the place was kept in a healthy condition, and as to the different classes of disease that are under treatment.

18072. What would you have him report as to those classes, the fact that there were certain diseases?—Yes.

18073. And the number of cases treated in the different diseases?—Yes, and the number of deaths and so on; I think that is better dealt with by a medical man than by a layman.

18074. You would distrust the reports made by the different hospitals themselves?—I should not like to say that I absolutely distrust them.

18075. You think that the present reports are not satisfactory, and therefore it would be better to have a report from an inspector?—You cannot compare them now; they are not uniform.

18076. Then the point is uniformity?—Yes, the point is uniformity.

18077. But how could you dissociate the opinion of a medical officer as to treatment from the sanitary condition of a hospital, or the ventilation of the hospital; is not the provision of good air about as important a part of the treatment of the patient as almost anything?—I am sure it is, or ought to be.

18078. Would it not be a matter of opinion in what particular way the sufficient air should be provided, for example at Brompton; there might be various modes of doing it?—Yes, that is a matter of opinion.

18079. Then would it not, in point of fact, come to this: that you would give to this medical officer a control over the mode of ventilating the Brompton Hospital?—Yes, I suppose it would.

18080. Would not the result of that be a most vexatious interference in the management of the hospital itself with the person better qualified, it might be supposed, to determine it than the inspector?—Yes, but again I almost think that the heat of a ward would be more a matter of treatment.

Earl of *Kimberley*—continued.

18081. I said the ventilation of the ward. Then would it be very unnatural that if this medical officer went round a hospital and found that, in his opinion, the wards were kept too hot or too cold, he should express the opinion?—No, it would not.

18082. Would it not come to this: that this very medical officer would soon assume a superintending control over the whole management of the hospital?—Yes, that is the drawback to the working of it.

18083. Or if it were not so, would not his inspection become a mere form?—Yes, I suppose it would.

Chairman.

18084. Have you ever made a calculation as regards the proportion of money that goes in the administration of a hospital as compared with that which goes to defray the expenses of the patients?—Yes, I have.

18085. Will you tell us the result?—It is not always easy to draw the exact line.

18086. Have you any idea what the percentage is?—In the year 1889, which is the last I have got, the proportion of management to maintenance was 9·17.

18087. Is that taking an average of hospitals, or one or two institutions?—Yes, this is taking my particular one.

18088. Is that at Greenwich?—At Greenwich.

18089. And not at St. Mary's?—No; at St. Mary's it was less.

18090. And did you follow it out, too, at other hospitals?—I have followed it out at a great many hospitals, but I have not got those figures with me now.

18091. Is 9·17 a fair proportion in your opinion?—I think that it is a little high, but not perhaps higher than is absolutely necessary in the case of a hospital such as ours, where we have to get our money in from all over the country as we do; it is a little difficult to get it in that way.

18092. Do you happen to know what is the highest percentage you found?—Speaking from memory, I think one was 15; that was some time ago.

18093. Now a question or two as to your own hospital: who admits to your hospital?—The principal medical officer.

18094. Is it done by governor's letter?—No, we have no governor's letter at all; it is absolutely free.

18095. The cases are just taken on their merits?—And as they present themselves.

18096. Who makes the contracts for the food?—The general committee itself.

18097. Is that done by open tender?—By open tender and advertisement.

18098. And who receives the food?—It is really received by the steward.

18099. Then he gives an opinion as to quality?—Yes, he does. I see the bread and milk myself every day; I see the meat and other provisions at intervals.

18100. Does the steward take in the coals too?—Yes, he takes in the coals.

18101. Is the steward under you?—Yes, he is immediately under me.

18102. What

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Chairman—continued.

18102. What salary does he receive?—He receives 100 *l.* a year.

18103. And board and lodging?—And board and lodging.

18104. Do you get any complaints from your patients as regards the food?—Not many; we have complaints.

18105. You have complaints as to quality?—At times.

18106. Because we have been told by several witnesses that they were so fortunate at their hospitals as never to have complaints; that is not your experience?—I have not been so lucky as that.

18107. And what course is pursued as soon as a complaint is made by a nurse or a patient?—As a rule the steward brings the food about which the complaint is into my office on a plate just as it is. First of all the sister goes and sees the steward, and then the steward, unless it is a very plain case, brings it to me; then as a rule I send for the principal medical officer, and between us we come to a decision whether the food is good or bad.

18108. At any rate you have a chance of knowing when complaints are made?—I hope that I know all cases of complaint.

18109. And how is your hospital nursed, by a sisterhood, or do you train your own nurses?—We train our own nurses, but we do take in nurses from outside too.

18110. Do you mean that you send out to institutions for them?—No, but we engage fully trained nurses; we do not keep a sufficiently large training school to train enough for our wards.

18111. Who is the head of your nursing staff?—The matron, Miss Cooke, acting under the principal medical officer.

18112. What salary does Miss Cooke receive?—She receives 100 *l.* a year.

18113. And anything else?—And board and residence.

18114. And what is the staff of nurses?—We have one matron, four sisters, 11 nurses, eight probationers, two paying probationers, and three mission nurses.

18115. How many does that make altogether?—We have besides two male nurses, making a total of 30.

18116. What are the mission nurses?—They are nurses who work in mission work in London, and they come to us to be trained, or get greater experience. They remain with us a certain number of months, during which time they are of value to us, and at the same time are learning on their own account.

18117. They are connected with a mission outside the hospital?—Yes, it is a special arrangement between two charities, in fact.

18118. Will you explain to us what this mission is?—These nurses work under the clergy in the neighbourhood, and they go about tending the sick and nursing them in their own homes when they have left us.

18119. Are they in connection with any particular denomination?—I do not think they are; I think I could tell you the name of the lady who manages the mission.

(24.)

Lord Thring.

18120. They are parish nurses?—Yes, they are parish nurses.

Chairman.

18121. Then your staff is 30?—Thirty with the two male nurses.

18122. Do these mission nurses pay you?—They do not pay anything at all; we give them board and lodging.

18123. A lady probationer pays?—She pays 25 *l.* a year; and the only advantage she has over another nurse is that she gets a room to herself; she is not bound to us after the period of her training.

18124. That is the whole staff, 30; what hours do they come on to their work in the day?—The sisters are on duty at 9 in the morning, the day nurses from 7.30 to 9, and every alternate day till half-past 5, and every alternate Sunday till half-past 1, and one day every month till half-past 1.

18125. Have you ever made out how much that is per day as a rule?—Yes, I have done so. Deducting hours for meals and so on, we reckon that a sister is on duty for 10 hours and 40 minutes.

18126. And a staff nurse?—I should include in that length of time the sister, the day nurses, and the mission nurses. Probationers are on duty about the same, 10 hours and 45 minutes. Night nurses are on 11 hours and 54 minutes.

18127. Do you have ward maids, as they call them?—Scrubbers and ward maids, yes.

18128. Do the nurses have to perform any menial duties?—None whatever, I hope.

18129. You do not know?—I always oppose that, and I do not believe that there is any menial work done by our nurses in the hospital.

18130. The matron would be in a position to know whether it is done or not?—Yes, she would, and I have discussed the matter with her pending this inquiry. There is no menial work done. People vary as to their opinion of menial work; but our nurses do not have to black the grate or scrub the floors or tables; they have to do, what some people consider menial work, such as removal of bed pans and that sort of thing.

18131. And bed making?—Yes, and bed-making of course.

18132. You think it is essentially a bad thing that a nurse should have to do a lot of scrubbing?—Yes, I do not see why you should get a high class person and pay her a good wage to do work which can be done by an inferior class of people.

18133. And which into the bargain interferes with her nursing duties?—Yes, it makes her hands dirty. I may say that our nurses have an easy time as all our patients are not serious cases.

18134. Then how long have they for dinner?—Nominally half-an-hour, but I find from the steward that it is considerably over that time.

18135. Is there not some limit of time by which they must be back in the wards?—They are generally granted 10 minutes grace, I find; it is very nearly three-quarters of an hour really.

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18136. Do

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Mr. MICHELLI.

[Continued.]

Chairman—continued.

18136. Do your nursing arrangements work well?—I think very well indeed.

18137. Does the matron go round the wards?—Yes, every day.

18138. Then at night what nurses have you on duty; is there a nurse in every ward?—We have a nurse in every ward, or set of wards; our wards were very curiously constructed; the average ward in our hospital only contains three patients; they are very small, and there are a number of these small wards arranged in corridors, and the total number probably is from 35 to 40 on each floor.

18139. Do you consider your hospital a conveniently constructed one?—Very conveniently for our purpose; I do not think it would be good as a large general hospital, and it would be very objectionable for clinical purposes.

18140. You have no students in your hospital?—No students; but our principal medical officer is allowed to take a certain number if he chooses.

18141. Does he, as a matter of fact, take any?—As a matter of fact he does take a certain number of men, who are senior men, for the fellowship of the College of Surgeons.

18142. As regards these night nurses, when do they go on duty?—They go on at nine o'clock at night, and go off at nine in the morning.

18143. Therefore the first two hours in the morning the day nurses and the night nurses overlap?—Yes; the night nurses have one night off every month.

18144. Have you a staff of nurses for private nursing?—No, we have not.

18145. Then supposing you are short of nurses, do you have to send out for them?—We do; we send to a nursing institution and get a nurse.

18146. Have you met with any difficulty in that respect?—No, I do not think we have had any difficulty whatever.

18147. The supply of these nurses is quite equal to the demand you make?—Quite, and generally very good.

18148. Then as regards the holidays of your nurses; what holidays do they get?—The matron gets a month, the sisters a month, the nurses three weeks; the male nurses get a fortnight; probationers nominally get a fortnight, but that is only their first year.

18149. And have you a separate kitchen for these nurses?—No, the one hospital kitchen, which is a distinct building of itself in the institution, supplies everything.

18150. Does any high official dine with the nurses?—Not at the hospital at Greenwich; the matron dines with the nurses at the branch. At our large hospital the matron is generally present at one meal in the day, but she does not actually dine with them.

18151. And the housekeeper does not dine with them?—She is called the needlewoman in our place; she is a superior class of woman, and acts as a sort of head to the table.

18152. Will you tell us what the range of wages is?—The sisters' are from 30 *l.* to 35 *l.* a year at our hospital, and it includes washing; and the ordinary nurses' from 20 *l.* to 25 *l.*, and the probationers', 12 *l.* to 18 *l.* They are only two years at that. The male nurses rise from 12 *s.* to 15 *s.* a week, and the night male nurse

Chairman—continued.

from 8 *s.* to 10 *s.* a week. Each nurse is entitled to half of the premium for a 15 *l.* policy in the Royal National Pension Fund for Nurses.

18153. That is paid by the hospital?—Yes; half the premium.

18154. Have you any knowledge as to the average length of service of your nurses?—I am sorry to say I have not brought that.

18155. Do you happen to know whether their period of serving is increasing or decreasing?—I should think there are always some who will remain with you a long while, and there are others who will go directly they possibly can after their training.

18156. In the hopes of getting better appointments?—Yes; in the hopes of getting better appointments.

18157. Have you a chaplain?—Yes; we have a chaplain.

18158. Is he resident?—He is not resident, but he is bound to live within half-a-mile of the hospital.

18159. Does he receive a salary?—Yes; 250 *l.* a year.

18160. Has he anything else to do but to attend to the spiritual wants of the patients in the hospital?—Absolutely nothing else.

18161. Have you a samaritan fund?—Yes; we have. That is administered really by me. Mr. Adams, the assistant secretary, does the ordinary work of it. If there is any special case it is brought to my attention, and I attend to it.

18162. But how many cases do you relieve from the samaritan fund?—Nearly every man who leaves our hospital leaves it in a state of health, as he is retained during convalescence; but if he is not able to go to sea again, he is treated by the samaritan fund.

18163. Then what medical officers are there in the hospital?—There is the principal medical officer resident.

18164. Is he a salaried officer?—He is a salaried officer.

18165. What does he get?—£. 350 a year and a house.

18166. He is the man you mentioned just now of some standing in his profession?—Yes; he is a man of considerable standing in his profession.

18167. And are there any other residents?—A house physician, and a house surgeon.

18168. Are those short appointments?—Nominally, they are for a year; but, as a rule, our men stay with us very much longer; they are eligible for re-appointment at the end of the 12 months.

18169. Have they any salaries?—Yes, the house physician gets 70 *l.*, and the house surgeon 50 *l.*

18170. Do any of these gentlemen take private practice?—They are not allowed to; but we do not inquire very strictly about it.

18171. What is your position and authority as regards those officers in the hospital?—I consider that I am the representative of the committee when it is not sitting, the head of the entire institution, both at home and in the branches.

18172. Therefore, supposing, which very seldom occurs, that there was some grave breach of

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[Continued.]

Chairman—continued.

of discipline by one of these medical gentlemen, you would have the power of suspending him, would you?—I should not have that power according to my rules. According to my rules I should have to call an immediate committee, which I can do within 24 hours, for the purpose of considering the conduct of any medical officer, or any officer. As a matter of fact this has never occurred.

18173. I did not suggest that it had, but I wanted to know what the powers which you possess are in case anything of the sort happens?—Those are the powers.

18174. Will you tell us what you are assessed at?—£. 609.

18175. And who is responsible for the healthy condition of the hospital building?—Really the principal medical officer is; he reports on that periodically to the committee.

18176. Have you got any skilled sanitary authority in the pay or on the staff of the hospital?—Not actually in the pay of the hospital; but our buildings, as I daresay you know, are official buildings; they really belong to the Crown; and there is attached to that a civil engineer, a man of some standing as an engineer, and he inspects anything that we draw his attention to from time to time, but our drains are entirely new.

18177. Then that comes to no expense to the hospital?—No, not unless a gratuity is given in that way.

18178. Is that so?—That has occurred.

18179. Do you have a number of out-patients?—Yes, we have a number of out-patients; last year altogether we had 8,552 out-patients.

18180. Were those new cases?—Those were all new cases.

18181. Is that out-patient department quite free?—Quite free.

18182. Do you make any inquiry as to the condition of the patients?—Entirely as to whether a man is a sailor; he has to show his discharge. If it were a woman or child suffering from injuries we would attend to them at once.

Earl of Kimberley.

18183. Have you ever had any complaint that patients do not get the food which is ordered for them?—I have heard a patient complain that he had not enough to eat.

18184. But have you ever had any complaint that they did not get the food which was allotted to them, that it was never served to them?—I do not think I have.

18185. Do you provide your patients with all provisions, tea and sugar for example?—Absolutely everything, and body linen.

18186. Have you had any complaint as to your nurses, as to their conduct?—Well, I have heard complaints, of course, occasionally in my time as secretary.

18187. But have you complaints sometimes of their want of attention to patients?—Yes, I have had such a complaint; and I have had complaints of the patients against the nurses.

18188. And have they been well founded in any cases?—I do not think I have ever found a case of real unkindness of a nurse to a patient.

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Earl of Kimberley—continued.

I have found them sharp to a patient sometimes, perhaps a little unduly sharp.

18189. Have you had cases of neglect of patients?—No, never actual neglect.

18190. Not neglect in giving them their food or seeing to their attendance?—No, I do not think I have ever had that.

18191. Have you ever had complaints reach your ears after patients have left the hospital?—Yes.

18192. Have you ever investigated them?—I have; I have had letters written to me by patients after they have left the hospital.

18193. Have you found in many instances that there was good reason for the complaint?—No, never any more than perhaps a little sharpness of temper on one occasion.

18194. You have never found anything serious?—No; I have really never found anything serious.

18195. Have you any committee of the hospital that is termed a nursing committee?—No; none.

18196. Then supposing that anything goes wrong with the nurses, has the matron power of suspending?—Yes, the matron has power of suspending them, but she cannot dismiss a nurse.

18197. Does she select the nurses?—She really selects, but she cannot appoint without the principal medical officer. Our principal medical officer is endowed with greater power in that respect than is usual in hospitals.

18198. Does he appoint?—The matron cannot put anybody on as nurse without his absolute approval.

18199. And after that the appointment is reported formally to the committee?—It is reported formally to the committee which approves.

18200. Amongst your probationary nurses have you any that fail from health or other causes to go on with their nursing?—Not many; some have done so, but I cannot tell you what the percentage is.

18201. Is the health of your nurses good as a rule?—Very excellent. I have had this report drawn up on the condition of their health, if you like to hear it.

18202. Yes?—The cases of serious illness in the nursing staff during 1889 and 1890 and up to date are these: Alice Mountfield, a paying probationer, who had typhoid fever from the 23rd of August to the 1st November 1889; then another probationer, who had scarlet fever from the 28th December 1889 to 5th March 1890; then 11 nurses were ward for influenza during the epidemic; then there was a nurse, Mary Sturgess, who had typhoid fever from 14th October 1890 to the 19th January 1891. Then there is the general remark: During the last 10 years there have been three cases of typhoid fever, two of scarlatina; one of the typhoid cases proved fatal. The nurses in the hospital have nursed diphtheria very frequently, but no nurses ever contracted the disease.

18203. Are your diphtheria patients kept separate from other patients?—Occasionally they are, but not unless the principal medical officer thinks it absolutely necessary; sometimes I know that they are not.

18204. In case of other infectious diseases,
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[Continued.]

Earl of Kimberley—continued.

have you separate wards for them?—Yes, we have separate wards to any extent, in consequence of the formation of our hospital.

18205. Have you many diphtheria cases?—We have. There were six cases in 1888; that is the nearest statistics I have.

18206. Have you had any case caused by the person having mixed with other patients who had an affection of the throat?—No, we have no record of such a thing having occurred.

18207. And have any of the nurses contracted it?—No nurses have contracted it during the last 10 years, during the period I have mentioned.

Lord Saye and Sele.

18208. Have you any shipping officer attached to your hospital for convalescent cases that are re-shipped?—No; we principally pass them on to the Sailors' Home, and they go into the Sailors' Home, where they have a shipping agent, who really passes them on board the vessels. The men have particular ports from which they ship, and very often we send them to Gravesend, Cardiff or other out-ports.

Earl Cathcart.

18209. Will you tell us where you got your matron from?—She was trained at St. George's, I think.

18210. It is the first time that permanent male nurses have been mentioned; will you kindly explain about them?—They are for the venereal ward.

18211. Entirely?—Entirely.

18212. Do you not employ female nurses at all in the venereal ward?—No, none whatever.

18213. And the reason is that you think it is not fit?—It is hardly decent, I think.

18214. Is there any tradition as regards the old "Dreadnought;" did the patients thrive in the old "Dreadnought," as they do now in the hospital ashore?—No; it was considered that the old "Dreadnought" was unhealthy.

Lord Thring.

18215. You say that the nurses do no menial duty; is it not the fact that there are metal basins used which require a great deal of scrubbing and rubbing?—I do not think we use any metal basins, nearly always crockery.

18216. Then all they have to do is to wash these things, not polishing?—There is no polishing, as far as I know.

18217. With regard to your floors, what are they?—Only the old wooden floors, I am sorry to say.

18218. Then you washed them, not polish them?—No, they are washed, not polished.

Lord Thring—continued.

18219. Do your nurses not sweep out the wards?—They just dust and sweep round the wards.

18220. But they do no polishing or scrubbing, and no work that could be called hard work?—No; I should say that our nurses do no menial work.

18221. I should like to know the diet they have?—They have a certain amount of bacon allowed in the week, which they can use as they like, and they can have, in lieu of that, jam or marmalade, and various other things of that kind for their breakfast; and coffee and tea, and bread as much as they like.

18222. What is the next meal?—The next meal is dinner, when they have always a hot joint, such as boiled mutton one day and roast beef the other.

18223. No variety beyond joints?—Yes; on Saturday there is always a made dish of some sort; and they have puddings every day.

18224. As a general rule, they have the same joint every day or every other day?—There is a roster of joints for every day in the week, excepting Friday and Saturday; when fish is good they have fish on Friday. Then they have tea of bread and butter and jam, and so on; and they have supper.

18225. And do they ever complain of their food?—Yes; I have had complaints of their food. I had complaints about five or six months ago. We went into the question, and I think they had a grievance.

Chairman.

18226. Is your staff an honorary staff?—The visiting medical staff is.

18227. Is there anything else you wish to state to the Committee?—I should like, before I go, to call the attention of the Committee to the fact that out-patients are allowed to remain outside in the wet at nearly every hospital in London; the door is opened at a certain hour, and the patients accumulate round it before that time. If you go to see any hospital before the out-patient doors are opened on a wet day, you see women and children standing out in the cold. It seems a pity that the doors are not opened and the patients allowed to go in.

18228. That is speaking of general hospitals?—Yes, in fact, nearly all the London hospitals.

18229. Would you mind putting in a return of the number of your employes and their wages?—I will do that with much pleasure (*handing in the Return, see Appendix*).

18230. Is there anything else you wish to put in?—I do not think anything else.

The Witness is directed to withdraw.

MR. BUXTON SHILLITOE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

18231. You are on the staff of the Lock Hospital, are you not?—Yes, Senior Surgeon.

18232. Does that comprise both sides, the male and female?—The female only. You see the juniors generally attend the male, the seniors

Chairman—continued.

the female. I have been at the female hospital for the last 12 years.

18233. Would you tell me what qualification you hold?—Fellow of the Royal College of Surgeons, England.

18234. You

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[Continued.]

Earl Cathcart.

18234. You mentioned the female department; the cases are more serious in the female department than in the male; is that so?—The cases that we take in are more serious than the male certainly, at least they are more important.

18235. Is it the case that in the female system the disease runs with more violence than in the male system?—No, I think not.

18236. We are very anxious to have some statistics to show the prevalence of the disease in the metropolis and the country generally; have you any statistics of that sort?—I have a few statistics of the hospitals in London, and I have had letters from one or two in the country: but statistics you know are very misleading; you cannot be certain about the statistics at all.

18237. But still, if you could give us any very general idea about the prevalence of the disease in the metropolis, or in the country, we should be glad. Perhaps you will give us such information as you have?—I took three years for comparison of the inmates of the female hospital.

18238. You are speaking of your own hospital now?—Yes; in 1879, 1880 and 1890. In 1870 there were 385 in-patients; in 1880, there were 627; and in 1890, there were 731.

18239. What causes the great difference in the numbers?—In 1870 the hospital was very poor, and it was at the time when the Contagious Diseases Acts were in force, and a certain portion of the hospital was taken up by the Government for those cases; a certain number of the beds were taken definitely for the Government, and they were not always filled. No doubt that accounts for the difference.

18240. That would apply in the year 1880 as well?—That would apply in 1880 also; but then, from some reason or other, there were more patients.

18241. Then you must have turned away patients from your doors; if those beds were left empty, probably you turned away patients?—I have no doubt that the beds could have been filled if we could have afforded it; but the difficulty was to keep the hospital going.

18242. Have you any statistics with regard to these diseases in the metropolis generally?—No, except my own private cases. I do not see how it is possible to get proper statistics.

18243. Do you think that your hospital is large enough to take in all the patients that ought to be taken into the hospital, suffering from these diseases?—No.

18244. You think there is great want of Lock accommodation?—The difficulty is in getting patients to go in. If a woman has the disease and has caught it surreptitiously, she does not wish it known, and she will do anything that she can to keep out of the hospital, because directly she goes into the Lock ward her friends know it.

18245. Another great difficulty, according to your secretary, is, that when you get them in you cannot keep them in?—We have no power to keep them.

18246. As a medical man, is it not, in your opinion, a horrible thing that a number of women should be released uncured to go about (24.)

Earl Cathcart—continued.

the streets?—It is a most horrible condition of things.

18247. They must spread the disease far and near?—They do.

18248. What is the origin of the term "Lock" Hospital?—The founder of the hospital, I believe, had that name.

18249. These venereal diseases do prevail to a great extent over all the country, more than people suspect?—To a very great extent; and till the last 15 or 20 years there were many diseases connected with it that were not recognised as having a syphilitic origin, which are now perfectly recognised as such.

18250. Dr. Steele told us of a disease which prevails in all the hospitals; I think he called it the gummatous disease; and that disease prevails in all the general hospitals?—That is only a manifestation of late syphilis; that is the tertiary condition.

18251. It struck me that I would take from the last Army Medical Reports, that is for 1888, the cases of venereal disease in the army merely as a sort of standard by which one might form some sort of estimate. You are aware that in the army the soldiers do not propagate the venereal disease?—No, they do not.

18252. That is to say there are regular weekly inspections, and that they must therefore contract the disease from women who are affected outside, in the civil population?—Yes.

18253. I find in the return for 1888, that during the year there were 22,842 admissions in the United Kingdom alone, and that the men constantly inefficient at the present moment are equal to a small brigade, or two small regiments actually laid up at the present moment from venereal disease; that is to say 1,850 men (that was rather below the average) were laid up at that time with venereal disease, that is 18·19 per thousand. In the Channel Islands there is the greatest amount of the disease, namely, 306·7 per thousand; in the Southern district, 285·7. Now this is what I am coming to: In the Home district, that is the London district, 273·1 per thousand were affected with the venereal disease, and that is 33·3 less than it was in the previous year. Now if so many men in the Home district are affected with venereal disease, surely there must be a large amount of the same disease prevailing amongst the civil population?—Yes; if I might be allowed to say so, there may be a little difference. You see in the army a man is examined periodically, weekly; and directly anything is found to be the matter with him he is put in the hospital.

18254. But still what I am quoting this for is to show that as he does not cause infection, but receives infection, there must be a very great number of infected women going about?—Yes, certainly.

18255. And a great many more certainly than your hospital could accommodate?—Yes, excepting that you must remember that one woman may be the means of infecting an infinity of men.

18256. Do not these figures go to show that the venereal disease prevails very greatly amongst
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Mr. SHILLITOE.

[Continued.]

Earl Cathcart—continued.

the civil population?—I believe it does to a great extent.

18257. And that the syphilitic taint in the whole population must be very considerable indeed?—That is so.

18258. So much so that the nidus is becoming exhausted and the disease is not nearly so virulent as it used to be?—I do not think I can quite agree with you there. We have had two or three times sudden accessions of the intensity of the disease, notably after the Paris Exhibition. I noticed that in my own practice particularly.

18259. That is from importation?—That is from importation. The more severe forms of the disease are still prevalent, I think, though we do not get the very aggravated cases that we used to do, partly from the spread of education, people know what it is more, and so get treatment earlier that may check it.

18260. Then seamen probably bring into the country a very virulent type of the disease?—No doubt.

18261. And you think occasionally there are accessions of the virulent type?—Yes, it is the same disease increased in intensity from some extraneous circumstances.

18262. You think it is an importation?—I think so.

18263. Then with regard to the specific virus of all the varieties of the disease, namely, gonorrhœa, and chancroid and syphilis, they are all microbe organisms of the same kind?—They are supposed all to have some organism.

18264. But you cannot trace them as in tubercles?—We cannot trace the microbe of syphilis.

18265. And can you in regard to gonorrhœa?—Yes.

18266. And chancroid?—I should say not.

18267. Is the mercurial treatment followed now?—Yes.

18268. On a large scale; is it much used?—I should think it is the only treatment that is of any avail for syphilis; the only difference being that there is a less severe treatment with mercury than used to be the case.

18269. I thought there was some new treatment of corrosive sublimate?—That is another form of mercury.

18270. And you do not hold with what some people say, that the type of the disease is not so severe as it was?—I believe the type of the disease is very much the same?—I believe that there is a greater amount of real syphilitic disease.

18271. Some people say it is like an epidemic on the decline, but that is not your view?—That is not my view.

18272. Now there is a great deal of disease contracted among women and perhaps respectable women, by means of the syphilisation of the fœtus?—Yes.

18273. And that affects the women too?—Yes.

18274. And all these facts, taken together, would go to show that the Lock Hospital is one of the most important, if not the most important, of all the special hospitals?—I believe it is.

Earl Cathcart—continued.

18275. Because in all families and in the nursery, women or children are liable to be infected by these microbes?—Yes.

18276. A diseased person may infect others?—Yes.

18277. And I knew myself a case where a whole family, the wife and children, were diseased by means of a lodger who had the disease, and they were all diseased from having come in contact with something used by him?—Yes, sponges, or something of that sort.

18278. Have you any cases of infection in your establishment at the Lock Hospital; have you had any people who contracted the disease there?—I have known one case there; only one.

18279. But it is said that the medical men sometimes contract the disease from operating?—Yes, I have known one of our house surgeons as well, and one case in the hospital of a patient.

18280. From these facts and circumstances which I have mentioned, have you any observation which you would make to their Lordships on the subject, which is a speciality of yours, with regard to the Lock Hospitals or the disease?—I have dotted down a few rough notes if I may give them to the Committee.

18281. If you please. It is a disagreeable subject, but from having been in the Army, I have become interested in it, and also since then in civil life, and any observations you may make would be very interesting to me, and, I believe, to the noble Lord in the chair?—First of all, with regard to the necessity for the Lock Hospital, I will just say that I am quite sure that it is more justified as a special hospital than any other special hospital. Of course, a Lock Hospital requires separate nurses, separate closets, separate beds, and separate eating and drinking utensils; if the cases were in general hospitals, it would be very difficult entirely to exclude the risk of contagion. Surgeons in general hospitals generally prefer operative cases; they rather shirk syphilitic cases and give them over to the treatment of a house surgeon; that is general, I think, in most hospitals where they have syphilitic wards, that these cases are very much given up to the treatment of the house surgeon and are not treated by the surgeon. The surgeon of course visits any special cases; then with regard to the out-patient department, the male cases are the great number of course amongst the out-patients, and they might be generally utilised for teaching purposes. In a general hospital it is very difficult to keep venereal cases away from the others, in the out-patient department. They look very disagreeable; their features are very often affected and so forth, and it is very distasteful to the other patients who come in contact with them. Then with regard to the female out-patient department, that cannot very well be utilised for teaching; even the female hospital cannot be utilised for teaching; not to students, only to qualified medical men. Any qualified medical man coming to our hospital and giving a card would be admitted to see the practice of the hospital.

18282. But

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Mr. SHILLITOE.

[Continued.]

Earl Cathcart—continued.

18282. But why should not students be admitted in other cases?—You see you would get a crowd of young students; and almost all the necessary diseases can be seen in the male just as well as in the female.

18283. That is a very good explanation; that is what I did not understand before?—Then the chief objection to the out-patient department in the case of the women is that you see they get partially cured and so far cured that apparently they are comfortable and they still go on carrying on their evil courses to the risk of the general public. They do not wait to get well; that is the misfortune. The treatment lessens the tenderness of the parts, and really enables them to carry on prostitution; in that way that is a very serious matter.

18284. And have you any suggestion to make in regard to that?—None, except that by enlarging your hospital all cases of that kind should be taken in and kept in.

18285. But public opinion would not allow you to have power to keep the patients in?—I should hope that the public opinion would gradually veer round and allow us to keep them; I hope to see the day when we shall again be able to shut up women.

18286. Is it, in short, a great misfortune in your judgment that there is not some power, as there was, to detain these cases?—A very great misfortune to the nation at large.

Chairman.

18287. Were you always in favour of the Contagious Diseases Acts?—Always.

18288. And has that opinion become intensified since your connection with the Lock Hospital?—It has. Even with the in-patient females there is some difficulty; we cannot keep them in until they are absolutely cured; we keep them in till all the manifestations have disappeared, and they are apparently well, but we know that they probably will have further outbreaks; we are obliged to send them out giving them that caution, and telling them to attend at the out-patient department directly there is anything wrong when they will be sent on to the in-patient hospital. Secondaries very often do not develop for some time; or if they come into the hospital with secondaries they may get cured of this and be apparently well two or three months together, and then they may go out, and may very readily get a relapse and be again infectious without having contracted any fresh disease.

Earl Cathcart.

18289. But they do not refuse gummatous cases in the general hospitals?—No, you see that is one of the forms of tertiary syphilis.

18290. They do not mind warding these with other cases?—They do not mind warding these with other cases; there is no infection usually from these.

18291. Will you please go on with your observations?—Of course the difficulty would be, if we were to keep these patients in the hospital, that we should have to keep them in for probably 12 months at least; and that is the great advantage

Earl Cathcart—continued.

that we have in the asylum, which is a sort of offshoot from the hospital. We first of all try and see that the patients are cured before we send them into the asylum; then they go into the asylum, but they are still under the care of the house surgeon, and directly there is the least manifestation of the disease they are taken back again to the hospital.

18292. You take them back again?—We take them back again without any let or hindrance.

18293. And do you find that there is much difficulty in getting these cases into the asylum?—No, because a great number of them are very glad to go.

18294. Do you think they are well treated when they are there?—Yes, very well.

18295. Do you visit them there?—No, they come to be inspected every now and then.

18296. Would you go on?—The only other thing I think that I would mention would be the fact which you were mentioning just now, as to the difficulty that we have in keeping patients in the hospital when they want to go out, whether they are well or not. You see, in 1870, there were 24 per cent. discharged at their own request uncured; in 1880 there were 17·9 per cent.; in 1890 there were about 31 per cent.

18297. And can you trace that to any special cause, such as anything going on; fairs or such circumstances as the Derby week?—At that time some few always go out, and no doubt if you get one woman who is inclined to go out, and have, as they say, a spree, she will almost always lead others to take the same view, and to think that they are sufficiently well to go out.

18298. Do they come back again sometimes?—Yes.

18299. Generally after long intervals?—Occasionally.

18300. Have you known in your private practice, or in your practice at the hospital, many cases of indirect contagion from venereal diseases?—Yes, many.

18301. For example?—Of course I have known several surgeons; I have known nurses from suckling children; and I have known two or three cases of ladies that, I believe, can only be traced to the water-closets.

18302. And travelling and that sort of thing?—Yes, as I fully believe, having carefully investigated it.

18303. Some day or other people may read these questions and answers, and people who are so rabidly against any precautions being taken, may become alive to the fact that as they travel and go about they are liable to meet these dangers in many directions which they would not think of?—That is so.

18304. Have you a great difficulty in getting nurses to undertake these cases; do they dislike the kind of case?—We very often are changing them; they very often leave us.

18305. Have you any difficulty in attracting them at all?—That hardly comes under my department. If they were not suitable of course I should speak about it at once.

18306. Then you think there is an inclination naturally in all the general hospitals to shunt all these disagreeable cases on to you?—Most of them.

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18307. Or

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Mr. SHILLITOE.

[Continued.]

Earl Cathcart—continued.

18307. Or wherever they can get rid of them; that is only natural?—Yes.

18308. They do not do much credit to anybody that has them?—Not as a rule.

18309. There are some awfully bad cases, are there not, every now and then. I read in the "Lancet," I think it was, of a horrible case of a poor woman who was almost eaten away; I believe you have got it in the hospital now?—Yes.

18310. There are those horrible cases every now and then?—Every now and then.

18311. Utterly incurable?—Well, apparently so.

18312. At least they are people who, if they survive, can only drag on a miserable existence, a nuisance to themselves, their friends, and everybody around them?—Yes.

18313. And what do you do with those miserable cases?—We endeavour to cure them as far as we can; if they are found to be absolutely incurable and they have no friends they go to the workhouses; then, if after a time the workhouses send them in again, we should take them in for a time at all events.

18314. Then I gather that, taking the whole of the circumstances, it is your opinion that the public are not sufficiently alive to the danger

Earl Cathcart—continued.

which they run, and the deterioration to the whole population which occurs from the spread and continuance of these horrible diseases?—That certainly is so.

Chairman.

18315. What is the average of the mortality in the Lock Hospital?—It is very slight indeed; I do not think we have had more than three or four deaths in the year.

18316. One per cent., should you think?—Not 1 per cent. I should think.

18317. You mentioned the fact that patients contracted the disease one from another?—There has been one circumstance only of that kind.

18318. What was that patient brought in for?—She was brought in for gonorrhœa, and contracted syphilitic sores, probably from her own carelessness.

18319. Do you take all cases at the Lock Hospital other than those contracted by sexual connection?—Yes, however contracted. We have a certain number of cases of infantile syphilis; but those cases mostly go to the Children's Hospital; we have also a certain number of cases of congenital syphilis.

The Witness is directed to withdraw.

MR. ALGERNON COOTE, re-called; and further Examined, as follows:

Chairman.

18320. You wish to correct something in your former evidence, I believe?—I wish if I might, to make one or two remarks. I had not time at the end of my evidence on the last occasion, as it was just four o'clock to look through my notes. One question was in reference to the finance: you asked me how the receipts of our hospital were made up for the year. The year which I quoted was an exceptional year. I think you will recollect that there was a Dinner mentioned which we had; I omitted also to refer to the grants that are made us by the Hospital Sunday Fund and the Hospital Saturday Fund. My attention was drawn to this afterwards. The Hospital Sunday Fund has made us grants of much the same amount, about 330 *l.* a year, for a good many years past, which I then included amongst the donations, instead of specifying them; and the Hospital Saturday Fund has been making us an increased grant every year lately. They gave us last year 155 *l.* as compared with 108 *l.* the year before, and 53 *l.* the year before that, so that they gave us treble the grant last year that they had given us two years before. Our receipts do not meet our expenditure each year by about 2,000 *l.* This is just how we really stand, that we require about 2,000 *l.* more; and it can only be obtained by special appeals, which we find a very great difficulty to get a response to, because of the nature of the hospital. There was one point with regard to the amounts we used to receive from the War Office when the Acts were in force. That of course has entirely ceased; we received from the War Office about 1,100 *l.* a year for patients, and 200 *l.* for our asylum home, and the 200 *l.*, as well as the payment for

Chairman—continued.

patients has absolutely ceased, so that it makes the hospital about 1,300 *l.* worse off than it was at that time.

18321. Even with all that, you still had a deficit of about 700 *l.* or 800 *l.* a year?—Our present deficit is nearly 2,000 *l.*

18322. But you account for 1,300 *l.* by the withdrawal of your grant?—Yes, but we have made that up a great deal by the union payments which I have already referred to.

18323. Even in your most flourishing days you had a deficiency of 750 *l.*?—More than that, because we did not receive the cases from unions then as we receive them now, with payment for them.

18324. Are you in debt now to your tradesmen?—We are in debt to our tradesmen. Since the beginning of the year in response to our special appeal we have received a large amount and are not so largely indebted as we were at the end of last year. We were owing 3,000 *l.* to tradesmen at the end of the year.

18325. What do you call a large amount?—Do you mean in response to the appeal; It amounts, I hope, to about 1,000 *l.*; a great deal of this is in annual subscriptions, but still we want 1,500 *l.* more to carry on the work as it is.

Earl Cathcart.

18326. And you have a debt of 4,000 *l.*?—That is altogether.

Chairman.

18327. Supposing that you do not get more than your 4,000 *l.* from this appeal, what then; are

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Mr. COOTE.

[*Continued*]*Chairman—continued.*

are the tradesmen anxious to be paid?—The tradesmen are anxious to be paid, and the only way will be to issue another appeal; that is the difficulty, continually appealing and appealing; and it is a very difficult cause to appeal for.

18328. Then if you did not get the money you require you would have to shut up your beds?—Yes, that will be the only thing to be done.

18329. At present you are working all your available beds?—We are working all our available beds and refusing no cases. Our beds are not full; we can make up 140 beds; we have 103 or 104 patients in the hospital at the present time. I do not know whether I might mention why the Hospital Saturday Fund have increased their grant, trebled their grant, to our hospital. They take a very great account of the evening attendances for out-patients among the working classes, and as we opened in the evenings they have increased their grant; their own contributions have doubled, and their grant to us has trebled within three years.

18330. Is that very popular with patients, opening it in the evening?—Extremely so; formerly there were numbers who had to give up their day's work to come to the hospital.

Earl Cathcart.

18331. I do not know why you are so entangled with your chaplain's house and chapel; could not those be converted into part of the hospital if they were wanted?—There is no doubt of it, but the chapel we have nothing to do with now.

18332. You give the chaplain a house?—What we give him corresponds to 200 *l.* a year; I do not think we could give him less. The chapel is quite independent of the hospital at the present time; the congregation meeting there relieve the hospital altogether, so that we do not take it into account.

18333. And a house?—No, that house is in lieu of 100 *l.* a year.

18334. The chapel might be converted into part of the hospital some day if you have no money:—It would be possible but we have two large empty wards now.

18335. But your Lock patients never go into the hospital chapel?—Our Asylum Home patients have accommodation provided for them in the chapel.

18336. Then you have distinctly given up the idea of selling land?—We have never had a definite offer to sell. The board have been asked whether they would be willing to sell; we heard then that 1,200 *l.* would have been offered, but we were told that we should have to invest it in Consols, and it would have been of very little purpose to us.

18337. But in your opinion it would be a misfortune if that land were sold?—I think it would be a very great misfortune to the hospital.

Earl of Kimberley.

18338. What is the principal difficulty in your subscriptions?—Undoubtedly the character of the hospital. It is very difficult to mention the needs and the claims of the hospital in such a

Earl of Kimberley—continued.

way as to draw the interest and support of the public.

18339. Do you think that people have been influenced against subscribing to the hospital by the strange theory that some people hold, that people who contract these diseases ought to suffer the punishment of them without any relief from charity?—No doubt there is that; and there is another view held by some people; that they do not like to subscribe to a hospital when they know that part of the money they subscribe may go to propagate the very evil that they want to cure, because a certain number of our patients go out uncured.

18340. The fact being that it does not aggravate the evil in those cases, but that it leaves the disease where it was?—One or two who have given liberally to other hospitals have said they would not give because a third of their money might go to propagate the very evil which they wished to cure.

18341. Their argument is that if the disease is palliated, the woman can return to her evil courses, whereas if she was left diseased she could not?—Yes, but she often does.

Earl Cathcart.

18342. There are many pious people who think that this disease is sent by Providence to prevent sin, and therefore it is a wicked thing to interfere with it; that is said?—That is distinctly said.

Chairman.

18343. Have you any idea what proportion your expenses of administration form as compared with the whole expense?—I cannot give it you in percentage, but it is not heavy. Our management expenses are not heavy as compared with other hospitals.

18344. How can you compare them with other hospitals when you do not know what they are?—To begin with we have two clerks and my own salary, which are practically the management expenses, because we would include in the maintenance expenses the nurses and the matron, also we include the cost of the residential medical officers in the maintenance expenses; so that our management expenses are not heavy.

18345. Are they 10 per cent. of the whole expense?—Certainly not the actual management expenses.

18346. Is there anything else you wish to say?—If I might be permitted to say so, I have had the statistics made out for the last 12 months. I was asked the other day if we could tell at all what proportion of those who come to us were rescued. Last year there were 731 admitted to the Female Hospital; 83 of those entered our own Asylum Home; 181 were sent by us to other homes, and 290 were received by their friends; so that out of the 731 cases that came to us last year we only really lost sight of 177.

18347. How long do they stay in the Asylum Home?—They stay in our home 12 months, sometimes longer; but that is the rule, that they should stay there for 12 months.

18348. Is that Asylum Home adjoining the hospital?—It is under the same roof, part of the same building, but under a different matron.

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18349. Have

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Mr. COOTE.

[Continued.]

Earl of Kimberley.

18349. Have you been able to follow those cases afterwards at all, so as to know whether these women remained reformed?—Those who go through our own home we are able to follow, and do follow them. I had statistics the other day for 10 years, very satisfactory statistics indeed. They had been followed for 10 years. Some of them are respectably married; one woman respectably married to a tradesman came back to us for a servant to the very home she had been trained in, saying she would rather have a servant from the home she had been through than from anywhere else. We have had many cases like that in the home. We had last year 83 that we passed into the home from the hospital; 44 of these were sent to service, 15 were restored to their friends, and eight of them were passed by us on to other homes.

18350. And with regard to your subscriptions, are they for the two separate objects, or are they for one?—Our rule is that we divide the subscriptions in this way: if they are sent for general purposes we give one-third to the home, if it is not specified to the contrary, and two-thirds to the female hospital.

18351. Then you may fairly use this argument that they are not subscribing merely for the purpose of curing the disease, but also for the benevolent purpose of reforming them?—We do use the argument as far as we possibly can.

18352. In point of fact it is an essential that there should be a hospital in connection with the asylum?—We receive no patients into the asylum unless they have previously passed through the hospital; then they are under hospital medical treatment, when required, as long as they are in the home.

18353. What is your practice in passing them on to your home?—The moment a patient expresses a wish to reform, we use every effort we can to induce her to go there; she is moved from whatever ward she may be in into what is called our Kinnaird Ward (called after the late Lord Kinnaird, who took a great interest in the work, as also does the present Lord); she is placed in that ward, taken away from her old surroundings. We have 12 to 20 patients in that ward; they are kept in that ward until they are practically cured of the disease, at least, as far as the medical men can say that they are cured; they are then passed on into our home, but not passed into the home till they are really relieved of the disease. There they have a year's training, are provided with an outfit, and go into service.

18354. If they have a recurrence of the disease are they still kept in the home?—If there is a bad recurrence we have a home ward in the hospital on purpose for those cases, so that they do not get mixed up with the hospital cases; and if it is not a bad recurrence, they are seen by the house surgeon from time to time as required.

Earl Cathcart.

18355. But the women in the home, I suppose every now and then go away?—Yes, a few of them do; they take their own discharge, perhaps five or six in the year.

Earl Cathcart—continued.

18356. You are obliged to let them go?—Yes.

18357. And every now and then when you think you have almost completed your work, at the last moment some bad woman comes and takes a lot of them away?—That is in the hospital, but in the home such women would not have any communication with them.

Chairman.

18358. Have you anything further to add?—If I might mention the male hospital, the out-patient department, I find that we have now 1,200 men who are under treatment, 1,200 men who come probably once a fortnight until they are cured; we only have 150 women; whilst in the in-patient department we have, as I mentioned, only 20 beds for men, and 140 for women.

18359. Your male beds are always full, are they not?—Not always; they are generally full; there was an average of 14 full last year.

18360. And the female beds?—An average of about 100.

Earl of Kimberley.

18361. How does that great difference arise?—It is rather a medical question. I mentioned the other day that the work of the men is different, of course, from the way in which the women earn their living; because the men are most of them in employment, and they do not like to be kept out of employment, so they will attend as out-patients as long as they can possibly go on with their regular occupation.

Earl Cathcart.

18362. The reason that women do not go to the out-patient department, I suppose, is that they do not like the publicity?—No, they do not like the publicity; we tried an evening for females, thinking we might get them to come in the evening; but they would not come then; probably there was a reason for that; we have two afternoons in the week for them now. They are kept entirely distinct, of course, from the males, and are seen on different days. We do not give any of the contributions given to us to the males; unless they are specially given us for the male hospital, we do not give them to the male hospital. I was asked the other day whether I did not consider that it increased our working expenses having the two hospitals. Of course to a certain extent it does. Your Lordship has asked me whether we could have the male hospital up at Harrow-road. We could not have the out-patient department up at Harrow-road.

18363. That question was suggested to me, but I saw that it would be much more convenient at Soho, and it would be difficult to have it at the Harrow-road?—Yes. There may be a little more working expenses from there being the two hospitals, but we cannot combine them. We should be obliged to have a separate place for out-patients.

18364. I quite agreed with you in that respect?—Then I was asked the other day about the nurses' hours. Our nurses are on practically for

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Mr. COOTE.

[Continued.]

Earl Cathcart—continued.

for about 13 hours a day, but they have time off for meals; they have from eight to nine for breakfast, one till two for dinner, and from half-past four to five o'clock for tea.

Chairman.

18365. I think the question was asked last time you were here, but I do not happen to find it. Do you make any inquiry into the circumstances of the people?—We do make inquiry into that; we always make inquiry as to the class of patients whether in or out; we do not take cases in if they appear to be suitable for a medical practitioner. We have had cases sent us from all parts of the country. I was mentioning the other day that we had many sent us from country unions. We received one this morning from Dartford, one on Saturday from Tenterden in Kent. We often have this said when a case is sent to us: "Whatever you do, do not send that case back to our neighbourhood," and are implored to keep the case and pass it through our home. We cannot always do that, but we do so as far as we can. We had a case sent from Hay in Brecknockshire the other day; a poor girl, an orphan, living with her grandfather; it was a terrible case, and they said they would not have her back on any consideration. She went into our home and is now doing well, and came back for her guinea after a year's service. The board always give a gratuity of one guinea for the first 12 months' faithful service.

18366. Does that come out of the funds of the home?—It may be reckoned to come out of the funds of the home; it is always charged to the home.

Earl of Kimberley.

18367. Do you think that such a law as this is practicable; I mean, would public opinion be likely to sanction it; that when a case of the kind we have been speaking of occurs in the workhouse, the patient should not be able to discharge himself or herself, until he or she was cured?—I do not know what public opinion would be about that; I am sure it would be a very good thing. You mean unless they were passed into some kindred institution.

18368. Yes. Supposing that anybody who has relief in the workhouse as being destitute is then afflicted with this disease, my question is, whether it is not possible to say that that person should have no power to discharge himself till he is cured?—Very few unions have lock wards.

18369. But still unions are obliged to take in destitute persons, and amongst those destitute persons there are certain to be from time to time some afflicted with venereal diseases?—We receive cases from nearly all the metropolitan unions sent to us on their order.

Earl of Kimberley—continued.

18370. That is voluntarily; but I meant this, a person comes into the workhouse and remains there till he discharges himself, which he has a right to do; the question is whether you might not treat that disease as a reason for not allowing him the discharge of himself till he was cured?—I only meant that a very great number of these cases are sent to us by the workhouses, and we have to settle with them. The workhouse would not keep the case in all probability.

18371. But if such a regulation was made it would naturally apply to persons wherever they were maintained, whether it was in the workhouse or not?—If it did it would be a very good rule.

18372. But it would apply only to persons who had gone into the workhouse voluntarily because they wished for relief?—Yes.

18373. It might not be open to some of the objections that are made, because it might be argued that it is simply an infectious disease, and that a person having an infectious disease ought not to be discharged from the workhouse till cured?—That might be argued.

Earl Cathcart.

18374. I thought of a magistrate having the power of issuing a warrant for detention; but in the case of a voluntary hospital that would tend to prevent people going there?—It would.

Lord Thring.

18375. Supposing you made it a condition that when a woman came in of her own will into your hospital she should remain there till she was cured, do you think that would be an absolute prohibition on their coming in?—Do you mean in reference to the women themselves?

18376. The women I am referring to principally now: supposing you made it a condition, "If you come into this hospital it is understood that you are not to go out till you are cured," do not you think that that would prevent women coming in?—I should think it would; they would probably look upon it in the nature of a prison.

Chairman.

18377. Did you furnish us with the number of out-patients last year?—I gave the total number of out-patients. There is another point which I should like to mention. I was asked a question in reference to the number of prostitutes; I made a mistake in my answer, but corrected it in the proof which was sent to me. About 80 per cent. probably of those who come to us are known to be prostitutes.

18378. Is there anything else you wish to state to the Committee?—No, there is nothing else.

The Witness is directed to withdraw.

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[*Continued.*]

Mr. BUXTON SHILLETTOE is re-called ; and Examined, as follows :

Earl *Cathcart*.

18379. Do you happen to know anything about the prevalence of quackery in connection with this disease ?—There is a great deal of that, of course. In the beginning of these diseases they are often treated by chemists.

18380. But there is not only the chemist ; there is also an especial class of quack who advertises all over the country ?—Yes, they used to do so.

18381. Upon every gatepost and dead-wall, and retiring place those advertisements are placed ?—They used to be ; that is stopped now to a large extent.

Earl *Cathcart*—continued.

18382. But they use dangerous and violent remedies, do they not ?—I know very little about that. I do know the fact that the advertisements to which you refer used to be very much more prevalent than now ; handbills used to be distributed in the street.

18383. You do not know anything about the improper treatment of the disease by violent injections ?—No ; they used to use very strong injections. It was the absence of proper treatment I think that did the harm, rather than neglect.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 19^o Martii, 1891.

LORDS PRESENT:

The LORD ARCHBISHOP OF CANTERBURY.
 Earl of LAUDERDALE.
 Earl SPENCER.
 Earl CATHCART.
 Lord ZOUCHE OF HARYNGWORTH.
 Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.
 Lord SANDHURST.
 Lord SUDLEY (*Earl of Arran*).
 Lord MONKSWELL.
 Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MRS. FLORENCE MARIE TAYLOR, is called in; and, having been sworn, is Examined, as follows:

Chairman.

18384. You were formerly matron at the Consumption Hospital at Brompton, were you not?—Yes.

18385. How long did you hold that appointment?—For nine years and-a-half.

18386. And were you a trained nurse before that?—Yes; I had charge of a hospital before that.

18387. Where was that?—In Tasmania.

18388. And did you learn your nursing there?—No, in Sydney; I was trained in Sydney under some sisters whom Miss Nightingale sent out; and from the Sydney Hospital I was appointed matron of the Hospital in Tasmania.

18389. Was it the Alfred Hospital in which you were, in Sydney?—No, the old hospital in McQuarrie-street. The Alfred Hospital was not built then.

18390. How long is it since you resigned your appointment at the Brompton Hospital?—A fortnight.

18391. Therefore the rules that are in force now were in force when you held the office of matron?—Yes, as far as I know; I have not been to the hospital since, but I do not know that any change has been made.

18392. Would you tell us what your staff was at the Brompton Hospital?—I should think about 70 or 75. It varies a little; sometimes we have extra probationers.

18393. Is that because of the wants of the hospital, or merely because they happened to be engaged?—We have several nurses whom we send out to private cases, and we train a great many of them ourselves.

18394. How many nurses have you on your private nurses' training list?—About 40.

18395. Would you ever take a nurse out of the wards to go out as a private nurse?—I do not know that I have ever done so since the

(24.)

Chairman—continued.

private nursing has been regularly established. I may have done so, but, at this present moment, I really could not remember to tell you. I would not say that I had not done it; but it is not the usual thing to do at any rate. They are quite separate, the private nurses and the hospital nurses.

18396. But there is no rule that nurses should not be taken from the wards, and sent out as private nurses?—No, there is no rule to that effect; but the doctors dislike changes in the wards.

18397. And if you did take nurses from the wards to send out to private cases, would it not rather denude your wards of nurses?—Yes; the doctors dislike frequent changes in the hospital very much. If I constantly took nurses away to go to private cases they would make a complaint.

18398. We were told that your working average of beds was about 300, I think?—I fancy about 321. They are nearly all occupied; we seldom have an empty bed.

18399. And your staff, you say, is about 70 or 75?—Yes.

18400. Do you consider that sufficient?—For our patients, I do; because they are nearly all of them able to be about. There are very few of our patients in bed, they are nearly all of them about; and many are able to go down into the grounds, and they help themselves a great deal, and they wait upon themselves and do light duties in the wards; they dust and do little things like that.

18401. You spoke of the hospital in McQuarrie-street, Sydney; is that a general hospital?—That is a general hospital; and the hospital I was at in Tasmania was the only one in Hobart, which is the capital; they took in every sort of

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case

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Mrs. TAYLOR.

[Continued.]

Chairman—continued.

case because it was the only hospital. I was there for five and a-half years.

18402. You have had experience, therefore, of general hospitals. Do I rightly understand you to say that at the Brompton Special Hospital for Diseases of the Chest, &c., the nursing staff need not be so large as in the general hospitals?—No, it need not. In a general hospital you give one nurse to every eight patients; we give one nurse to about every 12 patients.

18403. What do you charge for your nurses who go out to private cases?—The highest charge for special cases is two guineas a week, but the general charge is a guinea-and-a-half; but when we nurse for institutions we charge them very much less than that. We nurse for a great many institutions.

18404. When you say institutions, do you mean small hospitals?—When hospitals, like St. Mary's, and the various children's hospitals all over London, want extra nurses we supply nurses to them; and we always reduce our terms for hospitals.

18405. How long do you train your nurses before sending them out?—They are supposed to be trained for three years, but occasionally I have sent out a nurse before that time. For instance, in the case of a nurse who is trained in rubbing, I send her out during her first year, because Massage is quite a separate thing. You learn it and you do not want three years' experience.

18406. But you send your nurses out to all sorts of cases?—Yes, all sorts of cases.

18407. Surgical as well as medical?—Yes.

18408. Do they get their surgical training in your hospital?—No, very little surgical training in our hospital. Some of the private nurses come to me already trained; quite half of my private nurses were trained at other hospitals; and then others get their experience by nursing in general hospitals. They take it in turns to go to these general hospitals that we nurse for, and they stay as long as they are wanted. I generally give each nurse three months at a general hospital.

18409. Do you consider that that is enough to enable her to learn surgical nursing?—Yes, if she is a good medical nurse to begin with.

18410. At any rate you have no misgiving in your mind that your nurses are insufficiently trained in that respect?—I have never sent one out that I considered insufficiently trained, and I have never had one complaint of a nurse that I have sent out to a private case.

18411. Supposing there were an epidemic amongst your own nurses in your hospital would you draw upon your private nursing institute to fill up their places?—We never had such a thing; but my private nurses have taken their places when they have gone away on their holidays. I may say that we have never had an epidemic in the hospital since I have been there.

18412. Suppose, for some reason or other, some of your hospital nurses were off duty, how would you supply their places?—Then I should put some of the extra probationers on. We have a great many extra probationers.

Chairman—continued.

18413. Quite sufficient to meet any possible demands?—Quite.

18414. But then those probationers might have had very little training, might they not?—We pick out the best, you see, to put on staff nurse's work, and leave the other probationers to do their own. We always give the staff nurses' work to the probationer who has been longest in the hospital. For instance, if a nurse is away for a holiday and we are a little pressed, we make a staff nurse for the time being of a probationer.

18415. Are those paying probationers?—No, they are not; we pay our probationers. We pay them all; we have no unpaid probationers. We occasionally have what we call voluntary helpers; those are ladies who give their services for one year and receive no salary. We provide them with a home and uniform and training, and they give their services for the first year; but we have very little room, and we only can have three of those at the most; we never should keep more than three.

18416. They receive their board and lodging and give their services?—Yes.

18417. And get their washing and their uniform?—Yes.

18418. At the end of that year do you give them a certificate?—No; if they are suitable for staff nurses we put them on as staff nurses and then we pay them a salary; if they are not suitable then they leave at the end of that year, but they receive no certificate. We never give a certificate under three years' training.

18419. Will you tell us what salaries your nurses get. First of all, will you state what are the different grades; there are sisters?—There are sisters; those begin at 30 *l.* a-year and increase to 40 *l.*

18420. First of all, there is the matron?—Yes, as matron, I receive 150 *l.*

18421. And who was under you?—My house-keeper comes next; she has 40 *l.* Then there is the home sister, who begins at 35 *l.* and increases to 40 *l.* a-year, with washing and uniform.

18422. Then, are there any night superintendents?—Yes, two night superintendents; they are generally called sisters. They have been with me some time; but they began at 30 *l.* and increased 2 *l.* a-year up to 40 *l.*

18423. How many of those are there; two?—Two night superintendents; seven day sisters, beginning at 30 *l.* and increasing 2 *l.* until they reach 40 *l.*

18424. And then staff nurses?—Staff nurses; they generally begin at 20 *l.*, but occasionally we give them a little more, and they increase to 25 *l.*

18425. Also they have uniform and washing?—Yes, all have uniform and washing; and the private nurses begin at 25 *l.* and increase to 30 *l.*

18426. Do the private nurses get any commission on the money that earn?—No, that would be hardly fair; because some of the nurses are sent to long cases at a guinea a week, and then if the other nurses are nursing two or three fever cases at two guineas a-week it would be very unfair to give the nurse who is only receiving a guinea a-week because she has a long case a less commission

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commission than the other; so that we decided not to give a commission on the money earned.

18427. Do they get any bonus at all?—No. They have always been perfectly satisfied; they have never asked for anything, or for anything extra, at all.

18428. How many staff nurses do you employ in the hospital?—Night and day, together do you mean?

18429. Yes?—About 17 or 18.

18430. And then probationers, how many?—They vary so; sometimes we have about 20, and sometimes 16; they are always varying. We train a good many for our private nursing, and I could not exactly tell you how many there are of them, because we have no fixed number. Some few are not suitable; then they go, and others take their places, and so the probationers are always changing; so that you could not fix the numbers for them.

18431. And what salary do they begin at?—They begin at 10 *l*.

18432. They begin at 10 *l*, and do they continue at that till they become nurses?—No, it just depends upon the nurse's own capabilities. If she is a capable good nurse, at the end of six months her salary is increased to 18 *l*, and if she is rather slower, more troublesome to teach, they do not increase her salary till the end of the year, till her 12 months is up. It entirely depends upon the nurse herself, and what her capabilities are. Some of the nurses who are rubbers are sent out to rub patients before their year is up, and then we always increase their salaries, because, of course, their expenses are greater.

18433. Do your nurses get any pensions at all?—We have never had such a thing; we have some nurses who have been 20 years with us. When they get disabled, of course they will get a pension, but we have never had any reason to pension a nurse.

18434. Then, in the event of these nurses who have been with you a very long time leaving, their cases would be considered by the committee?—Yes, because in other cases that were deserving pensions have been given. We have a former gate porter who still has a pension from the hospital; and also a matron who was resident there for many years, still has a pension from the hospital. So that I am quite sure there would be a pension provided for a nurse who had been a long time in the hospital.

18435. But your committee do not take part in the National Pension Fund?—No, not that I know of; and I should know it if they did.

18436. Can you tell us the hours of the nurses?—The nurses go on duty at seven in the morning, and they come off at nine at night; and they have half-an-hour for every meal.

18437. How many meals have they?—Dinner and tea.

18438. Breakfast?—The breakfast is at half-past six; they have that before they go on duty. Breakfast is at half-past six, and prayers; and they go on duty at seven, and then they have half-an-hour to dress; they go off duty for half-an-hour to dress.

18439. At what time is that?—The staff nurses go off at half-past 10 and have half-an-hour to dress, and then half-an-hour for dinner. They

(24.)

Chairman—continued.

are off duty from half-past 10 to half-past 11; and the probationers in the same way; their dinner (that is the second dinner) is at 12; they go off from half-past 11 to half-past 12.

18440. They have an hour?—Yes, in the morning. Then in the afternoon the probationers have their recreation time from 2 till 4, and they go on duty at half-past 4, because at 4 o'clock they have tea; so that is two hours and a-half in the afternoon. And then the staff nurses have tea at half-past 4, and stay up during the tea or go to their rooms till 5.

18441. So that they have half-an-hour for tea?—Yes, they have half-an-hour for tea. Then they have recreation from 6 till 8 every other evening; and I believe they have two hours every day now; it was to have been arranged directly our building was opened again that they were to have two hours every day.

18442. When was that alteration made, within the last year?—No, because we have not had bedrooms to get the extra nurses; we had to close the hospital, you see, for cleaning, but the alteration was to have been made, and I think it has been made since the hospital has been opened again. I know it was all to be arranged when I spoke to the new matron about it.

18443. Do they have any supper?—Yes, they have supper at nine; they all have supper together. The night nurses go on at nine, and the day nurses are relieved, and come over and have supper.

18444. Now, as to the night nurses?—They go on at nine in the evening, and they come off at half-past eight in the morning.

18445. What meal do the night nurses have?—When they get up they have their supper, at half-past eight.

18446. In the evening, you mean?—In the evening, before they go on duty. Then, they have two meals in the night, and they have a hot dinner at 11 o'clock, with the day nurses.

18447. And where are these meals in the middle of the night taken?—They generally like to take them in the recess; they can either have them in the little kitchen, or in the recess. But our hospital is rather differently built from a general hospital; we have galleries, and in the gallery there is a large recess where the patients have their meals, and the nurse generally sits in the recess, so that she can hear any one who knocks or rings, and she generally has her meals there.

18448. Are the meals for the nurses cooked in a separate kitchen from the general hospital kitchen?—No.

18449. There is only one kitchen for both purposes?—We have two kitchens, one in each building, but the food of the nurses and of the doctors and of all the officials is cooked in the same kitchen as the patients' food. They are most beautiful kitchens.

18450. Does any high official dine with the nurses?—No; the home sister presides at their table; the home sister carves all their dinners and gives them their supper and their breakfast.

18451. Does she dine there too?—Yes, she takes the head of the table and carves for them.

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18452. Then

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18452. Then supposing that there was anything wrong in the food the home sister would discover it, for she dines at the same table?—She would discover it instantly. And the housekeeper takes one meal; she takes the first dinner and the home sister takes the second, and I have never, during all the years I have been there, had any complaint of the food at all. We give our nurses a very varied diet; they have puddings every day, and vegetables twice a week; soup twice a week, and vegetables in the soup; so that they have vegetables four times a week. I have never had one complaint about the nurses' food.

18453. Never in all your nine years' experience?—Never one single complaint.

18454. Do you think any complaint has been made to the home sister or the housekeeper?—I am perfectly certain if it had I should have heard it directly, because they would have told me directly. Moreover, it is of course part of our treatment for the patients that their diet should be especially good; and we all fare alike. All the nurses have fresh butter; they always have bacon or an egg every morning for their breakfast; they always have hot joints, or occasionally a made dish, or steak or so for their dinner, and vegetables twice a week, and puddings always, and always very varied; not only egg puddings, but rolled jam, and jam tarts, and whatever there is that is going they always have.

18455. You have never had any complaint about the bacon or eggs?—No, never.

18456. In all the nine years you have been there?—I have never had one complaint, and I am quite sure I should have heard of it if there had been the least little complaint, because the home sister would have told me directly; and when our nurses have nursed at other hospitals they have been very glad indeed to return to the food that we have given them, and they have always remarked that it is very much better served. Two maids always wait on the nurses.

18457. What do they drink out of, glass or mugs?—Glass.

18458. You mentioned just now that these probationers qualified, as it were, some after six months and some after a year, for nursing?—Not exactly qualified after six months; but what I mean is this: Some of our nurses are very slow to learn, and some are much quicker to take in their work, and to those we are able to give more responsible duties sooner. Their dress is not changed; they are still probationers, but on account of their being able to take other work, more responsible work, we are able to give them rather a better salary. If they go out to rub patients, that means, perhaps, that they go twice a day to a lady's house, they have then to dress a little better, and they wear out more things constantly going out twice a day; and of course we make it up to them in that way; we give them rather a higher salary, because, you see, they are earning money for the hospital by rubbing, and it would not be fair to them not to give them a little more; so we always increase their salary.

18459. Who tests their qualifications to become nurses; do they undergo examination by the staff?—No; the matron can judge by their

Chairman—continued.

work. She goes round every day, and she sees the sister every day, and the sisters are all trained nurses, experienced women, and the matron has to rely a great deal upon what they tell her, as well as upon what she sees for herself. When you are going round a hospital every day in the year you know exactly how a ward ought to be kept, and which nurse is doing her work well, and which nurse is not.

18460. Then practically they are nominated by the matron?—By the matron.

18461. Do they attend any lectures?—Yes, always. The resident medical officer gives two courses in the year, and I used to give them lessons also. The resident medical officer takes the whole of the nurses, half one time, and then all the new ones the next time; but I found it very much easier teaching a small number, so that I always had a class going on; I prefer teaching four or six at a time; you know individually then exactly what a nurse has learnt, so that I prefer to do it in that way. The matron is only supposed to give two courses in the year.

18462. Did you know all your nurses individually?—Oh yes, every one. Then they are taught bandaging in the wards; there are bandaging classes always; in the wards one of the sisters teaches them bandaging. And then they have lectures on testing; those things are always taught in the wards. Then every nurse at the end of her year has a printed paper to fill in, and it is my duty to see that she fills it in, so that I may know exactly what each nurse has learnt in the year.

18463. Do you vary the occupations of your nurses from day to night from time to time?—Yes, they take four months in the women's ward and four months in the men's, and four months on night duty in their first year.

18464. Do you think that is a frequent enough change from night duty?—Yes. Perhaps a nurse will only have one four months in two years, and that same nurse will not go on night duty for two years; but occasionally I have a nurse who prefers night duty and will only come to me as a night nurse. My night superintendent has been on for seven years; and one of my nurses who has never received any pay from the hospital (she is very fond of the work, and she has a little private means) has been on for three years as a night nurse only; she does not care for day work.

18465. As regards the number of night nurses that you have on duty, you told us that the hospital was built in galleries?—Yes.

18466. And how many nurses would you have on one gallery?—Only one on each gallery, unless there were special cases on that gallery.

18467. How many beds would there be on a gallery?—Forty-eight.

18468. Do you consider one person at night sufficient for that number of beds?—Yes, that has always been quite sufficient. If there were a bad case, like tracheotomy, or a bad operation, a special nurse is always put on.

18469. You say that there is one night nurse on each gallery. Has that nurse got any means of communicating with any other part of the hospital?—Yes, there are speaking tubes all over the

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the building, and there is a night superintendent who goes round every hour.

18470. So that there would be no danger of a nurse having to go away from her gallery to get assistance?—No, she is never allowed to leave her gallery on any pretence whatever; if she wants a sister or any assistance she goes to the speaking tube.

18471. You said just now that your nurses had recreation for a couple of hours?—The probationers from two till four every day, except Sunday, and then they take it in turn to have Sunday evening or afternoon.

18472. And with regard to the nurses, what recreation have they?—They used to have from six to eight three times a week. I believe they have two hours every day now.

18473. Have you ever considered that it might be wise to give the nurses their recreation at an earlier hour, if possible, in the winter time, because it gets dark before six?—Yes; they have two half days in the month, from two in the afternoon to ten in the evening one day, and from twelve in the morning until ten in the evening another day.

18474. What amount of holidays do the nurses get?—Sixteen days; the private nurses get a little more.

18475. Do you think that 16 days is sufficient?—It always has been. My nurses are particularly strong and healthy looking girls; we have very little sickness; and they often get a little extra leave; if their friends are coming up in the day, or if they want to do a little shopping in the daylight, they ask for a couple of hours, and they are never refused.

Earl Cathcart.

18476. You mentioned that you had a long experience in the Colonies, in the Antipodes; did you observe any special feature in those hospitals in the Antipodes that might be of any use to us in London?—No, I do not think so. They are very much smaller hospitals, most of them out in Australia, than we have here.

18477. And much more rough and ready?—Some of them are very much so. Some of them are very far behind the times; they have not thoroughly trained nurses, all of them, yet.

18478. To go to another matter. We have had two examples here of hospitals, which are nursed by religious sisterhoods. Now, speaking from your experience generally in nursing, do you think that where hospitals are nursed by religious sisterhoods they are likely to get as good a class of nurse under them, bearing in mind that the nurses never can rise in such hospitals to be sisters?—I should not think so; I should not think they would get any better nurses, but I have never lived in such a hospital.

18479. I am asking you whether, from your general experience of nursing and nurses, it must not be to some extent a drawback where a nurse entering one of those hospitals can never hope to get to the top of her profession in that hospital; that is to say, she can never aspire to be a sister, because the sisters are all persons belonging to that religious community?—I do not know very much about those hospitals.

(24.)

Earl Cathcart—continued.

18480. But if you were a nurse yourself, you would rather go to a hospital where you could rise by degrees to be at the head of your profession; that is to say to be a sister in charge of a ward?—Yes, I think hospitals are much better not to be nursed by a sisterhood.

18481. In a hospital where the subscriptions are from people of mixed religions and the patients are of mixed religions, it is better, you think, that there should not be any obtrusive religious nursing system?—Very much better, from my point of view.

18482. A lady who was here, whose name I have not the pleasure of knowing, but who is known as Sister Cecilia, told us that all nurses entering hospitals must make up their minds to sacrifice some ten years of their life. Now that is not your experience?—Not at all.

18483. And I hope and trust that the length of your valuable life will not prove to have been abbreviated by your hospital career?—I have had nearly 17 years' hospital experience, but I did not go into it with the feeling that I was going to make any sacrifice at all. It was a very great pleasure to me from the first day until the last.

Earl of Arran.

18484. I suppose in the Brompton Hospital the nurses get no experience in surgical cases?—They are sent to nurse for other hospitals; and there are some of the hospitals that we exchange probationers with. To the matron of the Margate Infirmary, where there is nothing else but surgical work, I send two probationers of mine for three months; and she sends me two of hers for three months to learn medical work; in choosing the nurses whom I send in that way I always pick out those two nurses who are training specially for private work, so that they may have the advantage of that three months. Then at Ipswich there is a little hospital of about 80 beds; I have made arrangements with the matron there; they are nearly always short-handed from one cause or another; and she takes one of my probationers always for three months; sometimes she is there a little longer. In such a case they do not pay that probationer of ours anything; we still pay her her salary, and they keep her in the surgical wards for about three months for me.

18485. Would the training in your hospital be sufficient to qualify a nurse for employment as an army nurse, if she chose?—Oh, yes. I do not think there is any system you could find that grounds nurses better than ours, and my nurses have always been able to get work at other hospitals. I have never had a nurse refused when she applied to get into another hospital.

18486. Have any of your nurses ever gone to the Army Corps?—No.

Lord Thring.

18487. You told us, I think, that the number of nurses you had was in the proportion of one nurse to 12 patients?—Yes.

18488. And that that was rather less than in most hospitals, because they have about eight patients, I think you said, to one nurse?—Eight

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Lord Thring—continued.

is the proper number; a nurse is not able to manage more than eight.

18489. And you account for your hospital only having one nurse to every 12 patients by the fact that your patients are not like those of other hospitals?—Our patients are up and about, so many of them. If they are very ill they require as much, or more, nursing as the patients of other hospitals; but then you see, perhaps, amongst the twelve, there are only three patients who are very ill, and the other nine are up, walking about in the grounds, and being able to help themselves a little bit and help the nurses.

18490. Then, in the number of nurses, do you include probationers; when you say one nurse to 12 patients, do you include probationers in that?—Yes, I include probationers. Every gallery has two nurses and two probationers; some galleries have only 46 patients, but most of them have 48.

18491. When you say a nurse to each 12 patients, is that a staff nurse to each 12 patients?—There is a staff nurse to each part of a gallery with a probationer under her, and a ward maid for the rough work, and a sister who superintends the whole of it. One sister in charge, two staff nurses, two probationers, and one ward maid for each gallery.

18492. And that you consider to be sufficient?—Yes, it always has been. Sometimes there are more probationers; we find that the work is done equally well with that number.

18493. Then at night, what have you?—We have only one nurse on duty at night on each gallery, and one sister in each building; one sister in charge or night superintendent in each building.

18494. And how many patients did you say that there are in a gallery?—Forty-six in some and 48 in others.

18495. Then, as I understand it, at night to 46 patients there is really only one nurse?—Yes, unless there is a very bad operation case, and then there is an extra nurse put on; or if there is a patient delirious there is an extra nurse.

18496. Supposing in a gallery you happen to have three or more patients very ill, do I understand that you think one nurse is sufficient then?—One nurse has always been sufficient with the help of the sister.

18497. But how can that be; surely consumptive patients when they are really very ill, are terribly ill, are they not?—Yes, but their wants are not so urgent as the wants of some of the other patients. They lie very quietly you know. Sometimes if we have a bad heart case the patient is restless and that; but as a rule our consumptive patients are very very quiet, never restless or anything like that.

18498. Are consumptive patients never delirious?—They wander a little, but seldom to the extent of getting in and out of bed, or anything like that.

18499. Then I understand you to say that in your opinion one nurse is sufficient at night for these 46 or 48 cases?—It always has been; we have plenty of nurses; if there is an extra one

Lord Thring—continued.

wanted she is put on immediately. If a heart case becomes troublesome in the night (they are our worst, and we sometimes have a great many of them), then an extra nurse is got up; and if a case suddenly becomes troublesome in the daytime, or is bad in the daytime, then an extra nurse is called, generally a probationer.

18500. Then with regard to the food, I understand that in the nine years that you have been there you have never had any complaint of the food at all?—Never one.

18501. Not on the part of the patients?—Yes; but I was not asked about the patients; I have only been asked about the nurses.

18502. You are quite right. You have had complaints on the part of the patients about the food?—Several times.

18503. And those have been attended to?—Always inquired into at once.

18504. But you have never had any complaint on the part of the nurses?—Never, or the servants.

18505. With reference to the nurses' food, what is their breakfast?—Always bacon or a boiled egg; they never have any variety at breakfast. They have cold boiled bacon on Sunday, eggs twice in the week, and fried bacon every other day.

18506. It is quite impossible then that they could ever have had bread and dripping for breakfast?—No, they never have had that.

18507. There has never been such a thing at the hospital as bread and dripping given to a nurse for breakfast?—Not for breakfast. One or two of them have occasionally asked for some dripping for tea; but that is never put on unless it is asked for, and never for breakfast.

18508. They have never on any occasion, except they asked for it, had dripping?—Never on any occasion, unless they have asked for it.

18509. You are quite certain of that?—I am quite certain of it, quite positive of it.

18510. Then, do I understand you to say that the bacon and eggs themselves are good; who is responsible for their being good?—My housekeeper; it all comes through her hands, and we use the same at the table of the officials.

18511. Do I understand you to say that the housekeeper has never told you that the bacon and eggs were bad?—No. Occasionally there is a bad egg, and it is always returned to the store. You cannot always be sure beforehand whether it is good; but if there is a stale egg (and you cannot help there being several), then the contractor will exchange them always.

18512. But it is quite impossible that any nurse could ever have cause to say that the bacon was frequently bad, and the eggs frequently bad?—I never heard a nurse say so; and I know she could not say so of the bacon because I had it always myself. We have exactly the same bacon at our own table now.

18513. You are quite certain, by your own personal experience, that it is quite impossible that the nurses have had cause to complain that the bacon was either habitually or often bad?—Quite positive.

18514. Then

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18514. Then what do they have for dinner?—They sometimes have joints and sometimes they have steak, or rabbit sometimes; we always vary it.

18515. I think we were told that you have a great deal of mutton?—Yes, for the patients nearly every day; but not for the nurses.

18516. Then, with regard to supper, what do the nurses have for supper?—Bread and cheese, or meat or hash; if there is any cold meat it is minced for them, or made into a little hash and sometimes into a pie.

18517. What do they have to drink at supper?—The night nurses have tea and the day nurses have milk or water, whichever they like.

18518. Is milk always provided for the supper?—Every nurse is allowed a pint of milk a day, if she likes; she is allowed half of it for dinner and half for supper, if she drinks milk; they do not all drink it.

18519. If not, they have water?—Yes.

18520. When you say a pint of milk a day, you mean exclusive of what they use for breakfast and for tea?—Yes, the milk for the tea and the breakfast is quite separate from that.

18521. And you never heard any complaint of the food being insufficient from the nurses?—Never.

18522. Or the milk not being supplied in the proper quantity, the pint?—Never. It is all helped out before they come into the room.

18523. You are as certain as the head of an establishment can be of anything, that it is not so, at least that it has not been so?—I have never heard any complaints as to the food, the quantity or the quality, since I have been there, and I am quite certain that I should have heard if there had been any reason for them to complain.

18524. And to whom would they have complained?—The nurse probably would come to me herself, or she might tell the home sister, and then in that case the home sister or the house-keeper would tell me; but very probably the nurse herself would come to me.

18525. Then I understand on this point that you are certain of two things; you are quite certain that if there was anything to complain of the complaints would have been made to you?—Yes, I have always found that when there have been complaints to make of other things, they have never been at all backward in making them to me. I was always there every morning from half-past nine to see every nurse who liked to come to me.

18526. And therefore you are certain this cannot have occurred?—I am quite certain any nurse would have come to me if it had occurred, or would have told the home sister; I am sure of it.

18527. How many ward maids have you; do you distribute them according to these galleries which you have spoken of?—We have seven, one for each gallery.

18528. And what are the duties of the ward maids?—The ward maid scrubs or polishes. The old hospital has boarded floors and the new hospital, the south wing, has polished floors.

18529. I will take the new hospital please; (24.) e.

Lord Thring—continued.

what does the ward maid do there?—She does washing up for the patients, the greasy things and dishes, and she cleans all the wards and the grates.

18530. Take the washing up; if the ward maid happened not to be there, would the nurse be called in to wash up?—No; if anything happens to a ward maid, a charwoman comes; we employ seven charwomen, and a charwoman is sent up in such a case.

18531. Therefore it is never the duty of a nurse to wash up?—No.

18532. You are certain?—Never, unless perhaps in this way: a ward maid has her day off occasionally, and on her day off the nurses wash up; that comes once a month.

18533. Then the washing up by nurses is confined to once a month?—Yes, the day that the ward maid is off duty the nurses wash up for her.

18534. Then with respect to the polishing of the wards, who polishes them?—The ward maid does them all.

18535. Supposing that the ward maid is away and that the charwomen also is away, does not the nurse do it?—No.

18536. Never?—There is a certain amount of polishing that the probationers do always.

18537. I may have made a mistake in saying "nurse" instead of "probationer." What amount of polishing do the probationers do?—There is a large recess, that is always done by the ward maid; and then there are two little passages leading round the corner which are done by the probationer. The new building is the shape of an E; the recess forms the little stroke going across the centre of the E; that is done by the gallery maid; and the other part, the angle at each end, the probationer does.

18538. Why does the probationer do it, surely it wastes the time of the probationer to do that work?—Every probationer has to learn to do a certain amount of dirty work; she is learning to teach others.

18539. How many years does she polish the floors?—For one year.

18540. And how does she polish them?—She has a polisher; it only really wants rubbing over; the gallery maid does it once a week; that is to say, she lays on the polish for her once a week and does it thoroughly, and then the probationer has to rub it up and see that it is kept clean for the rest of the week; that applies to the angle at each end.

18541. With regard to the way in which it is done, it is done, is it not, as it is abroad; it is done by a brush on the foot?—No, we do not do that; that is the way it is done abroad.

18542. How do they do it there?—We have one of those heavy weighted things with a joint at the end of the handle which swings.

18543. It is extremely heavy work, is it not?—It is quite a knack; until you get into it, it is a little heavy.

18544. Is it not extremely heavy?—I should not call it extremely heavy, because I had to do very much worse when I was training.

18545. That may be; but is it not heavy work?—I should not really call it heavy work.

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18546. Do

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Lord Thring—continued.

18546. Do you think it fit work for a young girl?—I do; I think it very good that they should begin at the beginning, and work their way up, and learn how to do the work, so that they may teach others. If they do not learn they will never be sharp nurses.

18547. What on earth has polishing floors to do with nursing?—Cleanliness is the very first thing in nursing. If a woman cannot keep her wards and her lavatories and galleries clean she will never make a good nurse.

18548. I thought that the ward-maid did all that is commonly called dirty work?—It would take one ward-maid all day long to polish those immense galleries and all those wards; and if she gets a little help she is able to get off for about two hours in the afternoon.

18549. Then the probationer is sacrificed to the ward-maid?—We do not call it sacrifice, because in every hospital you will find, I am sure, that the matron will tell you the same thing, that a nurse has to learn herself to be able to teach others.

18550. Do the probationers ever polish the grates?—No.

18551. Does she ever clean the grate?—No, never.

18552. You are quite certain?—Certain; she never has done such a thing. If the ward-maid happens to be ill, always one of the charwomen is sent up. We have seven who come in every day.

18553. But would it be too much for a large hospital like Brompton to have another ward-maid, instead of the probationers during this polishing?—There would not be sufficient work for another ward-maid; it is only half-an-hour that the work you refer to takes.

18554. Then if it only takes half-an-hour, why should not the ward-maid do it?—That is how the work is divided; the nurses do their own little lavatory, and then a little polishing in the angle at each end of the gallery.

18555. Now to go to another matter: Who is the present chaplain of the hospital?—Mr. Hall.

18556. How long has he been there?—He has been there a year last January.

18557. Do you know why the former chaplain was removed?—He resigned.

18558. With respect to the attendance on people dying, does the chaplain attend regularly, always?—Yes, certainly; he is round the galleries every day of his life, and for a sick patient he is constantly up three and four times a day.

18559. And if the chaplain is wanted, he is accessible at all times?—Yes, we always send for him night or day; if there is the least wish expressed to see him in the middle of the night he is instantly sent for, both our own chaplain and Father Morris, the Roman Catholic priest; they are sent for at all hours.

18560. And as a matter of fact when people of the Church of England persuasion are dying, do you usually send for the chaplain?—He always knows the sick ones, unless it is something very sudden, because he is there every day.

18561. Then I may take it from you that the

Lord Thring—continued.

chaplain attends as a general rule the death-bed of every person of his own persuasion?—Every one.

18562. You know that of your own knowledge?—I know that; I have seen him every day when I was going round, myself, and I have seen him every day on the galleries.

18563. Have you got a mortuary?—Yes.

18564. And when the patients die, is there a post-mortem examination held?—I believe that is at the discretion of the pathologist. I do not know much about that department, but we have a pathologist, and if he thinks it is necessary, I believe he holds a post-mortem examination, but I never knew whether there was a post-mortem examination held or not.

18565. You do not know anything about the disposition of the body after the post-mortem examination is held?—No, I never knew anything more about it after it left our ward. It is in our care till it leaves the ward, but I have never been in the post-mortem room; I never knew anything about that.

Earl of Lauderdale.

18566. Have you had any difficulty in procuring probationers?—Never; all the years I have been there I have only once had to advertise.

18567. And do you retain any of the probationers after they are fully trained, for service in the hospital?—Yes, all who are willing to stay; we keep nearly all of our nurses.

18568. Is there a large number of them?—Yes.

18569. Out of your whole staff, for instance, how many do you suppose have been trained by yourselves?—Out of all the staff nurses, I think there are two who have been trained at other hospitals; all the others are our own.

Earl Spencer.

18570. Are you confident that in all cases any complaint would be made to you?—From the nurses, you mean? Yes, I am quite sure of that.

18571. Complaints as to the food?—As to food.

18572. There would be no delicacy or fear on their part to come to you?—Not the least; there never has been.

18573. Perfect confidence exists?—Perfect. The nurses come to me about all sorts of trivial things, about their own affairs, or if they think they have a little more work to do; any little at all; there never has been any fear on their part.

18574. Have you known any cases where nurses have left and have made complaints?—To me, do you mean?

18575. Or to other people?—I have never heard of them, if they have.

18576. You would not think it possible that there would be a difficulty about the chaplain, for instance, being brought to the bed of a dying person?—Not the present chaplain.

18577. But could that have happened in former times?—I should not think so; I have never known it happen.

18578. Why

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[Continued.]

Earl Spencer—continued.

18578. Why did you say that with the “present” chaplain there could be no such difficulty?—Because he is so very attentive; he is in the wards every day, and often three or four times a day; but the chaplain that has left did not always go up every day, and he sometimes had to be sent for.

18579. Then you do not think it is possible that a serious complaint could have been made against the chaplain without its coming to your ears?—It might have happened; but in a hospital like that you hear everything; it is like a household.

18580. But everything does not come to the right ears sometimes?—I think I should have heard if there had been anything. I know that nothing has ever happened with this present chaplain because he is there every day; and when a patient is taken suddenly ill he is always sent for and always comes directly.

18581. You have not had any complaint, I understand you to say, of the nurses having to do work like polishing or anything of that sort?—Occasionally when they first come they object to it.

Lord Clifford of Chudleigh.

18582. Is there anybody whose duty it is to inspect the food supplied to the patients?—Sometimes the resident medical officer will go up to see that it is all right; sometimes I go up myself and see that it is all right.

18583. And the nurses?—The sister carves and distributes the food herself to the nurses; the sister in charge of the ward always does that.

18584. And any complaint would be made to her?—Yes; she sees the food and if the bacon has been a little too much done, it has always been saved for me to see. Sometimes it gets a little burnt.

18585. Is the food that is sent to the patients inspected?—Yes; my housekeeper weighs it out in the kitchen before she sends it to each gallery, where the sister distributes it; so that I should either hear from the housekeeper, who weighs it out and divides it to each separate gallery, or from the sister who has to distribute it to the patients.

18586. And you do not think, from your experience, that, as a rule, nurses break down oftener than people in other walks of life?—No, I do not think so; I think that, as a rule, the nurses are a most healthy set of women; their life is a very regular one, and (at least this is my experience) they are very seldom overworked; they may have for one or two days a little extra work to do, and feel a little tired in consequence, but they are never kept at it for a week or a fortnight at a time as people are at other work.

18587. And those who retire from it retire in good health?—As a rule. Most of ours have either married or gone home; it sometimes happens that they are required at home. No nurse since I have been in the hospital has ever broken down, nor have we ever had a death in that hospital, since I have been there, of a single one of our nurses or probationers.

18588. Your hospital is rather, to some extent, (24.)

Lord Clifford of Chudleigh—continued.

a special one?—It is, of course, a special hospital.

18589. Are the nurses trained there regarded as being as fully trained as if they had been trained in a general hospital?—Not unless they can say that they have had a certain experience at other and general hospitals.

18590. But you say they go for three months to some general hospital?—Yes, always.

18591. And in that case they are considered fully experienced?—They always get plenty of work; if they leave us to go to a general hospital, they can get in always.

18592. I suppose you see every probationer?—I know every one of them. They all come to me to be taught, first of all, their lessons.

18593. They come to you when they first come to the hospital, and apply to be received as probationers?—Yes, I engage them all.

18594. And you are guided, in a great measure, by their physical condition?—Yes; I never take a nurse who has had rheumatic fever or who has any delicacy in the chest, or who has a parent consumptive.

18595. But beyond that, do you make any inquiry into their position in life?—They have to give two references; every nurse fills in a paper, saying what illnesses she has had, and if her sight and hearing are good; and her height and weight, and all that you know, the usual hospital paper; and then she has to give me two references, and I send these printed forms, which they have to fill in and sign, and they have to answer all those questions.

18596. We were told that at some hospitals there is a question put to them as to their religious belief; is that so with you?—Yes, and we fill in that too.

18597. That is only for Protestants?—As a rule we are not supposed to take in any but Protestants; but on our private staff we take anybody.

18598. As probationers?—As probationers they are supposed to be all Protestants; it is not a hard-and-fast rule.

18599. There may be exceptions to it, but that is the general rule?—Yes, the general rule is, I believe, Protestants only. We have taken Roman Catholics; there is no hard-and-fast rule about religion.

18600. Have you had many complaints about that rule on the part of the probationers who under that rule are not admitted?—There was one young girl once who rather made a complaint, but there were other reasons for which I did not wish to take her.

18601. I only wanted to know whether, as a fact, much complaint had been made of that rule?—No.

Lord Monkswell.

18602. When you say “Protestants,” do you mean members of the Church of England?—No, Baptists and Wesleyans, and any of them.

18603. Nonconformists, in short?—Yes, Nonconformists; we have several.

18604. Do you ever go round while the nurses are at dinner, and see them for yourself at dinner?—Yes, I have often carved their meals, not

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[*Continued.*]*Lord Monkswell—continued.*

not so much lately, because I have been more busy; but I have many times carved their meals myself. Besides that, I have often been in to see that they are regular; now and then they want keeping up to the mark; I mean that now and then they are not punctual at their meals.

18605. And that is the only thing you have sometimes found wrong?—That I am very strict about, and occasionally I go down myself to see that they are all there.

18606. You say that you have a less proportion of nurses than other hospitals have because there are not so many nurses required for consumptive cases; but have you not some wards with no consumptive cases in them, only heart disease cases?—No, every ward has some cases of phthisis always. Of heart disease, perhaps, there are only four cases on a gallery; and, perhaps, two may have bronchitis and asthma, or something like it; but in every ward there are some cases of consumption.

18607. The doctor told us that he tested the air in the ventilating apparatus, and that he found in the wards where there were no consumptive patients, no consumption bacilli?—But that was only a trial, I understood.

18608. He moved the consumptive patients out of those wards on purpose, you think?—Yes; I remember that being done, quite well.

18609. Then you consider that there are no wards in which there is a sufficient proportion of what might be called acute cases, cases of heart disease, and so on, to make it necessary to have a larger proportion of nurses than you have?—No; every gallery has what we call a special ward; that is a little ward with one bed to itself; and if we have any bad cases like heart disease, as a rule those are noisy patients, and they keep the others awake; then they are always moved into that little ward of which I have spoken.

18610. And do you see no objection to keeping little children, even very little children, in the wards with grown-up patients?—We have always found that when children are in the same wards it is better for both.

18611. You do not find that they cry and keep the others awake?—No. They are very much spoiled by our patients as a rule, and in that respect it is very bad for them when they go to their homes, I think.

Lord Saye and Sele.

18612. The chairman sees all patients before leaving, does he not?—Yes.

18613. Does he not always ask the question: "Has your food been good"?—Yes.

18614. And he also asks as to other matters, and the patient has every opportunity of making complaints?—Yes; he asks if they have any complaints to make, if they have been kindly treated, if their food has been sufficient and good; there is a list of questions that he puts.

Chairman.

18615. You said just now that the nurses had an opportunity of going to the matron; does that apply also to the probationers?—Yes, everybody. If they want to give me notice, or if

Chairman—continued.

they want to see their friends, or if they want what we call a pass to admit visitors out of hours they come down to me between half-past 9 and 10 every morning.

18616. I only wanted to get from you whether the term "nurse" in that answer included "probationer"; I understand you to say that the term "nurse" includes probationer?—Yes.

18617. Do your ward-maids lodge in your building?—Yes.

18618. Is it the duty of the matron to go round the hospital frequently?—Every day; she is supposed to go round every day.

18619. Is that generally in the morning, before dinner, or is it after dinner?—As a rule we always go round in the morning, because there are the physicians in the wards in the afternoon, and therefore at that time the matron would not have the sister to go round the ward with her, and if the matron had complaints to make she would have to take them to a nurse, and of course that would not be desirable at all.

18620. Do you consider that the matron is in a position to know everything that goes on in the hospital?—She ought to be, certainly.

18621. Do you have to get rid of many nurses or probationers for inefficiency?—No; sometimes they are not strong, or they have not an aptitude for the work; and a great many women take up the work for the mere sentiment of the thing, and when they have tried it, they find that it is not all sentiment, and they are very glad to go at the end of their month, and sometimes before their month is up.

18622. Then when you engage them do you engage them for a certain time?—I engage them for one month on trial, but they are at liberty to leave any day they like during that month; or if we find that they are quite unsuitable (as we sometimes do the very first week), we give them a week's notice to make arrangements with their friends.

18623. In the case of a nurse misbehaving herself, should you have power to suspend her?—I can dismiss her. Then I should report to the committee at the next meeting. The nursing staff are entirely under the matron; she engages them and dismisses them.

18624. You have had considerable experience in Sydney and Tasmania, you have told us?—Yes, I was trained in Sydney, and I had charge of a hospital in Tasmania for five years and a half.

18625. Do you think that the London hospitals have much to learn from those Australian hospitals?—I think that some of the London hospitals are very behindhand, and I think some of the Australian hospitals are very much worse. There is a great difference between the two Australian hospitals I have mentioned. Speaking of the Alfred Hospital, in Sydney, I do not suppose anything could be more perfect. All the modern improvements are carried out there. The old hospital, on the other hand, in McQuarriestreet, is a very old place indeed, with none of the modern improvements at all.

18626. Is there anything else you would like to say to the Committee?—No.

18627. I under-

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[Continued.]

Earl Cathcart.

18627. I understand that you have a constant stream of lady visitors, who are always coming to the hospital at Brompton?—Each ward is supposed to have its own visitor.

18628. Only one?—Only one.

18629. And they come regularly?—Yes, they come regularly. They go occasionally out of town, and sometimes they supply their place; but sometimes, if they are only away for a fortnight, they just send a line to say so.

18630. Are these visitors ever the medium for conveying complaints from the patients to you or anybody else?—They never have been.

18631. And it would be discouraged, would

Earl Cathcart—continued.

it?—I have never had any experience in that way; they have never done so. We have two Roman Catholic lady readers, who come very regularly indeed three or four times a week, one for each building, and they see to the Roman Catholic patients.

18632. But you have never had any complaints from any of these ladies who visit with regard to the treatment of the patients, as to their food or anything else?—No; they have never complained to me, either a written complaint or verbally.

The Witness is directed to withdraw.

THE REVEREND HENRY WACE, D.D., called in; and, having been sworn, is Examined, as follows:

Chairman.

18633. You are the Principal of King's College; are you not?—Yes.

18634. And are you equally the head of the hospital?—By election. I am *ex officio* a member of the committee of management; they elect their own chairman.

18635. How long have you acted as chairman?—Since October 1886.

18636. Would you tell us when King's College Hospital was founded?—The account of the foundation of King's College Hospital is to be found in its Act of Parliament of the Session of 1851, which recites that it was founded in the year 1839: "And whereas before the year 1839 the said Council" (that is the Council of King's College) "had succeeded in forming a considerable medical school in the said college by reason of the large number of students in attendance upon the lectures and examinations in the several branches of medicine and surgery delivered and conducted there by Professors appointed and remunerated by the said Council; And whereas the said Council finding that hospital practice in connection with and in the vicinity of the said hospital was indispensable for the complete education of its medical students did in the year 1839, take measures for the formation in the parish of Saint Clement Danes, in the county of Middlesex, of a public hospital for the relief of poor sick and infirm persons to be supported by voluntary contributions, and to which the students of medicine and surgery belonging to the said college might, under proper regulations, for ever have access."

18637. Therefore, having a school of medicine at the college they built the hospital to provide material for instruction?—That is so. The students were permitted formerly to be taken to the Charing Cross Hospital and to the Middlesex, but there were natural difficulties in taking the students of another institution to those hospitals.

18638. Will you tell us what the constitution of this hospital is, the various responsible committees and so forth. Is there an annual meeting, for instance, of governors?—Yes, there is an annual court held every February. A governors' special court can be held at any time, with due notice. The constitution of the hospital is laid down by that Act of 1851 which I have just mentioned. The property of the hospital is vested in the Council of King's College; there is a committee of management annually elected.

(24.)

Chairman—continued.

18639. What constitutes a governor?—The payment of three guineas a year or a donation of 30 guineas.

18640. Then what maintains you principally; endowments, or voluntary contributions?—We have have scarcely any endowments; practically I may say none; we have general trust funds amounting to 9,500 *l.*, and funds for Samaritan purposes amounting to about 7,000 *l.* We depend mainly upon annual subscriptions and donations and legacies.

18641. Much the same as every other general hospital in London?—Yes, just so, except that we really have no endowment to be mentioned.

18642. Can you tell us what your items of receipt were last year?—Our annual subscriptions were 2,292 *l.* (omitting the shillings and pence). The general public donations were 5,150 *l.* There is a small grant from the Craven Charity Trustees of 300 *l.* a year, and another grant of 300 *l.* a year from the Holborn Estate Charity Trustees. Then our capital account, that is to say all the endowment that we have, brought us in dividends 332 *l.*

18643. What is that principally invested in; is it invested in ground rents or stock?—I can tell you exactly what it was on the 1st of January last: We then held in Canada Government 3 per Cent. Inscribed Stock, 2,000 *l.*; in Queensland 3 per Cent. Stock, 2,000 *l.*; freehold ground rents valued at 9,100 *l.*, less a charge for the Samaritan Fund, &c., 7,880 *l.*; leaving 1,219 *l.* available for the general purposes of the hospital. Then, to resume the items of our annual receipts: The dividends and rents from our General Trust Fund and Legacy Account brought in 400 *l.* 9 *s.*, and 423 *l.* 6 *s.* 11 *d.* respectively. From collections after sermons we had 103 *l.* The grant from the Hospital Sunday Fund was 1,406 *l.*; from the Hospital Saturday Fund, 232 *l.*; poor boxes, 104 *l.*; payments on behalf of patients, 45 *l.*; and various smaller items make the total of our ordinary receipts up to 11,288 *l.*

18644. And what was your expenditure last year?—Our expenditure last year was 17,126 *l.*

18645. So that you had a deficit therefore of 6,000 *l.*?—The exact excess of ordinary expenditure over income for the year made up on the 31st of December last was 5,837 *l.* 17 *s.* 10 *d.*

18646. In this list that you have given us you did not mention legacies; did you receive any?

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[Continued.]

Chairman—continued.

—We received legacies, but they are always carried to a special account, and then the leave of the Council of King's College has to be asked to use them for current purposes. As a matter of fact we did not require to do that in the course of the year, because we started the year without any debt, and therefore we had not occasion to sell them out till the beginning of this year.

18647. I will just ask you, how then did you meet the deficit?—It was met by some legacies and by the sale of stock. We had in the course of the year 2,464 *l.* in legacies which the council gave us leave to use, and for the rest we sold about 4,000 *l.* stock.

18648. You have certain funds that you cannot sell out, have you not?—We can sell out no funds without the consent of the council.

18649. But have you got any money so tied up that you could not sell it out even with the consent of the council?—Yes, we have certain general Trust Funds amounting to about 9,500 *l.*; and we have the Reardon Samaritan Trust Fund to the amount of 5,380 *l.*, and other Samaritan funds, amounting with the Reardon Fund to about the sum of 7,000 *l.*, which I mentioned just now.

18650. Then is there anything else which you could not sell out?—We have vacant land around the hospital which unfortunately at present is unproductive. We bought it for 10,500 *l.*, but there cannot be any reasonable doubt that it is worth a very much larger sum than that now; but for many years it has been lying idle, and under the advice of our surveyor we have thought it prudent not to do anything with it till the great changes that are being made in the property round there are further developed.

18651. Then with the exception of the 7,880 *l.*, Reardon, &c., Trust Funds and the 10,500 *l.*, invested in this land, of which you have just spoken, you can sell out any other property you hold?—Yes, that is to say the council can.

18652. And that you would have to do, supposing there was a great diminution of the subscriptions or donations?—Perhaps.

18653. Do you know whether there was any special reason for your deficit of 5,837 *l.*, last year?—No, I do not know what the reason was. It was a good deal heavier than our deficit had been for some time past. Our deficit last year, as you have said, was 5,837 *l.*; the year before it was only 3,415 *l.*; the year before that 4,183 *l.*; in 1887 it was 3,371 *l.*; in 1886 it was 2,900 *l.*. So that this last year it is a larger deficit than usual.

18654. Then these larger annual deficits are gradually eating into your capital, are they not?—We have got no capital. What practically happens is that we have a steady influx of legacies. A great number of those we have used for the permanent establishment of the hospital. We had one about five years ago of 8,000 *l.* We were reconstructing our nursing arrangements; that required re-building, and that money was practically invested in the hospital. But the average of our legacies since our foundation has been 3,060 *l.* a year, and the average of the legacies of the last 10 years has been 4,020 *l.*

18655. And the average of the deficit for the last 10 years, what has that been?—I have

Chairman—continued.

not reckoned it up, but I should think it was about 4,000 *l.*

18656. So that your annual deficit is made up you may say by your annual legacies?—That is so. We were in great difficulties six years ago; the Lord Mayor had a meeting in the Mansion House, and we had a bazaar in the College, and cleared it off.

18657. Do you appeal to the public much?—Yes, very considerably. We have a clerk in the office whose sole business it is to write letters for that purpose.

18658. And is it your experience as a hospital administrator that the more you appeal the more money you get?—Certainly.

18659. In the same way as with any other advertisements in trade?—Yes, exactly. At the same time it requires a good deal of judgment. There are certain persons who are thought likely to take an interest in the institution, and we appeal to them.

18660. But still I suppose that, as is the case with other hospitals, you frequently get letters in reply to your appeals, enclosing only three or four postage stamps?—Very rarely.

18661. Has that occurred?—Yes.

18662. This last year the public donations, you have told us, were 5,150 *l.*; is that an exceptionally good year?—No, by no means. Last October our accounts gave us every reason to think that we should have no such deficit; but some cause or other has, I am afraid, diverted public money from these institutions within the last few months, and our expectations were rather disappointed. Our donations, for example, in 1883, were 6,800 *l.*; then in 1884 they fell to 3,700 *l.*; in 1885 they were 5,300 *l.*; in 1886 they were 8,200 *l.*; in 1887 they were 5,900 *l.*; in 1888 they were 6,900 *l.*; and in 1889 they were 7,100 *l.*. So that you will see we are about 2,000 *l.* less than the last three years gave us reason to expect.

18663. What do you consider your most reliable source of income; your annual subscriptions?—Subscriptions and donations. I regard donations as practically subscriptions. There are a great many people who prefer to give money donations, and not to bind themselves by calling them subscriptions, but who practically give to us year after year. Another regular source of income on which we rely considerably is our annual festival dinner.

18664. What amount did you collect on that occasion last year?—I have got the figures here; last year we collected about 2,500 *l.*

18665. Was that exceptionally good or the average?—That was a fair average. When the Prince of Wales came we collected 4,000 *l.* It varies between 2,000 *l.* and—when there is any special cause—4,000 *l.*

18666. Do you ever have to keep any beds empty, because of your want of funds?—I am sorry to say that five years ago we were obliged to close two wards, and to reduce the number of beds in other wards; but the munificence of one gentleman, Mr. Whiting, enabled us to avoid reducing beds in other wards, and our position has been gradually improving during these last five years; until in October last we felt justified in

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[Continued.]

Chairman—continued.

in re-opening the last ward, so that the hospital is now entirely open.

18667. How many beds have you?—The committee, of course, meet every week, and we have always a weekly statement of the number of beds full in each ward in the hospital, and the exact state of the wards at that date. Here (*handing in a paper*) is a specimen of that weekly statement.

18668. The question I put was how many beds have you in your hospital?—As you see by that statement the total number of beds available is 220; the total number occupied last week is 215.

18669. Is 215 what you call about your working average?—It is above what our average has been of late, because two wards have been closed till quite recently; but I should say that our average now might be considered something over 200.

18670. And how are those divided as regards medical and surgical beds?—We have 90 surgical, 90 medical, and the rest are special, ophthalmic and obstetric, and so on.

18671. Can you tell me what the administrative staff of your hospital is. You have a secretary, have you not?—We have a secretary, and that gentleman now is also the chaplain and the warden. The warden has really no special duties as distinct from those of the secretary and the chaplain; but our chaplain, who has been at the hospital for many years, is an exceedingly valuable officer; so that when the secretaryship last fell vacant we were glad to engage his services as secretary, and to give him more general control over the hospital; and for that purpose we called him the warden.

18672. What salary does he receive?—£. 500 a year.

18673. And residence?—No.

18674. And no board?—Yes, whenever he likes; so far as he likes.

18675. What is there above him, a weekly committee?—Yes, a weekly committee.

18676. Composed of governors?—Elected by the governors at the annual court in February; a committee of management consisting of 24 members is elected to serve for the year.

18677. They themselves being governors?—They themselves being governors, some of them official governors; the Principal of King's College is always an official governor; the treasurer, of course, is always an official governor.

18678. And this committee of management is the executive of the hospital?—Yes.

18679. And does every matter of detail come before them, as regards accounts and administration?—Every matter.

18680. Are there any medical men members of that committee?—Yes, several. We always take care that there shall be several of the leading physicians and surgeons on the committee. At the present moment, for example, we have on the committee, Dr. Lionel Beale, Dr. Curnow (the Dean of our medical school), Dr. Duffin, Dr. George Johnson, Sir Joseph Lister, Dr. Playfair, Mr. Rose, and Mr. John Wood, who was recently the senior surgeon.

(24.)

Chairman—continued.

18681. How many does that make?—Of the medical men, you mean? That makes eight.

18682. Eight out of 24?—Yes.

18683. Is there any medical committee, as it is called in other hospitals?—Yes.

18684. And how many does that consist of?—All the doctors who are in the hospital.

18685. What would that number be?—About 25.

18686. With regard to those medical gentlemen who are members of your lay committee of the hospital, have they votes at that committee?—Those physicians and surgeons who are on the committee of management have votes upon it, but the medical committee have no votes upon it. I daresay your Lordship was surprised by my not answering your former question at once, but the reason is that the medical committee is not a body that is in continuous action. We only refer to it on any special occasion; and never since I have been chairman have we once, I think, had occasion to refer to it.

18687. But supposing that something went wrong with the nursing, or that you received some complaint about the ill-treatment of some case, would you determine that at your committee, or would you send it to the medical committee for inquiry?—We should not refer it in the first instance to the medical committee; we should, no doubt, appoint a sub-committee of the committee of management, which would be mainly composed, in a case of that kind, of the surgeons and physicians; and they would report to the committee of management. No doubt if that report were not sufficient to satisfy the committee of management altogether they would go further; but practically we have found that that has not been necessary.

18688. Do you ever have to turn patients from your hospital because you have not space for them?—Oh, yes, especially when those two wards were closed; it was very lamentable.

18689. And even now, though you have got all your wards open, do you think that the medical relief is lamentably deficient in your district?—More come to us than we can admit.

18690. Will you tell us exactly where your hospital is situated?—It is situated in Portugal-street, immediately at the back of Lincoln's Inn Fields; it is a street at the back of the College of Surgeons.

18691. Have you any other large hospital near you?—Charing Cross is the nearest. We are immediately at the back of the new Bankruptcy buildings of the Law Courts.

18692. Then at the meetings of this committee of management of which you have spoken, you have all the books of your hospital put upon the table?—They are all at hand.

18693. That is all the supply books and the housekeeper's books and petty cash books?—Those are not gone into at each weekly meeting; but we have a variety of committees to do all the detailed work, and report to the committee of management; we have, first of all, a finance committee; secondly, a nursing committee; thirdly, a works committee; fourthly, a com-

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mittee

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[Continued.]

Chairman—continued.

mittee for raising funds; fifthly, a dispensary committee, and sixthly, a Samaritan fund committee. Those are the committees.

18694. How often does the finance committee meet?—Once a month.

18695. Do they undertake all the finance books of the hospital?—Yes.

18696. All the petty cash books, and so forth?—Yes, they are always on the table.

18697. Are they examined by this finance committee?—Yes.

18698. And initialed?—And initialed.

18699. Do you consider that checking those things once a month is a sufficient check?—Quite so; we used until a year ago to check them fortnightly, and we found no advantage in it, but a great deal of inconvenience, because a great number of the payments being made monthly, they were much more easily followed when checked monthly.

18700. It gave less trouble to the committee, you mean?—Not only gave less trouble to the committee, but we saw more readily and exactly the comparison of the payments and the receipts.

18701. Who are the members of the finance committee; is the treasurer a member of the finance committee?—Yes, always.

18702. He is an *ex-officio* member, I suppose?—Yes, the chairman, the vice-chairman, the treasurer, and five other members nominated by the committee.

18703. And the nursing committee is in the same way elected from this weekly committee?—That is so.

18704. And also the committee for collecting funds?—Yes.

18705. Their duties are of a very arduous nature, I suppose?—No, their duties are not of a very arduous nature, because they give general directions as to what is to be done, and it is only on certain occasions that they are called together to take special measures. Practically, I beg your Lordships to understand that this deficit does not occasion us anxiety, because our experience is that we always catch it up. There is a fixed general average of liberality among the public to this institution, and now and then we have to make a special appeal, and call their attention to it; but we have a large body of supporters who, in case of emergency, will give us some help.

18706. You hold then the same belief that a great many other hospital financiers hold; that if the public believe in a hospital they will always support it?—Yes.

18707. Then the works committee, does that sit frequently?—No, only when there are special works to be carried on. If, for example, we had a complaint of any drain going wrong, or anything of that sort, then we should refer it to the works committee to investigate the matter, and recommend what should be done.

18708. Does the hospital employ any skilled sanitary engineer or surveyor?—We have a surveyor, Mr. Salter, the architect, who is retained for the hospital by an annual retaining fee; and we call him in, in a matter of any difficulty.

18709. Do you keep a plan of your drains?

Chairman—continued.

—Yes. The drains have been very carefully attended to indeed, and an entirely new system was introduced in 1882 under the direction of Mr. Rogers Field, and his plans are here. Here are all the plans (*producing some plans*), so that the position of every drain is known.

18710. That is kept up to date?—Yes.

18711. Is this architect of yours an honorary officer, or do you pay him?—We give him a very small retaining fee of 20 guineas, I think; but he is paid like any other architect for any work that he does.

18712. Now in the case of a nurse, or the sister of the ward perceiving some bad smell of some description, to whom would she naturally apply?—She would naturally apply to the sister matron, first of all, and the sister matron would report to us.

18713. To the secretary that is?—Yes, to the secretary.

18714. What I mean is that you only sit once a week, and this might be on the day after your sitting?—In a case of any emergency, the secretary would not scruple to act for himself; and if it were a matter rather beyond what he thought his responsibility he would come to me, and I should not scruple to act if I thought it important.

18715. With whom does the admission of patients rest?—With the resident medical officers.

18716. Have you any system of letters?—Yes.

18717. Governors' letters?—Governors' letters.

18718. And do those people bringing governors' letters have any priority over patients who came without them?—No priority as against the urgency of the case; but *primâ facie* a governor's letter has a claim to be attended to. A doubt arose lately, and we made a rule that no patient coming with a governor's letter is to be sent away without first consulting the warden.

18719. But in the event of an urgent case coming to the hospital without a governor's letter and a patient coming with a governor's letter, but not an urgent case, would the patient suffering from the serious disease get priority of admission?—Yes, certainly.

18720. Then there is a resident medical officer with whom the admission rests?—I should rather say resident medical officers.

18721. How many of those are there?—Seven.

18722. They are very young men?—Yes, they are recently qualified.

18723. Are they in a position to know who ought and ought not to be admitted?—Yes, they are very thoroughly trained; they are our best men; they are chosen by examination; they are men of 23 or 24 years of age, as a rule.

18724. Who is the principal resident medical officer?—The house physician.

18725. And of what standing is he?—He is 26 years of age.

18726. Is he in the pay of the hospital?—No, only so far as he has the privilege of living there, and has board and lodging there during the time of his office.

18727. But you have no medical officer, resident or otherwise, who is the servant of the board,

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Chairman—continued.

board. Of your committee, I mean?—All these young men are; all these young men are subject to the committee.

18728. Are they members of the staff?—Yes.

18729. Therefore they are members of the staff as well as being subject to the committee; but you have no medical officer resident, or non-resident, who is independent of the staff, and paid by the committee?—No.

18730. Has it ever occurred to you to appoint such an officer?—That has sometimes been suggested to us, but there is a very strong opinion among all who are acquainted with our hospital against making such a change. Perhaps I am exaggerating when I say “all,” but certainly there would be strong and general opposition to any change.

18731. By the medical staff?—By the medical staff; and I think that the committee generally would be of the same opinion.

18732. Do you not think it is a good thing to have your own officer responsible to the committee independent of the medical staff?—No; all the members of the resident staff are responsible to the committee directly—immediately responsible. If they misconduct themselves in any way, or if they showed any serious error of judgment which might lead us to think that they were not qualified for their post, they could be suspended, and certainly they would not be appointed to superior posts. I do not know whether it is a peculiarity, but it is a feature of our hospital, which is very much prized.

18733. These appointments you mean?—Yes.

18734. But that applies, does it not, alike to all general hospitals which have these resident appointments?—But what your Lordship was asking me just now was whether we have a paid resident medical officer. In hospitals which have such an officer, he is superior to the ordinary resident medical officers, and consequently in these hospitals they have neither the responsibility nor the experience which they gain in our hospital.

18735. Yes; but your men are very young, are they not?—Well, as I have just mentioned to your Lordship, the senior one is about 26 years of age.

18736. But is not that about the average age at which gentlemen hold these appointments?—Yes, about that time.

18737. Have you any out-patients?—Yes.

18738. A very large number?—I can give you the exact number.

18739. I will just ask you this question: Will you give me the number of in-patients you treated last year, and of out-patients?—The number of in-patients admitted during the year was 2,331; there were remaining in the hospital at the beginning of the year, 187; so that the total number treated during the year as in-patients was 2,518.

18740. And out-patients?—In out-patients the total number was 9,650 treated in the ordinary out-patient department; but there is also what we call the casualty department, which is only another branch of the out-patient department, and those cases were 10,337. In addition to that

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Chairman—continued.

607 poor married women were attended during confinement in their own homes.

18741. Then that makes practically very nearly 20,000 out-patients?—That is so.

18742. In addition to the 600 maternity cases?—Yes.

18743. With regard to the 20,000 cases, are those all new cases?—Yes, all new cases admitted during the year.

18744. Do you keep any register of the attendances at the out-patient department?—Yes.

18745. Can you tell us the number of attendances?—The total number of attendances during the year was 29,556; that does not, however, include the casualties; we do not keep a record of the casualties, nor how many times they attend; we keep a record when they come.

18746. Will you define what a casualty is?—An accident.

18747. The patient might attend half-a-dozen times if he had got a severe accident?—He might do so.

18748. Then the work in your casualty department is very heavy, is it not?—It is heavy.

18749. So that in your returns you do not make the most of the heavy work in your out-patient department?—Not in point of attendances; we do in point of numbers; we state exactly the numbers admitted on each side. The number admitted as out-patients is as has been stated to your Lordships; and the number admitted as casualties is as has been stated.

18750. I quite understand that, but still it is quite possible that these casualties might average two or three attendances, is it not?—They average about two.

18751. Therefore, you understate the work of your department by half?—If that is the measure of the work.

18752. Now, I will come back to the out-patients afterwards. Who makes the contracts for your food?—They are all made by the finance committee.

18753. And is that by advertised tender?—Yes.

18754. And do you ever compare your tenders and prices with those of other places?—No; not with those of other places; we carefully compare them among themselves. We have, perhaps, half-a-dozen tenders on each occasion when we make the arrangements; and we compare them before we decide.

18755. Who receives the stores?—The steward of the hospital.

18756. What does he receive; the meat and the bread?—He is responsible for receiving everything, he and those who are under him; and he examines everything, all stores without exception.

18757. Including groceries, for instance?—Yes.

18758. What is this steward; what sort of a position does he hold?—He has an income of 250*l.* a year. He used to be called the clerk; he used to assist in keeping all the accounts of the hospital and so on. He has been with us 20 years, and is increasing in value, and since the time when my chairmanship began, I forget the

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exact year, he was advanced to the office of steward and given more responsibility.

18759. Is he under the warden and secretary?—Yes, the warden and secretary is the head officer of the hospital; everybody is under him.

18760. And, therefore, he would have the right to suspend any officer during the absence of the committee?—Certainly.

18761. Do you find that there is much cause for complaint by patients; do the patients complain ever?—I do not think I can remember a complaint.

18762. Would a complaint naturally come to the chairman?—Yes, certainly; any complaint whatever would come to the committee.

18763. Would there not be a certain number of complaints which the secretary would settle off-hand?—Yes, little minor things would come to him and he would deal with the complaint by remedying it.

18764. Have you any house visitors, as they are called in some hospitals?—Yes; from the committee of management two gentlemen are told off every fortnight, it practically becomes every month, as house visitors, and their names are posted in the hall, so that patients and all persons who come may know to whom to apply in case of emergency. They visit the hospital, and go over it at their convenience, generally together, in order to see that all things are carried on right.

18765. How often do they go over it as a rule?—About once a week.

18766. Do you find that the class of person you treat in the hospital does complain much; I mean to say do you find that they are ready to find fault?—No, they are very reasonable indeed; the patients are extremely contented and good-humoured.

18767. That is your opinion, that is to say?—It is not our opinion simply, I think it is more than that; it is our knowledge.

18768. Supposing that a patient had occasion to find fault with his food, rightly or wrongly, or supposing that the nurse in charge of the ward found fault with the food, what course would she pursue?—The nurse would complain to the sister of the ward. The patient should also complain to the sister of the ward.

18769. And then what would she do?—The sister would report to the sister matron, and the sister matron would either remedy it, or, if it was a thing beyond her, which she could not deal with and remedy satisfactorily, she would report it to the secretary for the information of the committee.

18770. Is it your experience that sisters of wards complain rather readily as regards food?—Not at all.

18771. I mean to say that they are rather jealous as to the quality of the food prescribed for the patients in their wards?—They report anything that is wrong, but they are not at all given to complain.

18772. But still have you perfect confidence that your sisters are sufficiently jealous to make complaint if they think there is any occasion for it?—Perfect confidence.

18773. Are you yourself in a position to speak

Chairman—continued.

about the nurses?—Yes, generally; in regard to details I would ask the sister matron to speak.

18774. The questions as to the nurses which I have put with regard to other hospitals do enter into details; therefore, perhaps I had better reserve my questions on that subject for the sister matron. There is only one general point about the nursing which I might mention, independent of the actual administration of it. Until about six years ago the nursing of the hospital was conducted by the sisters of St. John's House; from various causes St. John's House felt unable to continue it; I think it was as much because they had more on their hands than they could do as for any other cause; and we thought there were many advantages in having our nurses in a distinct department of the hospital, and entirely under the control of the committee of management. A change accordingly was made, and during the last six years the nursing department has been a department of the hospital, entirely under the control of the committee of management.

18775. Did you find, when you had a sister hood of nursing, that there was a difficulty caused by divided authority?—Yes, there was.

18776. Now you train your own nurses?—Yes.

18777. Do you admit nurses of any and every denomination?—No.

18778. Must they all be of the Church of England?—Yes, to this extent: that it is a rule of the establishment that they must attend service in the chapel, and so on.

18779. Then you might have Nonconformists coming as nurses?—Just as they like.

18780. But they must attend, and anybody in the place must attend the Church of England service?—Yes.

18781. Who has the appointment of all servants, and the dismissal of all servants and officials?—The secretary.

18782. He has the appointment and dismissal of all servants in the hospital?—Yes, as distinct from the nurses.

18783. In that question I was putting the nurses aside. Who has the appointment of the nurses?—The sister matron; but always, both the secretary and the sister matron, under the control of the committee of management.

18784. In fact, they propose an individual for appointment; is not that it?—With respect to the nurses themselves, the sister matron is left to act on her own discretion; but with respect to the sisters, and the special probationers also, their names are submitted to the nursing committee for recommendation to the committee of management.

18785. Then, does the committee appoint the secretary, or does the quarterly board?—The committee of management.

18786. Have you got any children's ward in your hospital?—Yes, we have one ward called the Pantia Ralli ward, founded by a Greek gentleman of that name; that has 16 beds.

18787. And do you put any cots in the general wards?—In the surgical ones, not in the medical ones. This Pantia Ralli ward is entirely a medical ward for children.

18788. Is

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18788. Is that for both sexes of children?—Yes.

18789. Do you take every description of disease at your hospital?—Yes, every description, with the exception of small-pox.

18790. And scarlet fever?—We take that, but subject to the limitation than that there shall not be more than 10 cases of infectious disease in the hospital at one time, so that they may be duly distributed among the wards.

18791. Do you take diphtheritic cases?—Yes.

18792. And do you isolate diphtheritic cases?—Not usually; nor scarlet fever either.

18793. Have you found that people catch it much?—No case of its spreading has been known, within my recollection.

Earl Cathcart.

18794. You mentioned Mr. Pantia Ralli, Greek gentleman, who founded a ward, and you take as patients persons of all religions if they are urgent cases?—Yes.

18795. Is it a fair rule, exactly, to have any test with regard to the religion of the nurses?—Perfectly fair if it is known beforehand. It is sufficiently well known what is the constitution of King's College and its hospital, and people give their money to it knowing what the constitution is.

18796. Is it judicious to have such a test?—We find it works well.

18787. You might exclude, by that means, a Presbyterian, who might be as good a nurse, or even a better nurse, than one who was a member of the Church of England?—But we find that the Church of England, or at least those who are willing to conform to our rules, (for we have had Presbyterians among our nurses) can supply us with enough clever nurses.

18798. Have you in reference to your hospital what is called the aerial zone; that is, a circulation of air all round the hospital?—Yes, we have. I think the hospital always had a certain amount of air round it, but buildings have now been pulled down all round.

18799. There is nothing that impinges upon you?—Nothing.

18800. Would you give a little sketch of the hospital, to give us an idea how it is arranged; perhaps you might say whether it is on the pavilion system, or in what form is the hospital built?—The hospital centres round a large centre hall, which goes from the bottom to the top; a very large hall indeed. It was made large at the instance of Sir William Ferguson, who was surgeon at the hospital when it was built, and from that central hall all the wards radiate. There are what we call the east wing wards and the west wing wards. The west wing wards radiate longitudinally, the others horizontally. There are three floors of wards, and above these are the residences of the nurses.

18801. Then you have windows on both sides of the wards?—Yes; all through, with one exception. There is one ward on the ground floor which has windows only on one side, because there has to be a passage on the other side.

18802. Do you know what cubic space per patient you allow?—Yes; in that lower ward of which I spoke, the cubic space is 1,624 feet, but
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Earl Cathcart—continued.

the average cubic space in all the other wards is 2,000 feet.

18803. Have you any difficulty in keeping up the temperature of the wards?—None at all.

18804. And have you a temperature book of the wards?—There is a thermometer kept in each ward.

18805. You have no difficulty in keeping the temperature up to 60 degrees?—None at all.

18806. Have you a constant water supply, or is it intermittent?—A constant water supply.

18807. If you would kindly let me see the plans I should understand in a moment all about it?—That is the ground plan (*handing in a plan*), and that is the first floor (*handing in another plan*).

Lord Clifford of Chudleigh.

18808. I think you were asked the rule as to religious belief of the nurses, and you said that they were obliged to attend the services of the Church of England. Supposing that rule was adopted in every hospital in London, what opening would there be to anyone who could not conform to that rule, ever to learn to be a nurse?—I suppose there would be none.

18809. Do not you think it would be rather injudicious, therefore, to make it the rule in every hospital?—Yes; but because it is the rule for one hospital there is no reason why it should be the rule for all.

18810. Therefore the principle of your rule is a bad one except for the fact that it is not universally adopted?—I think not. It is not a bad one under the circumstances; the circumstances are such that it is possible; and it is the case that hospitals are founded on different principles; and I believe it is very much better that there should be some particular hospitals founded on this principle. We find it extremely advantageous for the general and harmonious working of the whole institution.

18811. And your contention is that the evil which might result from that rule does not, because it is a rule not adopted universally?—Decidedly.

Lord Monkswell.

18812. I suppose you have other patients besides Church of England patients; or do you not make inquiry into that?—We do not make any inquiry; but any patient can ask to see a minister of his own denomination.

18813. And that request is always acceded to?—Yes; the Roman Catholic priest and the Nonconformist minister have the right to come to patients. It is entered against the patient's name in the porter's book, and the priest is allowed to come in, subject to the general necessities of the hospital, whenever he likes. No questions about that are asked of the patients when they come; they are admitted without inquiry.

18814. There is a recognised Roman Catholic priest sent for?—There is a Roman Catholic establishment close to us.

18815. And they send somebody from their number?—Yes.

18816. And the same with regard to Nonconformists, I suppose?—Yes.

18817. The hospital people know where to go

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Lord Monkswell—continued.

to for a Nonconformist minister?—The patient would have his own minister, probably.

18818. And you do occasionally see Nonconformist ministers there?—Yes.

18819. You are a member of the finance committee?—Yes.

18820. I see here, in the financial statement which you have put before us, among the liabilities, “Loan, Messrs. Twining, 1,000 l.” at the same time you have a balance at Messrs. Twining’s of over 500 l. on the general account and a balance on the legacy account of 1,000 l. Do you know what percentage you are paying on the loan to Messrs. Twining?—They let us have the money at 3 per cent.

18821. Then that is as broad as it is long?—Yes.

18822. As to this legacy that is in the balance at Messrs. Twinings’, do they pay interest on that?—No, it is only on deposit.

18823. Then you do not get interest on it?—Not on that; but we are bound by the laws of the hospital to invest all legacies received of above 100 l.; and, preliminarily, we put them to a separate legacy account and invest when our treasurer advises us that it is desirable to do so.

18824. Then it would only remain in this account for a short time?—Yes.

18825. I should have thought it would have been better, while it did remain, to have annulled this overdraft on Messrs. Twining?—One reason why we are not particular about that is that our bankers deal very liberally with us, and we do not like to invest everything that we have on deposit the moment it comes; and then, some-

Lord Monkswell—continued.

times, we leave it with the treasurer for this reason, that we cannot deal with a legacy without the consent of the council of the college, and the council only meet once a month, so that we may have to keep the legacy waiting till we can get their consent.

Chairman.

18826. Does that cause a loss of interest?—It may for a short time; for two or three weeks.

18827. Do you wish to say anything more?—I hope I have explained to the Committee that the hospital is really a branch of King’s College and under the control of the council; that its property is really possessed by the council.

18828. Are you prepared to speak about out-patients?—Yes, generally.

18829. In that case I will ask you a question or two about that. You have a large number of out-patients, you told us?—Yes.

18830. Will you tell us what the system pursued is as regards these out-patients, from the first moment that a man presents himself at the door of the hospital?—On those points I think I will ask your Lordship to consult the dean of the medical school, who is in attendance.

18831. Have you anything else that you wish to say?—I beg to put before your Lordships the Calendar of King’s College for 1890–91 (*handing in copies of the Calendar*) in which, under the Medical Department, you will find the rules which relate to the hospital.

The Witness is directed to withdraw.

MISS KATHERINE HENRIETTA MONK, is called in; and, having been sworn, is Examined, as follows:

Chairman.

18832. You are the lady superintendent of King’s College Hospital?—Yes.

18833. Is that your proper title, lady superintendent?—I am matron of the hospital and lady superintendent of the nursing department.

18834. How long have you held that position?—Nearly six years, from August 1885.

18835. And before that what was your position?—I had no formal position, except under St. John’s House as assistant superintendent.

18836. And where did you get your training at nursing?—I began my nursing life in 1875 in Edinburgh, and afterwards I was at St. Bartholomew’s Hospital.

18837. And may I ask what salary you receive as matron?—I began with 100 l.; it was then increased, I think two years afterwards, to 150 l.; it is now 200 l.

18838. And you reside in the hospital and have board and lodging?—Yes.

18839. You train your own nurses, do you not, at King’s College Hospital?—Yes.

18840. Have you, in addition to the nurses who nurse in the wards, any private nursing system?—Yes, we have a private nursing staff of our own training, but quite apart from the

Chairman—continued.

hospital. Every ward in the hospital has a regulation number of nurses, which number may never be varied. Supposing, for instance, that one of them were ill, her place would be at once filled; or, if a staff nurse were placed or desired to go on the private staff, she could do so, but another staff nurse would be put in her place, probably one taken on from the private staff to have her knowledge a little freshened up; so that the actual number in the wards would never suffer in any way whatever.

18841. How long do you keep your nurses before giving them a certificate?—We consider them trained at the end of two years. They are probationers for two years; at the end of that two years, unless they have been very slow in their training, we would give them the promotion of a staff nurse, who is a trained nurse; but we bind them in the first instance for three years, and they get their certificate at the end of their term.

18842. And how long do you train your private nurses?—The same; they are all trained alike, and they are not put out on the private staff until fully trained.

18842*. What is the number of the staff in your hospital, that is to say of the nurses actually engaged

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Miss MONK.

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engaged in the hospital?—May I read the list out and then you will see?

18843. Please do so?—We have one Home sister to begin with, who is the teacher or instructress of the nursing school; one night sister, eight ward sisters; 15 staff nurses, who are fully trained nurses; 41 probationers; and in addition to that we have what we call an extra staff of 12 to fill the vacancies of any who may fall short in the wards from illness or other reasons. We have eight ward maids, 21 female servants, and 16 scrubbers.

18844. Do the ward maids reside in the hospital?—They do.

18845. And do the scrubbers live in the hospital?—No, they come in by the hour. The total number of nurses for the use of the hospitals is 68; that of course does not include sisters or ward maids or private nursing staff.

18846. Then the total staff altogether, exclusive of the ward maids, who have nothing to do with the patients, have they?—They have nothing to do with the patients.

18847. Your whole staff is 68, in addition to eight sisters?—And eight ward maids.

18848. That is excluding yourself and the home sister?—Yes, and the night sister.

18849. Do you keep day-nurses and night-nurses at their respective day and night duties for a long period?—Never longer than three months if we can help it. The rule is three months on day duty and three months on night duty; but sometimes they are only a few weeks on night duty. If we find for instance that a nurse does not stand the night duty very well, we have no hesitation in taking her off and putting on another in her place.

18850. As to the 12 extra nurses what is their duty?—They are to nurse special cases; some operations, for instance, require one nurse by day and one by night. Then should any of the staff of the wards fall ill, one of the extra 12 would be sent to take her place.

18851. Is it the case that you can always find employment for these extra nurses?—Yes, we generally do; in fact even with those 12 extra we are sometimes short; but rather than that our wards should be under nursed, we keep in some of the private nurses.

18852. You prefer keeping the extra staff of nurses to getting nurses from outside?—Yes, we prefer to have our own material, our own trained nurses, and then we know where we are.

18853. Do you ever have to send out for nurses?—Never.

18854. Will you tell us what the wages of these nurses are, beginning with the night sister and the sisters?—The night sister receives 45*l.* the first year; 50*l.* the second and subsequent years of service. The sisters' salaries begin at 35*l.* for the first year; the second year they are 40*l.*; the third year 45*l.*; and the fourth and any subsequent year 50*l.*; and in addition to that they are given uniform, which we roughly calculate at a cost of 5*l.* per head per annum.

18855. Then you have 15 staff nurses?—We have 15 staff nurses; the staff nurses develop from probationers, and their wages are as follows: the first year we do not pay them at all as probationers, because they do not know very much, and we wish to go on the principle of

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Chairman—continued.

paying them better when they are qualified; so that they begin the second year at 15*l.*, the third year they have 20*l.*, the fourth year 30*l.*, the fifth year 33*l.*, and the sixth year 36*l.*; and there is out-door uniform as well as in-door found for them.

18856. Is that 36*l.* their maximum wage?—That is their maximum wage; but if they work on the private staff they have a percentage on their earnings; the first year they get at the rate of 10 per cent., the second year 15 per cent.

18857. And is that their maximum commission, 15 per cent.?—Yes.

18858. And their wages are in the same ratio as those of the staff nurses?—Yes.

18859. Do they get any pension?—Yes; we have joined the National Pension Fund for them.

18860. Does the hospital pay any proportion of the premium?—It pays half.

18861. How much is that as a rule?—£. 22. 10*s.* is the annual pension for which they insure; the annual premium is about 7*l.* or 8*l.*; of this the hospital is willing to pay half.

18862. And the nurse pays the other half?—Yes; and with regard to the pension fund, the committee have been very liberal about that; I mean in this way, that should a nurse be in the position, as some of them are, to begin joining the pension fund from the very beginning as probationers, the committee at the end of their third year would pay the half of all they had paid, provided they joined under our regulations.

18863. How long do your nurses stay as a rule?—We never lose them, except for better appointments. Of course, you must bear in mind that our school is very young; we only commenced in August 1885; then it was that the St. John's Sisterhood severed from the hospital, so that we have had to found our nurse-training school, and to lay the basis of the training. It is scarcely six years old, and almost yearly we have done something to the advantage of their domestic and professional life.

18864. But as your nurses' school has only been going six years there has hardly been opportunity yet to see how long they stay?—Those nurses who have left us are only those who have gone to a better position, such as that of ward sister; we have not lost any nurse voluntarily. Of course it is natural that after four or five years they try to get better positions; and that is the only cause, to my recollection, for which any of our nurses have left.

18865. At what age do you admit nurses to your nursing school?—Our lowest age is 23; we prefer them 25 or 26.

18866. And what is the maximum age at which you take them?—Not over 35.

18867. Could you tell us the hours that you employ your nurses?—Yes. Every nurse in the building now has four hours off duty daily, probationers and staff nurses alike.

18868. What time in the day is that?—It varies. I will give you the recreation card, and then you will be able to see (*handing in a card*). The first looks rather astonishing; it is four hours off duty, from 7 to 11 in the morning. I will explain that. It is a very great advantage to a probationer, especially a probationer new to her

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work, and new to the life altogether, to have a little rest from getting up very early in the morning, and for that reason we arrange that one of the periods of four hours shall be from 7 to 11. That means that it is not necessary for her to get up until half-past 8 in the morning, and there is a second breakfast at half-past 9; she does not enter the ward that day till 11. The next time is from 10 to 2, which is again four hours off duty. The next from 2 to 6, also four hours off duty; the next is from 5 to 9.

18869. But what time do they begin duty in the wards?—Those who do not go on at 11 begin at 7 in the morning; then they get the other off-duty hours, either from 10 to 2, or from 2 to 6, or from 5 to 9.

18870. But when they begin early in the morning; that is to say, when they begin at 7, they go on till what o'clock on duty?—It just depends; we have to arrange it so that it is perfectly fair for them all round; one nurse may go on at 7 and come off at 10, and another may go on at 7 and may come off at 2.

18871. When do they dine?—There are two distinct dinners, one at a quarter to one, and the other at 20 minutes past one.

18872. Who dines at a quarter to one?—The sisters and staff nurses, as a rule, and some of the probationers; we always have to leave some of the probationers in the wards to take care of the patients.

18873. You leave probationers in the wards during the time the nurses and sisters are at dinner?—Yes, the most advanced probationers, as a rule, and should there be serious cases in the wards, the sisters and staff nurses would go to dinner alternately.

18874. Then there is tea, which is the next meal?—There are two teas; there are five meals a day, and tea is at half-past four and also at five; and then there is supper at 9 o'clock for everybody.

18875. And then is the day's work done at that time?—Yes, it is done at 9 o'clock.

18876. Is there no meal between breakfast at half-past six and their dinner at a quarter to one?—Yes there is a luncheon between 9 and 10, when they can have hot coffee or milk, and bread and cheese.

18877. Is the food all cooked in the hospital kitchen?—Yes, everything.

18878. Then, at night, what staff have you in each ward?—Two nurses; a fully trained nurse and a probationer.

18879. That is to say, one trained nurse and a probationer?—Yes.

18880. And what is the size of your wards, as a rule?—The largest contain 30 beds.

18881. They are large wards?—Yes, we calculate five to six patients to a nurse; for instance, in a ward of 30 beds we should have seven nurses, five by day and two by night. Of course, in the day they have a great deal more to do, naturally.

18882. What time do the night-nurses come on, at 9 o'clock?—Yes.

18883. And they work till when?—Till nine the following morning; but we have a very firm rule with regard to the night-nurses, that they shall alternately during the night leave the ward and go into the ward kitchen to have two distinct meals, half-an-hour being given for each.

Chairman—continued.

18884. When do they take them?—One at 12 o'clock and the other at four in the morning.

18885. And you make a distinct rule that they shall go to the kitchen for those meals?—Yes; those are the only meals taken in the wards at all. You see they cannot go down to the dining-room at night; so they are obliged to take their meals in the ward kitchen.

18886. How do you arrange about your eight ward sisters; how many wards have you?—We have nine wards; in the ninth ward, which is a very small ward, we have no sister but a charge nurse.

18887. Do you dine with your nurses?—Always, and so do the ward sisters; we all dine at one common table in the middle of the day, and the nurses have no meal alone except supper. The night sister takes the breakfast; the Home sister, the ward sisters, and I myself dine with them; and the home sister takes tea with them.

18888. Then you would know if they were discontented?—Yes.

18889. Have you ever had any complaints?—Not to my knowledge.

18890. Do you give any holidays?—Yes. The probationers get three weeks every year; staff nurses four weeks; and in addition to that we frequently send them away; if a little below par we have no hesitation in sending them away, either to our own Convalescent Home or to their friends, in addition to their annual holiday; and besides, once a month, probationers have one day; staff nurses go off on the Saturday afternoon and return on the following Monday morning, once a month; night nurses, on account of night duty, get two days a month, to make it fairer for them as compared with the day staff.

18891. Do you take any paying probationers?—Yes, but they are always considered part and parcel of the staff of the ward; we train them on exactly the same principles as the other nurses, and they are part and parcel of the complement of the ward; they are not put down as extras or treated as extras.

18892. What do they pay?—If they come for one year they pay 13 guineas a quarter. We sometimes have applications from ladies who have been perhaps in children's hospitals or in provincial hospitals for two or three years, and one year of London training is considered sufficient for them on the top of that, and for that one year they pay 13 guineas a quarter. But if they have had no training whatever we prefer that they should join for three years, and then they pay 10 guineas a quarter for the first year, and five guineas a quarter the second year; the third year we give them free training.

18893. There is a society, is there not, for the registration of nurses?—Do you mean the British Nurses' Association. I think that is the society you allude to. Yes.

18894. Do you know anything about it?—Not very much.

18895. You have no reason to think that such a system of registration is necessary?—I am opposed to it very much. I think you will find that in most hospitals there is a very correct register kept of the nurses' training, and that therefore it is not necessary that such a registration as that which you refer to should exist; because

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because I cannot see how an outside body can possibly judge whether a nurse is a good nurse or not; because her characteristic points are quite as important as her efficiency to nurse; in fact, of the two I think the former is the stronger point. And I should say that before we consider that our nurses are trained, they go through a very strict examination from the dean and sub-dean of our school, who examine them in the subjects they have been taught; and then every ward sister has from time to time, as nearly as possible every two months, to send in a report of their work. There are printed papers in which questions are asked, for the ward sister to answer, so that we may be sure that the probationer nurses have been properly taught.

18896. Have you a register there?—Yes, I shall be very glad indeed to show it (*handing in a form*). I have given you just a rough copy. You see each ward has its staff, and I have drawn out what the register board of the hospital is like. We always keep the complement; we are hardly ever short-handed.

Earl Cathcart.

18897. Do you suffer much in regard to nurses taking small bribes from patients; because I notice that one heading is, "Honesty, especially as to taking petty bribes from patients": have you trouble in that matter?—No, we have no trouble about it, but very often you are very much worried by patients; they think it is the right thing to do to give a present to a nurse; that is the explanation of that heading.

18898. You have not much to complain of on that score?—No; when they do receive a present of that kind they bring it to me, and I return it to the patient; very often the patient has already left the hospital, and we have to return it by post.

18899. On the form which you just now handed in you have a very comprehensive schedule of queries with regard to a probationer: "Is she punctual, quiet, neat, clean, active, truthful, careful, obedient, patient, good-tempered, observant, intelligent?" and there is the ward sister's signature to that?—Yes, I will explain that.

18900. How often is that required?—When a probationer comes to us she is first put on a month's trial; at the end of that month, that short paper which you have read is sent to the ward sister to fill in, that we may see the probationer's characteristic points. If that is satisfactory she signs an agreement for three years; and after that the other paper, which you are now reading, is sent frequently to the ward sister, who fills it in.

18901. The next sheet is a most elaborate one. First, there is, "Punctuality," which means "as to administration of food, wine, and medicine." Then, "coming on and going off duty; trustworthiness, truthfulness, carefulness," and then, under Section 4, you test their "observation" with regard to "secretions, expectorations, pulse, skin, appetite, intelligence as to delirium, &c., breathing, sleep, state of wounds, eruptions," and so on; and you find it easy, do you, to have this form kept going?—Yes; I

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Earl Cathcart—continued.

think it is a help because then you can guarantee what your nurse knows.

18902. But that entails a great deal of clerical work on the sister, does it not?—Our sisters are nursing sisters. I mean that they are appointed with the understanding that they have to take a very active part in the nursing of the patients, and in the teaching of the nurses.

18903. Then I notice that you even go in for particulars as to "sick cooking," under which head I find, "gruel, arrowroot, egg flip, puddings, drinks"?—Yes.

18904. And then No. 15 in the sheet relates to what is very trying to us all, "presence of mind"?—Yes.

18905. Then "obedience, patience, temper"?—Yes.

18906. Going to another matter, have you ever heard, amongst patients or visitors, any complaints of pilfering in the building?—No, not to my knowledge.

Lord Zouche of Haryngworth.

18907. Have your nurses to do any cooking operations in the wards?—No, the great meal of the day, the dinner, is done in the kitchen.

18908. But have they to prepare any smaller things either for themselves or for the patients?—No; the only thing they have to do is to cut the bread and butter for the breakfast and tea, that is all.

18909. Have you ever had any cases of nurses having caught any infectious diseases in the hospital when on duty?—One case I think we had of a nurse who contracted typhoid from a patient; then it was a very bad case of typhoid.

18910. I ask that question because I think Dr. Wace said that you take cases of scarlet fever pretty freely into the hospital?—Yes.

18911. And you do not isolate them from other patients?—No.

18912. Have you ever had any cases among the nurses of infection with scarlet fever?—Very few; and I think I may say that those nurses who have taken scarlet fever have not taken it from patients, because they have been in other wards. The other was a nurse who took typhoid from a patient, but it was an unusually bad typhoid case. Our precautions in infectious cases are very strict; we are a great anti-septic hospital; there are very hard-and-fast rules for the nurses with regard to the linen; and my experience has been that we have fewer nurses ill from infectious diseases than other hospitals. We have an excellent arrangement for our linen, which, I think, is a great safeguard to them in each ward. There are circular hermetically sealed drain pipes; one is for infectious linen only, and the moment the linen is removed from the patient's bed it is thrown down this drain-pipe shoot and so dropped instantly into carbolic acid; the other is for ordinary linen, non-infectious; so that the infectious linen is never kept two seconds in the ward after removal from the bed, but simply dropped down this shoot into the carbolic acid.

18913. Is all the linen washed on the premises?—No; it is taken away every day.

18914. The infected linen is, first of all, put into

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Lord Zouche of Haryngworth—continued.

into this bath of carbolic acid, and then is taken away to some public laundry?—Yes.

Earl of Lauderdale.

18915. You say that after one month's trial the probationers make an engagement for three years?—Yes.

18916. What sort of an engagement is that; are they bound to stay for the three years?—No; supposing they have to break it for any reason; if, for instance, their health will not allow of their undergoing the hard work, or anything else, they can go.

18917. Have they to give you any notice for that purpose?—Yes; it would come before the nursing committee; not an absolute notice; we should let them go when they wished to go; we should meet their wishes in the matter.

Lord Monkswell.

18918. You say that the day nurses' hours are from seven to nine, with four hours off duty at different times; you have not told us how long they have for meals?—Half an hour for each meal.

18919. Those therefore who do not come on till 11 in the day have, if I am right, an hour for meals, besides the four hours off duty. They would be on duty from 11 to 9; what amount of time would they have off for meals?—Half-an-hour for dinner and half-an-hour for tea.

18920. An hour altogether?—Yes; their working hours a day are nine and a half.

Chairman.

18921. Is there anything more that you wish to state?—No. I hope I have been clear that the nurses do no cooking; the only cooking that they do is sick cooking, such as making beef-tea. Of course it is essential that a nurse should know how to make good beef-tea. The ordinary beef-tea is made in the hospital kitchen, and the beef-tea that the nurses make is what is called the strongest beef-tea for very critical cases.

18922. They do no what are called menial duties?—No, this sheet (*producing it*), which is

Chairman—continued.

also very elaborate, will show you that they do not do any menial work; that is to say, there is a complete system through all the wards of the hospital. There are ward maids to do the menial work; the cleaning of grates and tins, and that kind of thing, and the sweeping.

18923. Is the health of your nurses good?—Very good indeed.

18924. It was said the other day by a witness that she considered when the nurses undertook nursing they took into view that it curtailed their lives by 10 years; has that ever occurred to you?—I do not think so. I have had nearly 16 years of it, and never was so well in my life. I think on the contrary, that it often makes those who have a little delicacy to begin with stronger women. The regularity and discipline of the life I mean, have that effect.

18925. At the same time they do require, do they not, to become acclimatised?—Yes, they do; there is no doubt about that.

Lord Monkswell.

18926. I cannot make out your nine and a-half hours. You say that a person comes on at 11, and that she goes on from 11 in the morning to 9 in the evening, and you say she has an hour off for meals; that would be nine hours?—Yes, it really is that; but I thought it fairer to give you the broadest reckoning, because sometimes the half-hour for one meal may occur in the four hours' leave of absence, as when they are off from two till six p.m. they lose the half hour for tea; they can come in for it if they like.

18927. Sometimes they may have an extra half-hour of duty, do you mean?—No; but for instance, at luncheon time they get 20 minutes to go down and drink some hot coffee or anything they like; that would make it even less than the nine-and-a-half hours.

18928. So that you would be rather inclined to alter your last answer and say that nine and a-half hours is rather longer than the actual time on duty?—It is a very full time; I thought it fairest to give the very fullest time.

The Witness is directed to withdraw.

MR. JOHN CURNOW, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

18929. You are on the staff of King's College Hospital, are you not?—I am.

18930. Would you tell me precisely what position you hold there?—I am physician to the hospital, dean of the medical Faculty, and professor of anatomy in the medical department of the College.

18931. And what qualifications do you hold?—I am a doctor of medicine of the University of London, a fellow of the Royal College of Physicians, a member of the College of Surgeons, and licentiate of the Society of the Apothecaries.

18932. Are you acquainted with the system of out-patients at the hospital?—I am. I would like to state to your Lordships that since 1864, when I began as a student, I have been at work at King's College, with the exception of a year, in the hospital and in the college in different posi-

Chairman—continued.

tions; so that my whole professional life has been practically, with the exception of that year, spent in King's College.

18933. Could you just explain to the Committee what your system is as regards out-patients from the moment that a man presents himself for treatment at all?—You must divide them into first, out-patients proper, as we should call them; and secondly, the casualties. I will take first an out-patient proper. There is a definite hour at which the out-patients are admitted, namely, from one to two; there is a register kept in the out-patient department, and they are registered. They are sent up to the out-patient physician or surgeon, or the physician for diseases of women and children, as the case may be; they are then seen by him and prescribed for; their medicines are given to them and they leave

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leave. That is what happens in the case of an ordinary out-patient.

18934. Then how long does that medicine last him for?—It varies with the disease; we have power to give medicines up to a fortnight, and perhaps, if it was a very special case, for instance a case of epilepsy, which we have been treating for a year or two, by our special signature the dispenser would dispense it for a longer period, say three weeks; but anything above a week the physician himself has to initial.

18935. Are they admitted by letters?—No, they are admitted free, but occasionally they come with a letter. If a subscriber to the hospital sends a patient with a letter it is registered in our book that he comes with a subscriber's letter, but that is all.

18936. Do the governors make much use of subscribers' letters?—Not to any extent; particularly among out-patients, very little indeed.

18937. Are those all medical cases?—No; medical, surgical, and diseases of women and children.

18938. Do you teach in the out-patient department?—Up till last year I did. I was promoted to an in-patient appointment, but up to that time had done so ever since 1874.

18939. Did you find that the number of patients inconvenienced you either as regards teaching or diagnosis?—Certainly not in my time.

18940. Had you enough material for teaching purposes?—The surgeons rather complained that they had not enough than too much; the physicians, because a medical case took somewhat longer, had a tolerably fair amount of work, and they simply did not complain one way or the other.

18941. Is that paucity of material owing to the out-patient department being open for so short a time?—No; in 1875 there was a committee of investigation, because the out-patient department was too large. As the result of that committee of investigation (it was practically open then to any extent) the rules about the limitation of hours and the rules by which, for instance, in medical cases, men are seen on Tuesday, Thursday, and Saturday; and women on Monday, Wednesday, and Friday, had a very great effect in bringing down the numbers as soon as they were known. Then, your Lordships will see that the immense amount of clearances in the way of law courts and so on, has diminished the number of people as out-patients who would be around the district; and the registration, of course, to a very great extent has also caused it. I mean that there are several causes combining to keep the out-patients numbers down.

18942. Then is that registration accompanied by inquiries as to circumstances?—Yes.

18943. And do you keep an officer to make those inquiries?—Yes, we have since 1875.

18944. And do you know whether any people have been refused treatment because they have been possessed of the ability to pay a fee?—Such cases have been known, but they are extremely rare.

18945. Is it your experience that the people who visit your hospital are very poor?—Very

Chairman—continued.

poor indeed. I should like, if I might so far trouble your Lordships, to read a list which I have had taken quite promiscuously out of our register of occupations of the persons as there put down, because it will tell you the class of people much better than I can. "Tie-maker, frame-maker, dressmaker, stonemason, labourer, labourer, labourer, child, labourer, labourer, labourer, clerk, fitter, printer, compositor, ship's steward (out-of-work), carman, labourer, labourer, fur-worker, charwoman, lithographer, labourer, printer, labourer, shop-assistant, manager of works, tailorress." That is just a page, as it stands; so that you see they are very poor.

18946. How do you make your inquiries, or how does this person who keeps that register, make the inquiries?—He keeps that book, and with regard to every patient, as he comes in, before he gives him a card to admit him upstairs, he makes these inquiries, and he takes down the name, address, occupation, and by whom he has to be seen.

18947. Does he make any inquiry as to the wages?—He did for a considerable number of years; but we found that the wage limit was a very fallacious one, because there were many circumstances connected with the number of children, position, and so on to be considered, and therefore it was given up. If a patient at all seemed to be in a superior position he was asked direct about his circumstances rather than his wage limit.

18948. And do you agree that the dress is no criterion at all of the ability to pay?—I am afraid the hospital being pretty near the middle of Clare Market, it is of very little account. An out-patient who came dressed in the sense you mean would immediately be asked questions. It is the rarest thing for people to come to that department who can pay a fee. I may say that since I have been physician, since 1874, there have been three people only, so far as I know, who have come to that out patient department who have been able to pay a fee, a guinea fee, for being attended; and they came not because they were poor, but because they wanted the opinions they said of a physician to a hospital, exactly as you would go to a private house. They were not seen in the hospital; the names of all the physicians in the hospital were given to them, and they were told to go and see the physician at his own house the next morning.

18949. Do you know if they did that?—I can answer for two because it was I who saw them. The third I do not know anything about, but it is quite possible that one of the other physicians might have seen him. That is my experience since 1874.

18950. You said that the alterations of the buildings in the neighbourhood and so forth had to do with the diminution of out-patients attending?—Yes.

18951. Is it your experience that people do go to the hospital in their own immediate locality?—Very much so. I think that even when the addresses that you will find in the list I have shown you are not in our immediate locality, the people are at work on some occupation that will bring them up into the Strand district. The

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hospital has more or less a certain reputation and that will affect people. For instance, our hospital has more or less of a reputation at Woolwich, and we get stray contingents of people from Woolwich who do not go to a Woolwich Hospital.

18952. Is there a hospital at Woolwich?—A hospital or dispensary, I cannot say which. There are hospitals *en route* between Woolwich and King's.

18953. Do you not often find that out-patients prefer to come to a hospital some distance from them, having to pass perhaps three or four other hospitals on their way?—Yes; there are two or three hospitals on the way between Woolwich and King's. A great deal depends on how they can get up. They come up to us by river, which is an extremely cheap method of travelling; and it is immaterial whether they go to London Bridge or go on to the Temple pier; and, of course, the South Eastern Railway brings us up patients, who just have to come across from Charing Cross.

18954. But you think the majority of your patients come from the locality?—Either are occupied in the locality or live in the locality.

18955. Will you tell us now about the casualties?—The casualties are admitted at all times. They simply come to the door of the hospital and are admitted at once by the porter. From the porter they are sent into the front surgery, as we call it, in contradistinction to the out-patient department. There they are seen by an accident dresser; and the accident dresser's duty, if the accident is at all severe or doubtful, is to call the house surgeon who is on duty for the day, and they would be seen by the house surgeon; or by the house physician, of course, if it is a medical case.

18956. Then the medical men who see the out-patients are members of the staff?—Quite so, but the casualties are seen by the resident medical officers. With regard to that, I also thought that it would be very much better that you should have the actual statement of just what happens in a day at our hospital to show you the nature of the cases, rather than that I should give it from memory. I took here again a page from the porter's book, who registers these cases, and it runs in this way: "Bad arm, bad knee, hurt hand, eye, ill, hurt hand, ill, ill" (those described as "ill" are medical cases), "Hurt ribs, cut thumb, hurt shoulder, cut hands, hurt finger, cut head, cut head, sprained ankle, cramps, hurt arm, hurt ribs, kicked in the chest, ill, ill, cut leg, diarrhoea, hurt finger, bone in throat, a fall, a fall, cut head, child ill, throat, hurt arm." That is as they came in.

18957. Then those cases are liable to be seen at any time?—Those are liable to be seen at any time. Obviously such cases could not be kept waiting.

18958. Then do you find a great number of very trivial cases come to you as casualties?—Some of them are trivial and some of them are, of course, very severe; I mean a cut finger case from the neighbourhood just the same as a man who is crushed in the Strand.

18959. Do you make any inquiries as to the

Chairman—continued.

circumstances of these "casualties" at all?—We make no inquiries as to them; our feeling is that we could not by any possibility turn away anybody who was bleeding until inquiries could be made, we must treat the case at the time; or, if a man has cramps in the stomach, you must treat him when he comes.

18960. Now in the case of a person coming with a cut finger, who is the first official that he sees?—The accident dresser.

18961. But he sees a porter before that, does he not?—The porter first, yes.

18962. The porter would not tie it up?—No; certainly not.

18963. Is there any nurse there?—There is a nurse in that department.

18964. But she would not tie it up, would she?—No; it is her duty to call the accident dresser.

18965. He being a qualified student?—No, not necessarily; very often he is. Every student of the hospital has to take an in-patient dressership, and every dresser has to take accident duty; and a rota is made out day by day of them. Of course some of them are not qualified, but as the six months go on many of them get qualified. That is a six months' appointment; so that they may or may not be qualified.

18966. This officer then is called down by the nurse; but supposing that the case is more complicated than he supposed, what then?—There is a house surgeon on duty.

18967. And the dresser sends for the house surgeon, does he?—Yes.

18968. So that, as far as you can ascertain, a student has not to deal with any serious cases?—Most certainly not. If it were known that he had dealt with any serious cases he would be suspended.

18969. Is there no fear of their taking any serious case?—You cannot answer for it that any man shall show absolute discretion; but he would be suspended if anything of the sort was known; and there are plenty of other dressers round who would soon let the authorities know.

18970. Supposing a man came in the middle of the night?—There is no accident dresser at night; that is the house surgeon's duty; the accident dresser is only on duty in the day.

18971. So that there are always plenty of other people about when the dresser is on duty?—Plenty.

18972. Now you have in your hospital a number of resident medical officers?—Yes.

18973. How many are there?—Seven.

18974. What are those?—There is a house physician and an assistant house physician; there are three house surgeons, and a physician accoucheur's assistant, and his assistant.

18975. The hospital attended, we were told, I think, 607 cases last year for women confined outside?—Yes.

18976. In those cases is there any limit of radius that you go to from the hospital?—Yes, there is an absolute radius. Taken on the east, it is bounded by Farringdon-street; taken on north, it is bounded by Guildford-street; taken on the west, it is bounded by Wellington-street; and

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[Continued.]

Chairman—continued.

and taken on the south, it is bounded by the Thames.

18977. Then these cases are attended by students, are they not?—They are attended by students.

18978. Are these resident medical officers paid at all?—No; they have their board and lodging. When I was a resident medical officer I paid, in addition; I paid 50 £. for my resident officership. The other is a rule that has come in recently; at least when I say that, for about 10 to 15 years. Formerly, we paid 50 £. for the appointment.

18979. To whom did you pay the 50 £.?—It went to the committee of management; into the hospital funds.

18980. Is there any fee to any officer on the staff?—No fee whatever; they are all free.

18981. But I mean, is any fee given by these men getting the appointments to any officer on the staff?—No, there is no fee paid to anyone. When a student has been his two years dissecting and engaged in his physiological work, a record of that is put before a committee of the medical school, and then he is sent up as an out-patient dresser; from the out-patient dresser he becomes an in-patient dresser; and then, from that, out-patient clerk and in-patient clerk. He has to go through the whole of those offices, and the senior ones are competed for, the lower ones being given on the record of the work done.

18982. Are all your staff required to have the qualification of the College of Physicians or Surgeons of London?—Do you mean the visiting staff or the resident staff?

18983. What they call the staff?—The visiting staff; yes, they are compelled to obtain the membership of the College of Physicians within a year, or the Fellowship of the College of surgeons of England within the same time on the surgical side.

18984. Do you see any advantage in that rule?—With regard to the membership of the College of Physicians, that is a disciplinary board, and deals with matters of etiquette; I rather see an advantage there. The fellowship of the College of Surgeons is acknowledged, I think, to be the best surgical examination in England, with perhaps one or two qualifications. I mean to say the degree of master of surgery, for instance, of the University of London, I should put quite as high as the fellowship of the College of Surgeons of England.

18985. Is that a degree given only by the London University?—It is given by other universities, but the London University has quite a different examination for it from any other university in the kingdom. At Edinburgh a master of surgery goes with a bachelor of medicine. Here a master of surgery requires to pass an examination in surgery some years after his other examinations.

18986. Do you think that the fact of obliging medical men to have the London colleges' qualifications has ever caused you to lose a good man at your hospital because he had not got one?—I should say that if the few universities for instance exercised any disciplinary powers over their graduates I should see no reason whatever why a man should become a member of the College of

Chairman—continued.

Physicians. For instance I am a doctor of medicine of the University of London; they exercise no disciplinary power over me in any shape or form; but I am a fellow of the College of Physicians, and that body exercises a disciplinary power. It is a question of etiquette; that is the reason.

Earl Cathcart.

18987. We were told at our last meeting that there was rather a grievance in a matter associated with all the hospital out-patient departments more or less, namely, that poor people were kept waiting, out in the rain it might be, before the doors were opened in the morning; have you noticed anything of that sort?—They can be only kept if they are before the hour at which they are admitted; I mean that they do not come before one o'clock and they are admitted up to two. We have no covered shelter for them.

18988. But suppose they come a little time before the door is open?—Then there is no shelter.

18989. Did you ever observe them standing out in a crowd in rain in that way?—No. You see the number of patients that are seen at King's (if I might refer to that for a moment) as out-patients is 9,650; if you divide that by 312 it is only an average of 30 daily; it is a very small number.

18990. It might well be a grievance at other hospitals without being so at yours?—Yes, quite so. I should say that its not occurring at our hospital was due to the small number.

18991. With regard to your outside midwifery cases, do you give bags of linen and beef-tea, and that kind of thing?—Occasionally; and we have sent out a nurse.

18992. It is not your rule to give bags of linen?—No.

Lord Zouche of Haryngworth.

18993. Your students are allowed to go, I think, to the fever hospitals of the Metropolitan Asylums Board?—That is only very recently indeed; the regulation has only come in within scarcely six months; it is not really in good working order yet.

18994. And do you think that privilege is likely to be greatly used?—It is very difficult to say, because, of course, some of these Asylums Board hospitals are at a great distance. For instance, we ourselves should have to send either to Homerton or to Fulham. Where infectious cases can be seen by the student in his own hospital he probably would not go to the Asylums Board hospital. In the next place he would not consider that the teaching at the Asylums Board hospital by means of a superintendent, although it might be most efficient, was equal to that of the visiting staff of his own school. Besides the material he must have the teaching. There are, of course, asylum superintendents who do teach and I believe they are extremely efficient teachers; still it would be difficult to persuade the student of that.

18995. The question is important, because we have been told several times that there is such a very inadequate provision for teaching the treatment of infectious diseases to students in London;

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Lord Zouche of Haryngworth—continued.

I suppose you bear that out?—We have at King's a standing rule of admitting ten cases; so that our students have a better chance of seeing infectious diseases than the students in any other general hospital in London.

18996. You are rather in an exceptional position then in that way?—Quite so. Except small pox we take in anything that is bad. I should explain with regard to that, that it is extremely difficult in my experience to keep out an infectious case. A person with scarlet fever may not be admitted as a case of scarlet fever but he may have Bright's disease, and it may be that in a day or two the scarlet fever is peeling; you cannot send that case out.

Earl of Lauderdale.

18997. Do not you find that inconvenience arises to the other patients from that system of taking in infectious cases?—No; I never knew infectious diseases spread in the hospital, except in the one case of typhoid just now referred to by the matron; and that was not clear.

18998. You spoke of peeling. Usually speaking, in scarlet fever cases it is thought necessary to take special precautions against the spread of infection, but you do not isolate them, you say?—In the first place the air space at King's is enormous, and that has a great deal to do with preventing the spread of infection; and the further the patient would be put at the end of the ward where he would not have any patient on one side, and on the side where there was a bed that bed would not be filled unless it were absolutely necessary. We do not have ten such cases absolutely in the same condition at the same time.

18999. But the convalescent of scarlet fever are the worst for the danger of spreading the infection?—Yes; but we should never have ten cases of scarlet fever at once.

19000. You would refuse them you mean before it came to that number?—Yes.

Earl Spencer.

19001. Are they in the same wards as the ordinary patients?—Yes, unless there is anything special in the cases; we have two isolation wards, and we do frequently isolate them as a matter of fact.

19002. In regard to the question which the noble Lord asked you about the infirmary hospital and the want of teaching power there, was not the idea rather that students should be taken round with their own teachers to see these cases?—No, they have to be taught by the Superintendent of the Asylums Board hospital.

19003. That is so now; but has there not been some idea that the other system might be adopted?—As far as I am aware there is some legal difficulty in the way with their Act of Parliament; but I am not quite sure on that point.

19004. I thought there was some special clause introduced into the Act in order that those infirmaries might be thrown open for the purpose of teaching?—I believe there was; but I have always understood, and certainly it is the process now, that the teaching is done by the resident superintendent of the asylum.

Earl Spencer—continued.

19005. But is there a legal difficulty in a teacher from a hospital taking pupils round?—The regulations that were laid down certainly never took the form of the teachers going from their school to the Asylums hospital to teach there; but whether it is a legal regulation or one made by the Asylums Board I could not tell your Lordship.

19006. Would there, in your opinion, be a difficulty in carrying it out under proper regulations?—I see great difficulties. You would have a dual control. It would be the most difficult thing possible for a physician to one hospital to take a large number of his students into another hospital over which he had no control and teach on another person's cases.

19007. If he taught a large number, certainly there would be a difficulty; but under regulations it might be arranged I suppose?—I should tell your Lordship that the general medical council has now insisted upon an extra year being added to the medical students' education, and of course it is quite possible that a certain number of medical students will take part of that year in going to a fever hospital. The student will have a year more for getting instruction extra to what he gets now; it is not laid down how he shall spend it, but certainly it is contemplated that the study of fevers shall form part of it.

19008. Now with regard to the class of people who come for out-door relief, are there any provident dispensaries in your district?—None. I think there is one perhaps on the other side of Holborn, at Lamb's Conduit-street; there was one there I believe, but there is none immediately close to us.

19009. Has there been any attempt to get them up?—No, not in our neighbourhood.

19010. You do not think it is possible that the fact of your giving this free treatment to so many people prevents their being established in your neighbourhood?—I do not think it affects them in the slightest. I can scarcely imagine that one per cent. of these people would be likely to join a provident dispensary. There may be a few in superior work in the Strand who might join one, but certainly the people in Clare Market could not do it.

19011. They are too poor, you think, to pay the very small sum that they would have to pay to join a provident dispensary?—We had an investigation as to whether we could charge our out-patients two or three years ago, and it was at the instance of Mr. Kinglake, a barrister, then and now a member of the committee; we came to the conclusion that we could not charge them more than a penny a head, or twopence at the most, and that it would not be worth while, with our small number of out-patients, to charge them.

19012. You have discussed the question then whether you could do it?—Most certainly.

19013. Did the establishment of the work-house infirmaries at all diminish the number of patients that came to you?—Not at all; our hospital, only now containing 220 beds, has really never been otherwise than full, except when

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when we were obliged to close the two wards of which the Chairman spoke, for want of funds.

19014. I suppose among your out-patients there are those who come, not to get a skilled opinion or a consultative case, but merely as cases of ordinary illness?—Of course the greater part of them are cases of ordinary illness; a few are sent by old students, and so on, for consultative purposes, but the greater number come in the ordinary way.

19015. But that is rather a valuable part of the out-patient system; getting consultative cases sent by old students, is it not?—Yes, old students frequently do it; they are always perfectly well aware that we are very glad to see them. They might be cases in which the people might be able to pay; but that question never comes into consideration if they are sent by old students.

19016. And those are valuable cases to you for teaching purposes?—They are valuable cases; but then the students in after-life will have to treat a large number of ailments, and we must have trivial cases as well as serious ones.

Lord Monkswell.

19017. Have you anything to say with regard to the question of general and special hospitals?—In regard to that, it depends, I should say, entirely upon the class of special hospital. For instance, a special hospital like the Brompton Hospital for Consumption is for a class of cases which are undoubtedly extremely numerous, and it is a question of accommodation. They send patients out every two months just exactly, I believe, as we should do. We should take a limited number of chest cases; but unfortunately the disease is so prevalent that you must have accommodation for them; so that in that way you are bound to provide asylums for them. A certain number of other hospitals are absolutely asylums for incurables; you have to relieve them, and you must send them to other places. Then a third class of special hospitals that you have are those that were founded, like the Moorfields Ophthalmic Hospital, before ophthalmic and other special branches were common in general hospitals. Now that the general hospitals have special departments, for the throat, for the eye, for the ear, and such classes of cases, I see no necessity for the special hospitals; but you cannot do away with the old institutions. Most of the recent ones I should say were useless.

19018. You would say that the special departments of a general hospital could treat this class of cases just as well as the special hospitals?—I should even go further, and say that they could do it better, because in the general hospital the physician or surgeon has a greater general knowledge. Take the hospital for fistula, for instance; you must examine a man's chest to see whether he is consumptive before you operate on him. It is simply parcelling the body out into pieces as if the one had nothing to do with the other.

19019. It has been suggested as a reason for having a special hospital for consumption that a very peculiar system of ventilation is necessary for consumptive persons that is not necessary for other kinds of diseases?—I think the more you

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Lord Monkswell—continued.

can expose them freely to the open air, and even send them to the country, where there are fewer people, the better for them.

19020. For cases of consumption, we were told, it is necessary to have the air at a certain temperature which it is not in other diseases, and so in the Brompton Consumption Hospital they have rather an elaborate system of ventilation?—We, at King's, kept what was called a warm ward for three or four years, where we put cases of consumption, bronchitis, and very serious complications of heart disease, and it was about the most fatal thing we ever did. The patients were no better for the treatment and we were obliged to give it up.

19021. I think we had it in evidence that in the Brompton Hospital they have four towers, and that by their system of ventilation the air there is changed about once in every one-and-a-half hours?—I was in Brompton for six months; but a cross ventilation which you can have with windows on both sides I think is very much more advantageous. For instance, there are small wards at Brompton, and I should very much prefer the system of ventilating that we have, having the windows freely opened.

19022. You do not consider, then, that the ventilation of Brompton Hospital is a very peculiar success?—They have changed it since I was there. It is a long time ago since I was there.

19023. Do you think that special hospitals are desirable for diseases of children?—With regard to that, I should put it very much as I do the question of a consumption hospital. There are undoubtedly so many children suffering from children's diseases, medical and surgical, that I am afraid the children's wards in general hospitals will never be sufficient to overtake the demand, and therefore there must be of necessity children's hospitals. But of course that they are no better *per se* than the children's wards of a general hospital I am perfectly clear; but then it is a question of how many children's beds you can take in in a general hospital.

19024. It is simply a question of how the accommodation can be best distributed?—That is exactly my idea.

Chairman.

19025. You are dean of the medical school at King's College?—I am.

19026. Will you tell us on what basis the medical school is?—The medical school is simply a medical department of the college under the general supervision of the college and the principal of the college, and is worked exactly on the same lines as for instance the applied science department, the engineering department, the theological department, and so on; it is not an independent school.

19027. Can you tell us at all about the fees, and how the expenses are met. To whom are the fees paid first of all; to the college?—To the college; everything is paid in to the secretary of the college. Since 1883, when I was appointed dean, the total receipts of the medical department have varied a little, from about 2,500 *l.* to about 3,500 *l.* The highest total receipts have been nearly 3,700 *l.*

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19028. Is

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19028. Is that in one year?—In one year.

19029. And how many students does that represent?—That would mean an average of between 30 and 40 matriculated students entering every year. The number of matriculated students we have at present is just over 200; it is 205.

19030. Is that an increasing or a decreasing number?—It is variable. During the last year or two it has been increasing; but there was a drop previous to that. The smallest entry that we had was in 1888; that was a drop, and now we are gradually recovering from it.

19031. Was there any particular reason for that drop?—Not that I am aware of.

19032. Has it anything to do with other hospitals having residential colleges?—No, I should rather say it had to do with the unfortunate fact that we were obliged to shut up two wards of our hospital, and therefore could not give the same amount of instruction as before. We have always had a residential college from the foundation of the college in 1839, but it is not limited to medical students; students from any department may live in it.

19033. Then the medical fees at King's College Hospital do not rest with the medical committee, or with the medical members of the committee of management, but with the authorities of the college?—No. A certain proportion, namely, a quarter of all our fees, goes to the general expenses of the college, before there is any question of dividing among the professors themselves; and a certain amount of our expenses is paid from the general funds of the college; and if our expenses go above a certain amount, that is again supplemented by the college. Again if our expenses are not so great we supplement the other departments.

19034. Are the fees of lecturers and teachers paid by the college?—Yes; in fact, scarcely one of us knows what the fees of the others are, until they are divided between us.

19035. Then who selects the teachers and lecturers?—The council of the college.

19036. But now you say you give one-fourth part of the fees to the council of the college?—Yes.

19037. What becomes of the other three-fourths?—The expenses are taken out of that up to a certain extent.

19038. How much would that be?—The expenses have varied from 1,800 *l.* practically down to 1,400 *l.*; the lowest sum is 1,405 *l.* and the highest is 1,798 *l.*19039. And what were the expenses last year?—Last year the expenses of the medical department were 1,700 *l.* A quarter of the fees goes to the expenses of the college generally.19040. Then that means to say that dividing your 2,700 *l.*, if that is the amount of your fees, into four, 670 *l.* odd is to go to the council?—Yes; but I mean that of what are called our total receipts, the fourth has been taken off previously.

19041. Then, what becomes of the rest?—That is divided, of course, among the professors.

19042. But I thought that these gentlemen received all the fees from the council?—Yes, they are paid through the council, but of course

Chairman—continued.

they must be the fees which come in from the medical students.

19043. Then you are handed over a certain sum by the council to pay the teachers and lecturers?—Yes. I want your Lordships to understand that the fees are all fixed in this calendar; that is all paid to the secretary in the office, who in the officer of the council; and then yearly, after taking out the expenses due to the medical department he divides the rest of it amongst the professors.

19044. And what is the maximum that any professor gets; I do not want his name, but what is the maximum?—In some subjects if he is devoting his whole time to the college he could get from 400 *l.* to 500 *l.* a year.

19045. Are they paid by the number of students that they teach?—It depends. The sum is divided among them in this way: In the first place, a certain amount, a third, is taken over for the clinical teaching of the hospital, and that is divided, of course, amongst the clinical teachers, out-patient as well as in-patient, the other two-thirds are paid to the professors who lecture in the college on physiology, anatomy, and so on; and they are divided among them according to the amount of fees which the importance of each subject is supposed to entitle it to. For instance, if one subject is charged nine guineas per course, and another subject is charged five guineas, the man who is the professor with the nine-guinea fee will get a corresponding proportion. That is all divided by the secretary of the council; it is laid before the council, and is then paid to us; we have no control over it.

19046. Then the medical men have no control over it at all?—Not the slightest.

Earl Spencer.

19047. Then you have not got a medical committee of the council to manage the medical school?—Not to manage the medical school; but there is a medical committee. If you notice the list of the council you will find some medical men there; but they are none of them present professors, but past professors, who form a medical committee to whom the council of the college relegate any question connected with the medical school.

19048. And they appoint the professors?—They recommend them to the council, and the council appoints them. I should explain to your Lordship that there is a meeting of the medical staff for the discussion of the ordinary medical routine of the hospital once a month, called the medical board, of which I am dean; and part of my duties as dean is to present the ordinary business that comes up to that board once a month; and if they have anything to recommend, they recommend it at once to the council.

19049. Then your school differs from other schools connected with some of the large London hospitals in this; that in your case there is a large element of lay managers, whereas in other hospitals I suppose it is almost entirely managed by the medical staff?—It is a different thing in our

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our case from what it is in theirs; ours is a medical department of the college managed by the council of the college; the other medical schools are simply an association made by themselves for teaching purposes. They grew differently; but in our case the medical department grew as a department of the college. In the other hospitals a medical school has been formed by the gentlemen who are on the staff of the hospital, and they form a society of their own. We are a chartered corporation of course, and they are not.

19050. And should you say that the council of King's College does justice to all the requirements of medicine, surgery, and so on?—Most certainly.

19051. Then there is a difference as compared with the hospitals; but the system of management is a good one in your opinion?—I prefer it infinitely to a private system.

Earl Cathcart.

19052. But there is some analogy between your system and that of University College, is there not?—University College Hospital is under exactly the same system, so far as I know.

19053. And those two are single instances amongst the medical schools; your college and University College?—Yes.

19054. It rather struck me that University College had more freedom; but it is not, so I now gather from you?—I do not think so.—(Dr. Wace.) I think it is just possible that there may be some differences in the organisation, in the direction that your Lordship means.

Earl Spencer.

19054. (To Dr. Curnow.) Would you like to develop this system further, and have one large board to manage all the schools in London?—I think such a system would be most disastrous. You must have at least three or four; and of course the chief objection that I should have is that all our scientific studies now are so practical that I cannot understand a teacher teaching a practical science with more than 100 pupils to superintend. I should say, when it got beyond that it got cumbrous; that it had to be left to demonstrators and assistant demonstrators. It is not so much the lecture system as the practical work that must be superintended.

19056. Then you attach importance to the independent individuality of each school?—Yes. I should say that I am firmly convinced that for the teaching of science, some of the schools in London might be amalgamated; but of course from amalgamating two or three schools, and so making four or five science colleges, as it were, it is a very long step to central institutions.

19057. But you think that some little centralisation might be carried out in regard to some of the arrangements, though not with regard to the clinical subjects?—Quite so. I am strongly of opinion that there is a great waste of teaching in some of the science subjects in London, which might be avoided if some of the schools could, to a certain extent, combine. I should say that the great advantage of King's College and University College as colleges over the medical schools of

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Earl Spencer—continued.

the other hospitals is that we can send our students into, perhaps, one of the finest physical laboratories in the kingdom. Our chemist is not dependent upon medical fees; he has a large amount of fees also from the Applied Science Department. We are enabled to keep up a good biological school from the same circumstance, because where a medical school has to keep up a chemist and a physicist, a physiologist and a biologist, and to stock all their laboratories, it is almost an impossible thing, unless it is extremely rich. I mean that it is attempting to do the work of a science college, for which they are not fitted. (Dr. Wace.) Might I add something to a piece of evidence given before you by Mr. Bousfield, a valued member of our committee? He was under the impression that the connection of the hospital with the college in these science schools led to a greater expense of hospital working. I think your Lordships will see that from the working of our system our medical school teachers have access to laboratories and the other forms of teaching which they could not have merely in connection with the hospital.

Chairman.

19058. (To Dr. Curnow.) Is there anything else you wish to say to the Committee?—There are one or two small points which I should like to call your Lordships' attention to. That (*producing a form*) is a form which is used throughout the college, not in the medical department only, for our students. These forms are sent to the parents and guardians regularly three times a year; and I have taken an example of one form relating to an extremely unsatisfactory student and an example of a satisfactory one; and we keep permanent returns of that nature; so that our discipline is perhaps very much stricter, as it is collegiate discipline, than that of most of the medical schools.

19059. Who is responsible for the discipline?—I am.

19060. Under the principal?—Under the principal. The only other point that I wanted to call your Lordships' attention to was that Mr. Bousfield, who is a member of our committee, said in his evidence that we often saw patients for about half a minute only.

19061. Do you know at what number in the evidence that was?—It was given on the 15th of May last year. The first answer I wish to refer to was at No. 1324; he says there that there is no classification between casualties and out-patients; "the classification is made by the people themselves; it depends upon which door of the hospital they apply at." Upon that I venture to say that I hope I have made it clear to your Lordships in my evidence that unless they were real emergencies they would not be treated from the surgery of the hospital; that there is a distinct classification; that it is only emergencies that are treated as casualties; and that it is quite a mistake to describe them as being ordinary out-patients. And then with regard to Nos. 1373 and 1374 on page 91 in Mr. Bousfield's evidence, there again it is stated by him that the physicians and I presume it refers partly to myself, for I was

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physician to the out-patients at the time) treat patients very quickly. He says, "I think there is a tendency to treat patients very quickly"; and he also says, "I cannot tell exactly what the average amount of time devoted to each patient is, but I should suppose not more than half a minute." I demur entirely to that. Our out-patients do not average more than 30 in a day, and they are divided between three men, and they have three assistants. Those are the new cases; the attendances do not average more than three times. If a patient comes and says he is better, and you have an assistant close to your hand and you tell him to repeat the medicine, it may take half a minute; but otherwise the cases take quite as long and are examined as thoroughly as they can be anywhere. It is not a question of whether they are interesting or

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not. If a person comes with phthisis or anything like that we make it a principle for the instruction of the student, as well as for our own satisfaction, to make a thorough examination of the patient's chest.

19062. Do the assistants attend on the same day as the surgeons?—They work by the surgeon's side.

19063. And how long does the work of the out-patients' department go on, till it is finished?—Till it is finished. Practically one is rarely in the out-patient department after four; from two to four often; sometimes not so long.

19064. Is there anything else you would like to say?—No.

The Witness is desired to withdraw.

Ordered, That this Committee be adjourned to Thursday, 16th April, at Twelve o'clock.

Die Jovis, 16^o Aprilis, 1891.

L O R D S P R E S E N T :

Earl of WINCHILSEA AND NOTTINGHAM.
Earl of LAUDERDALE.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.

Lord SAYE AND SELE.
Lord SANDHURST.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. JOHN WILLIAM MOORE, M.D., is called in; and, having been sworn, is Examined, as follows :

Chairman.

19065. You are a Member of the Royal College of Physicians of Ireland?—Fellow and Registrar.

19066. You are not the President of that Association?—I am not the President, but I am a Fellow of it, and the Registrar.

19067. Are you Physician to the Meath Hospital, Dublin; Consulting Physician to Cork-street Fever Hospital, Dublin; and Professor of Medicine in the Royal College of Surgeons, Ireland?—Yes.

19068. And you wish to hand in to the Committee a statement with regard to the exclusion of members of your body from the medical institutions in London unless they obtain an extra qualification in London; is that so?—Quite so.

19069. Of course we shall be very glad to hear anything you have to say on that particular point, but you may have observed that our instructions from the House of Lords do not permit us to go into matters affecting Ireland generally, as regards medical institutions there; anything affecting the particular point mentioned we shall be happy to hear from you, but at present our inquiry is limited to the metropolis?—I understand that.

19070. It is the case, is it not, that no member of your College can obtain an appointment on the staff of any London hospital without the qualification of the London College of Surgeons or Physicians?—I do not think that that exclusive rule is universal, but there are many hospitals where it applies.

19071. Do you know of any hospital where it does not apply?—I do not, but I should be sorry to say that it was universal. It is largely prevalent.

19072. At the same time you cannot call to mind any hospital where such a gentleman without a London qualification would obtain an appointment?—I cannot.

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Chairman—continued.

19073. Do you know of any medical men who have made application and been refused on that account?—In the case of a provincial hospital a graduate of the University of Dublin not very long ago sent in an application, and it was found that he was ineligible; and on the last page of those minutes of evidence which are before you I have culled at random from the British Medical Journal of the last few weeks a number of exclusive advertisements. In not a single case there would one of our men have been eligible without undergoing a further examination on this side of the water.

19074. What sort of an examination would that be?—It would have been an examination for the lowest qualification of the Royal College of Physicians here.

19075. And had he already obtained a higher qualification than that which he would have obtained on this side?—Some of our candidates would have perhaps been Fellows, or Members at all events of our College. We have three grades, Fellows, Members, and Licentiates; and to qualify for those appointments, the lowest qualification here would have had to be taken.

19076. Which is a lower qualification than the one the candidate would probably already possess when making the application?—Quite so. In my own case, as a Fellow of the Royal College of Physicians, I should have had to undergo the examination for the license in medicine of the Royal College of Physicians of London. Now, I saw that Dr. Allchin of the Westminster Hospital had stated before this Committee that he considered that would be no grievance; but I know it would have been a grievance. None of our Fellows would think of looking for a hospital where such an exclusive rule exists; I have no hesitation in saying that.

19077. How does the grievance come about?—The grievance comes about in this way, that
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[Continued.]

Chairman—continued.

a man who had been perhaps 20 or 25 years in practice, holding the highest qualification from his own College, would be very reluctant to subject himself to the lowest grade examination in a sister College, in order to qualify for an appointment.

19078. Do you mean that from the loss of dignity it would be derogatory?—I do not think that anyone would like to run the gauntlet; it would be very unpleasant.

19079. A man of a certain age would not so easily qualify as if he had gone straight from college?—Exactly; his practical experience would be very much increased, but his opportunities for passing examinations do not improve as time goes on.

19080. Have you ever made any representation to the Colleges of Surgeons and Physicians that any alteration should be made in reference to this matter?—We have not approached the Colleges, but we have sent that statement which is now before you to various institutions in England; this printed statement I mean, headed "Hospital Appointments in England," which is embodied in my minutes of evidence on page 2.

19081. Could you give the Committee a copy of that?—A number of copies are here. I merely wish to explain this in reference to that statement. It is headed, "King and Queen's College of Physicians in Ireland." Last year Her Majesty granted us a supplementary charter, changing the name of the college to "Royal College of Physicians of Ireland." We date from 1667.

19082. Then are you disposed to think that the reason of the necessity of medical men who wish to hold these appointments, obtaining this extra qualification, is that it is practically a kind of protection to the medical men who study in London?—It secures for them the hospital appointments. I should like very much to bring out a point on that subject, if you will permit me. Up to the year 1876 an exclusive rule existed in Ireland in the case of all the county infirmaries. The President of the Royal College of Surgeons will probably explain the matter more fully; but I may say that this exclusive rule required that every successful candidate for one of our county infirmary appointments in Ireland should be a licentiate of the Royal College of Surgeons of Ireland; and that rule was abrogated in the year 1876 by an Act of Parliament, of which there is a copy before your Lordships; it is towards the end of those minutes of evidence. The appointments in all the county infirmaries which are most eagerly sought after by the very leading men in the provinces of Ireland, are now open to all registered medical practitioners; the licentiates of the Royal College of Surgeons of England are put on exactly the same level as the licentiates of the Royal College of Surgeons of Ireland; so that we are asking merely for reciprocity of privilege.

19083. Do you find that you have any applications from Englishmen?—I will mention one instance; it is in connection with my own hospital, the Meath Hospital. One of our surgeons holds no Irish qualification at all in surgery; he is a licentiate of Edinburgh; and that I think is

Chairman—continued.

proof positive that the exclusive rule does not exist.

19084. When that exclusive rule did exist, was it the experience that able men were excluded?—It was; and it was in consequence of that that it was altered; at all events it was felt to be an injustice and a wrong.

Lord *Monkswell*.

19085. It is suggested that one reason why the exclusive rule is adopted in London, is that the Colleges of Physicians and Surgeons here exercise certain powers of discipline over their members which they would not be able to exercise unless they belonged to those colleges?—Quite so; but I can assure you that the powers of discipline exercised by the Irish colleges are even more stringent than those here. We have within the last two months (I have mentioned it in those minutes of evidence), erased from our roll of licentiates the name of a gentleman who was accused and convicted of unprofessional conduct; and from time to time it has been my duty as Registrar of the College of Physicians to require explanations from erring licentiates, and you have no idea of the stringency of our powers of discipline.

19086. Of course it might be a matter of opinion whether your views of the conduct of your members were more stringent or less stringent than those of the Colleges in London; but would you object to its being done in this way: would you object to the London authorities only appointing your men on condition of their putting themselves, as Lord Kimberley has suggested, under the jurisdiction of the Colleges of Physicians and Surgeons in London without undergoing any examination?—Well, I do not think there would be the slightest occasion for that. In the first place, their own Colleges possess these powers; but, in addition to that, the General Medical Council has now very full and determined powers in cases of this kind; and the General Medical Council, I need not say, exercises its powers in connection with all the licensing bodies.

19087. Then you think that the powers of the General Medical Council would prove quite sufficient?—Quite sufficient.

19088. But then I suppose the Colleges of Physicians and Surgeons in London have certain other powers irrespective of those exercised by the General Medical Council, have they not?—Just as we have, but no more.

19089. But the London people might not know much of how you exercised those powers; they might be more inclined to put a gentleman who served in the staff of one of these hospitals under their own jurisdiction than under yours; you can quite understand that that might be their view?—But I see insuperable difficulties in the way of subjecting licentiates of one college to any jurisdiction from the other colleges.

19090. Then in point of fact you would not agree with Lord Kimberley's suggestion; you would think it impracticable?—I think it is quite impracticable.

19091. You say that up to 1876 there was an exclusive rule in Ireland similar to the one which now obtains in London; you said it was abrogated

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[Continued.]

Lord Monkswell—continued.

abrogated by Act of Parliament; but I suppose you had power to abrogate the rule before?—No, because a special Act of George III. provided for the exclusive rule. The Act is before the Chairman.

19092. So that it was necessary to have an Act of Parliament to abrogate the rule?—Yes. The county infirmaries of Ireland were subject to an Act of Parliament of George III. which provided for this exclusive rule.

19093. Were you in favour of its abrogation by Act of Parliament, or not?—Thoroughly. I do not approve of exclusive rules at all, and there is no occasion for them now since the Medical Act of 1886. That has quite changed the aspect of affairs.

19094. Have we got that Act before us?—I am sure it is in the room. It is the Act which combines certain medical licensing authorities for purposes of examination and for qualifications.

19095. It has only to do with examination, not with powers of discipline?—The powers of discipline are maintained under it.

19096. But they are not altered in any way?—They are not altered in any way.

Earl Cathcart.

19097. Your arguments would apply equally to Scotland?—Quite so.

19098. And there is, in point of fact, the same feeling of dissatisfaction in Scotland in reference to what you complain of with regard to Ireland?—I have no doubt of it.

19099. Are you aware that where a man is an eminent man, the examination is made exceedingly easy for him; we were told that in the case of a very eminent French practitioner who wanted to be made a Fellow of the College of Physicians in London, his examination was merely going round a hospital and explaining some clinical cases?—I can answer only for our own Irish College with regard to that; and I can assure you that the Charter which gives us the power of examination for Membership leaves no loophole for escape; we must subject every man to a very stringent and searching examination.

19100. But I am talking of the College of Physicians in London; we were told that the College of Physicians in London makes the examination easy for eminent men, that they merely make it a practical examination; were you aware of that fact?—I was not aware of it.

19101. Does that make any alteration in your views at all, if the case is so?—I cannot say that it does; because it is really an objection to the undergoing of an examination of any kind. It is the idea that would be present to my mind that I was thought not qualified for the appointment I was seeking.

19102. To go to another subject, can you give their Lordships any information about the Board of Control of Hospitals in Dublin?—Yes, that is the Dublin Hospitals Board; it is presided over by Lord Powerscourt, and the secretary is Dr. William J. Martin.

19103. Does that modified system of control work well?—I have no doubt that, as far as it goes, it does work well, but I do not know that

Earl Cathcart—continued.

it is perhaps as strong a board as one would like.

19104. How is the board nominated or elected, or how is the board constituted?—As well as I recollect, it is nominated by his Excellency the Lord Lieutenant; I am not quite sure of that; I am not on very safe ground about that.

19105. They would be persons eminent for philanthropy, and so on?—Exactly.

19106. And they probably have the confidence of the subscribers to the various hospitals?—Yes, they have. There is a very important voluntary supervision over hospitals in Dublin at present, in connection with the Dublin Hospital Sunday Fund.

19107. That is analogous to the London fund of the same nature, is it not?—Yes; but I do not know the rules of the London fund.

19108. In point of fact, you have no very intimate knowledge of this central board in Dublin?—I know very well what they do.

19109. But you have not been connected officially with them in any way?—No, I have not.

Chairman.

19110. Still, it is your opinion that if that board were a strong board it might be a very useful body?—Certainly; and a necessary body.

Earl of Lauderdale.

19111. Have many medical men taken appointments in Ireland since the abrogation of this rule of which you have been speaking; men who do not belong to Ireland, I mean?—That I am not quite prepared to say; but we have a very large number of Scottish qualified men practising in Ireland.

19112. Have you any men from London that you can fix upon who have taken appointments in hospitals in Ireland?—I cannot recall any cases.

19113. What I mean is, when this rule was abrogated in 1876, was it done, do you suppose, with the intention of getting better men by opening a broader field for these appointments?—Not at all; I am satisfied of that.

19114. How did it come about?—It was simply an improvement; it was simply the removal of what was felt to be an unfair exclusive rule.

Chairman.

19115. Then to sum it up, is it your opinion that, both in regard to opportunities of education and the advantages of experience, there is a loss to Irishmen by reason of these exclusive rules?—The way I look at it is this: that we have from the Royal College of Physicians of Ireland 700 or 800 of our licentiates practising in England, and these men are excluded from reaping the reward of their professional knowledge and standing by this exclusive rule.

19116. But is not their education interfered with by it to a certain extent, and their experience?—Of course it would be.

19117. Then your answer to my question would be in the affirmative?—It would.

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Earl of Arran.

19118. Are there any appointments in the Dublin hospitals given at this moment to English and Scotch practitioners who have come over?—Yes; in my own hospital one of our surgeons holds no Irish qualification in surgery; he is one of our surgeons, and he is an Edinburgh qualified man.

19119. But, as a rule, I suppose you would prefer having men who had been brought up in your own hospital to having strangers?—As a matter of fact, the competition for the Dublin hospitals does not materially extend to England and Scotland. We have got very good men, of course, in Dublin; but I am quite satisfied that if a first-rate man came over from London his candidature would receive every consideration; and if he proved to be the better man he would get the appointment.

Earl of Arran—continued.

19120. I mean, that there are other considerations which have to be thought of in making the appointment; his moral qualifications, I mean, whether he is a good man to act with or a pleasant person to act with, or one likely to take a great interest in his work; that would, to a certain degree, weigh in making the appointment?—Undoubtedly.

19121. And such knowledge can only be got by frequent intercourse with a gentleman?—Of course, that stands to reason.

19122. Therefore, it stands to reason that naturally you would probably prefer a man who had been brought up in the hospital, and whom you had known for a long time, to a perfect stranger?—Certainly.

The Witness is directed to withdraw.

MR. HENRY GRAY CROLY, is called in; and, having been sworn, is Examined, as follows:

Chairman.

19123. You are the President of the Royal College of Surgeons of Ireland?—Yes.

19124. You may have heard what I said to the last witness, at the beginning of his examination, that we cannot go into the question of hospitals as affecting Ireland, but we shall be glad to receive your evidence on the particular point with reference to which he was examined?—We feel, in the Royal College of Surgeons of Ireland, that, with regard to our licentiate (that is, the lowest degree that they get, what we call the licentiate in Ireland, and is analogous to the membership in England), the examination is a very stringent one, so stringent that I remember myself, and it is very well known in Dublin, that some years ago young men who were rejected in Dublin came over in the boat and passed in London, and came back (this was at the time of the Crimean war) in 48 hours with their diplomas; and at that time the examination for our College of Surgeons diploma was considered by us, and it was considered everywhere, to be a very stringent examination; there were more subjects included in the examination, which was the reason of a great many young men failing there, and passing in England. They were not examined alone in anatomy, and surgery, and physiology, but they were examined in medicine and other subjects as well; and then our fellowship examination has always been a very stringent examination; and we felt that the advertisements which have been inserted with regard to the Liverpool Infirmary, and, I think, with regard to the Bristol Infirmary, that no one holding any qualification except an English one, could compete for the appointments, reflected on our examinations and on our teaching generally, and practically shut our men out from competing.

19125. Although your examinations are in no way inferior to those for the English qualifications?—We think our standard quite equal to any other; it is not nice to say that we think it better than any other, but we think it quite as high a standard as could be given. Both for the licence and for the fellowship we make it very stringent; we protect the public in every way

Chairman—continued.

by our examinations. I was an examiner in surgery for a good many years myself, and also in anatomy, and I am able to say that we give a very stringent examination both for the licence and for the fellowship; a very extensive examination.

19126. And have you ever known any distinguished medical men who have been refused these staff appointments owing to the want of the London qualification?—I do not know the names of any; but if I went to Bristol to look for an appointment in the Bristol Infirmary, I would be told that I could not compete for the appointment. A member of the London College might be elected and a fellow of our college might be against him; and even the president of our college would have to go away, saying, "I am not eligible." That is what I feel.

Earl Cathcart.

19127. As we have the great advantage and pleasure of seeing you here, I want to ask if you can tell us anything about the Dublin Board of Control; not to go into the matter deeply?—I do not know much about it. The Dublin Hospital Board has very little to say, I think, to the general management of our hospitals. We have a board of governors and medical men, as they have in London, and we manage our own affairs.

19128. But as to the board of control, you have nothing to say on the subject?—I do not think it has ever affected the hospital which I am senior surgeon to, the City of Dublin Hospital; I do not know that it has had anything to say to that.

19129. That may be much to the credit of the board of that hospital?—It would look as though we did not want their attention.

Lord Monkswell.

19130. You heard Dr. Moore say that he considered it would be impossible for you to allow the fellows and members of your colleges to be put under the disciplinary rules of the colleges in London; do you agree with him in that?—

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Lord Monkswell—continued.

that?—If I came to practise in London, I do not think I would object to any control of any board I was working with. If I were surgeon of a London hospital I would feel myself bound to abide by their rules in every way.

19131. Then you would agree to put yourself under the disciplinary control of the London College of Physicians or Surgeons, as the case might be?—I do not think it would be derogatory to any surgeon coming from any place, from Dublin to London or from London to Dublin, to say that he would submit to the rules of the president and vice-president, and the council of the college, as to his behaviour.

19132. You do not, as a matter of fact, make that condition in Dublin as to anybody who comes from London?—We do not, because we think that a man who would compete for a hos-

Lord Monkswell—continued.

pital appointment would be a man who would not be likely to require very close watching; and if he did require it he would get it.

Earl of Kimberley.

19133. That condition might be made, might it not, by the hospital authorities themselves, in their election of the medical man, without any difficulty?—Yes.

Earl of Winchelsea and Nottingham.

19134. It would have this advantage, would it not, that a man who was guilty of unprofessional conduct would be either transferred to the jurisdiction of the London authority, or would remain under the Irish one?—Yes.

The Witness is directed to withdraw.

MAJOR-GENERAL T. W. MERCER, is called in; and, having been sworn, is Examined, as follows:

Chairman.

19135. You are the Chairman of the Board of Management of the West End Hospital for Paralysis and Epilepsy, are you not?—I am.

19136. When was that hospital founded?—About 12 years ago.

19137. Was it always a hospital from its commencement, or was it a dispensary to start with?—It arose in this way: Dr. Tibbitts may be looked upon as the founder of the hospital; he was connected with another hospital, and for certain reasons unknown to me, he thought proper to leave that hospital, and take active measures for raising and establishing this hospital, the West End Hospital; and it continued to flourish for some time. In connection with this hospital at first a school of massage was also established in the same street by Dr. Tibbitts, that school of massage continues to this day, but that school of massage was a source of some little difficulty to our hospital. It has been, your Lordship must understand me, of great service, and has been the means of obtaining for the hospital the services of masseurs and masseuses, to a very large extent; and the treatment which was introduced by Dr. Tibbitts was most successful and was very much aided by the students of that school of massage. But for certain reasons (I must just put in here that I have only been connected with the hospital for 14 months myself), I was asked to join the committee, and to become the permanent chairman of the committee on the same day.

19138. Who was your predecessor?—There had been no permanent chairman for some time. Lord Robert Montagu was the chairman of the hospital, but I am not quite certain, without looking up the minutes, when Lord Robert Montagu resigned. There had been some little misunderstanding, and he resigned.

19139. I will come to that a little later. Is this hospital of yours a free hospital?—Not entirely free; there is a free ward, and no one is ever refused admittance; but as many desire to pay something towards the treatment they receive, they are permitted to do so. But on

Chairman—continued.

the first application to enter the hospital they are not asked for anything. Then a little inquiry is made as to their means, and such information as it is possible to obtain is obtained from them, or from their friends, or from those that recommend them, and a small fee per week, varying from 1 s. to 5 s. (not exceeding 5 s.), is taken from them; and this has been found to work better than if it were entirely free. It gives more satisfaction to the class of patients that come into the hospital, and is found in every respect satisfactory. Moreover, it brings a certain amount of money into the hospital and therefore assists in its support.

19140. How many beds have you?—At the present moment the hospital is under repairs, and therefore there are no beds; in fact it is not under repairs, but it is being entirely rebuilt from the very foundation, and it was found necessary to send all the patients to their homes, and that has been the state of things ever since I have been chairman of the committee. We are now approaching completion, and we shall then have certainly room for 45, probably 60 beds.

19141. Then I understand that whilst you have been chairman of the committee the hospital has been closed?—It has been closed for in-patients but opened for out-patients, and the number of out-patients attending has been very large indeed, and the treatment, I may say (if this is the appropriate place for mentioning it), has been, as far as I can judge, most successful.

19142. Are the out-patients free?—The out-patients are not free; they are dealt with just in the same way as I have already described; they are asked if they are able to pay anything and willing to pay anything; and they say that they are or are not able, and a little inquiry is made. Of course it is not possible to go very deeply into such a matter, but, generally speaking, we find that they are willing to pay, on an average, up to half-a-crown a week.

19143. Do you keep an inquiry officer to make the inquiries?—No, there is no inquiry officer

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[Continued.]

Chairman—continued.

officer kept, but it is done, in the first instance, through the dispenser. Then he reports to the medical officer who has to take charge of the case; then it comes to the secretary, and the secretary writes to the person recommending the case; and by rather a roundabout process they arrive at last, within a week or so, at the ability of the patient to pay.

19144. This hospital was started about 14 years ago, I think you say?—About 12 or 14 years ago; that is not a particular point that I have looked into, but as far as I can remember, that is so.

19145. Do you know where the funds were procured from to start it, first of all?—I cannot give that information, but the secretary is here and has been connected with it for a long time, and no doubt he will be able to give that information.

19146. Will you tell me what the system of management of your hospital is. You have your board?—We have our board.

19147. How often does it meet?—Once a month. The board consists of about 15; I think there are 15 names down on the list of the committee; and we generally have a very good attendance, especially since I have had the honour of being there. I have seen eight or nine members of the board present on almost every occasion, and I consider the board itself, the committee of management itself, very satisfactory.

19148. Have you any other committees which meet more frequently than once a month?—A sub-committee meets alternately in the alternate or intermediate fortnight. It is a sub-committee for determining all points of finance or internal arrangements and organisation; it meets once a fortnight; and there is a chairman appointed for that sub-committee.

19149. But is that the only body of authority that does meet, that committee meeting once a fortnight?—It is now. It was the practice before to have a committee of the medical staff, but it was found to work so very unsatisfactorily that on revising the rules, which was done in my time, and which has been done by me, for I myself drew out the draft of rules, we considered it desirable to dispense with the medical committee. There was generally such a conflict of opinion amongst them, coming up to the committee, that it was difficult to arrive at any conclusions at all; and we, therefore, dispensed with the medical committee, but determined that the senior physician *ex officio* should be a member of our committee of management, and that one other member of the medical staff should be elected by themselves to come up to represent whatever might be required.

19150. Is the committee of management the board that meets once a month, or is it the sub-committee?—The committee of management meets once a month, and the sub-committee meets in the intermediate fortnight; that is to say, there is a committee sitting every fortnight of some kind or other.

19151. Now, how many members are there of this fortnightly committee?—I forget whether it is three or four, but it is either three or four.

19152. How many attend as a rule?—They

Chairman—continued.

are very regular in their attendance on the sub-committee; but that has only been introduced, I may say, within the last few months, since my time. Sub-committees were appointed before, but only from time to time as they might consider necessary, not as a regular thing. This has now become a standing committee.

19153. That is practically the executive of the hospital then?—That is practically the executive of the hospital.

19154. And do they have to do with all the details of management?—All the details of management, except the management of what you might call the bed arrangements.

19155. I will put my question differently: Do they have to do with the management from the administrative point of view?—Entirely.

19156. And all books such as stock books and account books of every description come before them?—Every one.

19157. Now are those examined?—They are examined closely; they have been so ever since I have been in charge of the hospital. I make a point of looking over with the secretary all the account books and checking off the items. No money is paid except under a cheque signed by two members of the committee, and countersigned by the secretary; and, in fact, to my belief, it is done in a perfectly business-like manner.

19158. Are you a member of this sub-committee?—No; I am not on the sub-committee. I did put myself on a sub-committee, or was elected on a sub-committee last year, to inquire into certain little irregularities which had arisen amongst the medical staff, and I went most carefully into the affair.

19159. Now have you any treasurer?—The treasurer is also the secretary.

19160. Is the secretary a salaried officer?—The secretary is not a salaried officer. That requires a little explanation; he is an officer who was well known as being the secretary of other institutions, and he has rendered most valuable service. He was asked to become the secretary of this institution, and at once said that he could not become a salaried servant, because he was receiving some other salary, I think, or allowance, from the Government; therefore, he could not become a salaried servant. He was, however, remunerated by a commission on all the moneys that he brought in to the hospital; and that arrangement has been found to be most satisfactory.

19161. Does he live in your hospital?—No; he is not a resident.

19162. Who is the person in control or authority when there is no board or committee sitting?—The person in control as regards the female department is the matron; the person in control as regards all connected with the male department is the dispenser. There is an assistant secretary who attends for a few hours in the day, and who is paid by the secretary himself; he attends for the purpose of keeping up the accounts, and all such details as belong to the management.

19163. He is a clerk, practically?—He is a clerk, practically.

19164. But how much is the secretary himself

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Chairman—continued.

self at present in the hospital?—It must not be entirely viewed in that way; his attendance is not, I will confess, as frequent as it should be, and it has been already proposed by me, and at the secretary's own suggestion, that some arrangement should be made for having a resident secretary. We are now deliberating whether that should be a lady secretary or a gentleman, and what arrangement should be made; but we did not consider it necessary to be in haste about that, as the hospital itself has been closed now for a whole year, and the work required to be done by our secretary is efficiently performed as it is now.

19165. Then the person in supreme authority, in the absence of the board, is the dispenser?—Yes; except that, of course, the medical staff have authority. They are in the dispensary, and are fully authorised to give orders; and one or other of them is present nearly all the day.

19166. Among the hospital improvements that you are making at this time, are you increasing your number of beds?—Very largely; the former number of beds was only 10. I should like, if you would do so, that you should see the plan; I think that one of the gentlemen of the hospital has brought the plan with him. The plan of the hospital will give you an idea at once of the important building that it will become.

19167. How do you admit your patients; is it done by letter, or how?—By letters of recommendation; but no one is refused if it is a proper case. I may say even if they come up to the hospital of their own accord they are looked at and examined, and if it is a case that is considered proper for treatment, they are admitted at once, and letters of recommendation are asked for afterwards.

19168. Do you treat any other cases besides epilepsy and paralysis?—All cases of nervous diseases. The epileptic cases themselves are few; in fact, I believe there is a prohibition against the admission of a downright epileptic; they would not be admitted into the hospital except for treatment as out-patients; they would not be admitted as in-patients, but all other nervous diseases of every kind are admitted; and the electrical appliances and instruments and machines that are in use at the hospital are of a very intricate and expensive nature, and have proved, I am satisfied, most efficacious in the treatment of the different diseases.

19169. Where do you get your funds from?—By public subscription entirely.

19170. And how far do the fees that patients pay go to defray the cost of their treatment; can you form any idea. I understand you to say that each patient pays something?—You mean the proportion; that is small; but perhaps, if you would not mind deferring that question for the secretary, he would be able to answer it better. I may just point out that the balance sheet which I have put in before your Lordship shows that the receipts from out-patients and in-patients were 497*l.* 12*s.* 9*d.* in 1890.

19171. Have you got another of these balance sheets or a copy of the report?—I have no doubt
(24.)

Chairman—continued.

that there is another here if the secretary is asked.

19172. I had better take this examination when the secretary comes, had I not?—I think so; on those points. I have not particularly worked myself up, and he would give you more correct information.

19173. Have you any system of visiting in your hospital by certain governors or members of your committee from time to time?—Yes; we have an annual meeting of the governors. Governors are made life governors by the payment of a certain subscription; a guinea makes a governor; five guineas gives him certain other privileges, and 10 guineas and upwards certain further privileges, that is to say, the privilege of sending so many more to the hospital; it is rather an empty privilege.

19174. Is it the business of these visiting governors to go round the hospital?—It is not required of them by any of the rules.

19175. Then how are you, as chairman, satisfied that things are going on correctly?—From constant attendance and constantly asking questions, and from a very long experience of all kinds of institutions, as an old Indian officer and deputy commissioner of a district, I am able to acquaint myself in a very short time with the working of an institution of that kind; it does not take me long to do that.

19176. Were you chairman of a hospital before you undertook this one?—No; I had not been chairman of a hospital.

19177. But you had had experience of institutions?—I have had hospitals in India over and over again to look after; several under me at one time; but then, of course, differently organised and differently managed.

19178. Do you apply to the Hospital Sunday Fund?—We did apply, but we were refused.

19179. On what ground was that?—Well, it is difficult to say. I put the question. I went to the Mansion House myself and asked if they would give us the reasons; but evidently Sir Sydney Waterlow, I think it was, was not prepared to tell me the reasons. In every respect as far as their rules for averages and so forth were concerned, we had satisfied the board, but there was something which caused him to make a very cautious remark to me. He said, "Well, I am not prepared to give you my reasons, but we have reasons for not giving you a grant"; and I have not been able to ascertain since why it was.

19180. Have you made a further application since then; when was that?—It was about seven or eight months ago.

19181. That was the last occasion?—Yes, that was the last occasion.

19182. And what about the Hospital Saturday Fund?—The Saturday Fund, we were also refused by, I think.

19183. Were you given any reason why you were refused?—No; the reason was in the same way mysterious; and I have not understood it to this day, except that I have reason to think that they had received unfavourable reports regarding something which I do not know.

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19184. Something

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[Continued.]

Chairman—continued.

19184. Something which had occurred before you were chairman?—Something which had occurred before my time.

19185. Have you any idea what it was?—Well, I have an idea.

19186. As regards administration?—It was rather a delicate question.

19187. We are merely speaking of matters of fact; can you state what it was?—Well, there had been a difference of opinion between the former chairman and the medical staff, and it led to very great and disagreeable differences on the board, and it ended first of all in the board resigning all in a body, and then the chairman resigning. Then a special meeting of the governors was convened, and they overruled everything that had been done; they appointed a new committee and restored the doctor, the senior physician, who had been in conflict with the chairman; and from that time things assumed altogether a different aspect, and there was a new committee and a new chairman.

19188. Did any other members of the medical staff resign?—They did not resign then, but they have resigned since; but that was in consequence of action that I, myself, took.

19189. What was the difference of opinion which caused the whole board to resign *en bloc*?—It is not clearly laid down in the minutes, and I have always been led to understand that it was almost a private disagreement which took place between Lord Robert Montagu and the senior physician, Dr. Tibbitts, the nature of which I do not know, and I think, perhaps, it should not appear, if I may be allowed to say so, in print.

19190. You were not the chairman then?—I was not the chairman then.

19191. Is there any official connected with the hospital now who was there then?—Yes, the secretary.

19192. Then we shall be able to get our information on that point from the secretary?—Yes.

19193. May I ask you how you nurse your hospital?—At present there are only two nurses, but when there are in-patients they are of course increased to the number that may be necessary.

19194. Do you train those nurses?—They have not been trained by us hitherto, but we have received most valuable assistance from the school of massage. I should like to be allowed to say a few words about that school of massage.

19195. I will just ask one question about the school of massage; is that a commercial speculation?—It is entirely a private arrangement of Dr. Tibbitts's, but how he works it I do not know. I do not know whether it may be called a commercial speculation or not, but it is entirely independent; we have nothing to do with the internal arrangements of that school of massage, nothing more than receiving students from the school of massage to attend our patients, and also to attend for their own benefit the lectures that are given in the hospital.

19196. I put it in this way, because nearly all the big hospitals have what they call private nursing institutes, from which they let out nurses for hire?—We have not that at present, but that has been contemplated, having our own arrange-

Chairman—continued.

ments with regard to the nurses, and doing the very thing your Lordship has suggested, letting them out for hire; but that is under consideration at present; therefore I do not know exactly what may happen with this school of massage.

19197. Do you pay for the services of the nurses from the school of massage?—Hitherto there has been no payment; but that fact seems to have led to some misapprehensions in the eyes of the public, which we gathered from certain remarks which were made to us by the Charity Organisation Society, and the subject was very closely discussed by us in committee, and we determined at last to make this arrangement, that the school of massage should not be considered to be an integral part of the hospital in any respect, and that it should be lawful (you will find a clause entered in No. 31, I think it is, or somewhere close to it, making it lawful) for us to pay for the services of masseurs and masseuses attending the hospital, and also lawful to require fees from the students for attending the lectures. But at present that has been a dead letter; it has not been carried out; we from month to month keep putting that subject off, for we do not yet see our way to fixing the fees. What we wanted to do was this: we did not wish that the hospital should be in any way a burden upon Dr. Tibbitts's school of massage; on the contrary, if it were possible, we wished to give him every encouragement there, as he had been so very kind in permitting these masseurs and masseuses to attend the hospital. Of course they gain by it; they gain great experience in the hospital; but we wished to make everything go perfectly smoothly for their attendance, and for their acquiring knowledge by the lectures; and therefore we have not been able to determine yet what fees should be paid; but the thing that we had in view was that the payments should be as nearly equal as possible, that is to say, that the amount paid to the students for attendance, and the amount paid by the students for attending our lectures, should be as nearly equal as possible; but we have not yet up to the very last meeting settled the matter; I think on the very last occasion I had to request the committee to defer the settlement of that question about the fees for another month.

19198. When do you expect to open your hospital?—It is very nearly completed now, part of it is quite finished; the face on the Welbeck-street side is not yet quite complete. We hope to open in June or July, and it will then be a most satisfactory building. I should like your Lordships to see the plan of the building. We have paid for this, I may say, entirely out of our subscriptions and donations that have been made specially for it. As far as it has gone, and has been finished, it has been entirely paid for, and will be completed for the sum of about 9,000 £.

19199. You would call your hospital a special hospital, would you not?—Certainly; it is for special treatment entirely.

19200. And do you constantly appeal to the public?—Yes, there is a constant system of appeals; and it is there, I may say, that we have found the extreme value of our secretary, who, from

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Chairman—continued.

from his connection with other institutions, knows so many people, and is able to reach them.

19201. Perhaps you would rather I went through the accounts with the secretary?—I think so; I shall be happy to answer any question, but I think he would give you the figures better than I could.

19202. Because I understand that since you have been chairman the hospital has been closed as regards beds?—Entirely, as regards beds; I have never seen an in-patient in the hospital, much to my regret.

19203. Do you pay your assistant secretary any commission beyond the commission which you said you paid to the secretary?—No, not to the other secretary; no commission is paid to anyone beyond that I have mentioned.

19204. Have you any collector?—No collector.

19205. Have you any architect?—Yes.

19206. As regards the sanitary condition of your hospital?—As regards the building. We have a separate building committee (I forgot to mention that) who have had all the arrangements of the building under them; they are formed out of the body of the committee of management, but they have separate duties to perform, and arrangements to make regarding the approval of the estimates, and so forth; entirely separate from the committee of management. Then they come up to the committee of management for the passing of the finances.

19207. You have had no experience as to how the contracts are made in the hospital, as the whole hospital is closed; the contracts for food, and so on, I mean?—No, I cannot say that I have, but I have gone into the question.

19208. In connection with that hospital?—Yes, by asking the question of the matron, the dispenser, and the different doctors (I am constantly in communication with them) I know pretty well what it is.

19209. Would the contracts be by open tender; would you advertise them?—No, I think not; I think it is done by private arrangement with different tradesmen.

19210. Who suggests the different tradesmen to be employed?—I cannot answer that question; I think, if you would ask the secretary, he might be able to do so.

Earl of Winchilsea and Nottingham.

19211. When you were going to rebuild the hospital, was it ever suggested to you that it would be better for the patients if you were to move it into the country?—Not in that form; I never heard that proposed, but I may mention that a gentleman from the neighbourhood of Salisbury recently made us a very handsome offer of giving a plot of land free for the building of a convalescent hospital or any branch that we might like to build there.

19212. I did not mean so far from London as that, but simply far enough to be within reasonable distance of London doctors?—I never heard that proposed.

19213. Your hospital is for the treatment of nervous diseases entirely?—Nervous diseases entirely.

19214. Therefore they might be supposed, if (24.) e.

Earl of Winchilsea and Nottingham—continued.

any would, to suffer in recovery from the noises of London; do you find that they do?—No; I may mention that they are only children who are admitted as in-patients.

19215. You have not that point before you at all?—No, never.

Lord Monkswell.

19216. You say that the secretary is not very often there; is there any rule as to the attendance of the secretary laid down?—No. I may mention that the secretary's services have been so very valuable to us in the point of getting subscriptions and donations, that we were obliged to make an exceptional rule, that is to say, to overlook the fact that he was unable to attend very often. His mode of doing business is perfect; the accounts are all most satisfactorily kept, that I will answer for myself; and everything as regards the account books, and minute books, and general arrangements of that kind, is quite complete, but his attendance, for the reason that I have given, has not been as constant as I should desire; he is himself conscious of it, and I have no doubt will say himself that he has a great desire that some arrangement should be entered into by which there is either a house surgeon constantly present who is willing to take such secretarial duties as may be necessary, or a secretary; but that point has yet to be determined.

Earl Cathcart.

19217. With reference to what has been said about going into the country, your out-patient department is an essential feature of your hospital?—Yes.

19218. And that would render the country impossible?—Quite impossible.

19219. Twenty thousand out patients in the year you are said to have had?—Twenty-seven thousand attendances, I think you will find it is, which, I think, means about 1,500 new patients during the year. Of course one patient attends very frequently; and they are all accounted as attendances during the year; but, as far as the new patients go, I think they will be found to be about 1,500.

19220. I gathered, from the tone of your views, that there had been something unpleasant in the severance between the hospital and the School of Massage?—There has been.

19221. What was that?—In the first place there were several members of the Committee who suggested what appeared to me, as Chairman at the time, something very impracticable and impossible; they threw out hints that things were not what they ought to be, which I could not see; but proposed at once that there should be an entire separation of the school of massage from the hospital, meaning by that that their students should not be allowed to attend the hospital. Now that would have involved us at once in an expenditure of, I calculated at the time, nearly 600 £; because I calculated that the services rendered by those students, if they had been done by our own nurses and trained nurses, would have cost about 600 £.

19222. Was it thought that in the school of massage they were going too far with the Swedish system of massage or any other system of that nature?

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Earl Cathcart—continued.

nature?—No, I never heard that; on the contrary.

19223. There were no complaints, on moral grounds, that that system had been carried too far?—No, I never heard that.

19224. Then you mentioned that there had been irregularity amongst the medical staff, and that you were employed on a sub-committee in regard to that matter; what was the nature of the irregularity?—The irregularity was this. It was brought to my notice that patients were discharged in a very loose and unsatisfactory way, and that afterwards they were admitted as private patients of certain doctors on the medical staff of the hospital, and that certain fees were received by them. I, therefore, brought it before the notice of the committee, and we had a very close investigation. We formed a sub-committee; we went into it; we passed some very severe strictures upon what we considered to be these irregularities, and it ended in certain members of the staff resigning, which was just what we wished.

19225. And those were subordinate members of the staff?—Those were subordinate members of the staff.

19226. Did your principal medical officer, your founder, find this out and represent it to you, or how was the matter brought forward?—I may say that he gave me all information; he was one of the leading persons who gave me the information at that time.

19227. You mentioned the fact to us that Dr. Tibbits was the founder of the institution?—Yes.

19228. And what part did Dr. Tibbits take in that matter; did he serve on your committee?—Yes, he was present at the committee, he spoke whenever he was asked to speak; but he suffers, as I do, from deafness, and he is even more deaf than I am, and therefore there is a little difficulty in keeping up a running conversation with him, in that respect.

19229. But he was an objector to this nefarious system?—Oh, yes, he was an objector to this nefarious system.

19230. Now, when you were appointed chairman, how were you nominated?—I will tell you exactly the circumstances; Mr. Dowell, the secretary (I had been on institutions with him in Brighton) came to me and he said: "General, we are rather in distress about a chairman for our committee, and things are not going on as well as I should like on the committee." Now I know you to be (as he called it) "a ready-made chairman; would you consent to join our committee and take the chair? I think that I should be able to persuade the committee to elect you," and I said "You must give me a little time to think, I have not thought over it"; and it ended in my accepting it, in my going before the committee and their asking me and electing me then and there.

19231. Then you were applied to by the secretary, and negotiations were made through the secretary; but are you in any sense a nominee of the founder, Dr. Tibbits?—Not in any sense whatever.

19232. You have the Duke of Portland for the president of this hospital?—Yes.

Earl Cathcart—continued.

19233. Has he been long the president?—I think he has been president from the beginning.

Earl Cathcart.] Thank you very much for the candid way in which you have answered my questions.

Earl of Arran.

19234. Is there any special mode of treatment employed in the hospital; I mean other than the ordinary way of treating these diseases?—Yes, quite distinct; I may say that there is a treatise which has been written by Dr. Tibbits on the subject. In justice to him, I must say that he is very clever and very able indeed, and he has written a book regarding the treatment.

19235. Then may I understand that the treatment is one that is not generally employed by the profession?—No, it is not generally employed.

19236. Have the other members of the medical profession ever expressed any objection to the mode of treatment employed by Dr. Tibbits?—My experience is, that there has been immense jealousy amongst the medical profession about this treatment; not only that, but jealousy amongst the medical staff themselves. In fact, I may say, that the only trouble I have had in the hospital has been with the officers of the medical staff.

19237. May I take it then that this hospital was established, in the first place, to give facilities for the employment of this particular mode of treatment instituted by Dr. Tibbits?—Yes.

Chairman.

19238. Has there ever been any difficulty, or any complaint made, as to the nature or quality of the lectures given at your hospital to the students of massage?—I have not heard that there have been any complaints made, but I have had reason to think that they have not been as frequent and as satisfactory as they should have been, for some months past.

19239. I believe it is sometimes objected, that there is very little use in lectures upon massage at all?—Yes, I believe it is so.

19240. Would you agree with that?—Yes, I should agree with that as regards teaching the system of massage. But the treatment is not confined to that. The first part of the treatment is the electric treatment, received by the aid of machinery of a very complicated nature.

Lord Thring.

19241. Do I rightly understand that your in-patients are only children?—Only children.

19242. Then you are in fact, *qua* your in-patients, a children's hospital only?—Yes, a children's hospital only.

19243. And what do you call children; what is the maximum age?—I think I am right in saying that they cannot remain after 14 or 15 years of age. I believe that that is in consequence of some particular covenant that there is in the lease, under which we hold the hospital buildings. I think that there is something of the sort; I have not looked into it, but I have been told that it is in connection with that, that

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we are prohibited from having adults in the hospital.

19244. But among your out-patients you have adults as well as children?—Yes; all classes I may say.

19245. Your cases are chronic, are they not, cases of paralysis?—Chronic cases.

19246. You require to keep the children in a very long time, do you not?—No, they are limited to two months under our rules, except under some particular recommendation of the senior physician or the physician in charge.

19247. Then you find the treatment efficacious in two months, do you?—Yes, very efficacious.

Earl of Lauderdale.

19248. With regard to the Hospital Sunday Fund, you say you were refused assistance on the last occasion on which you applied?—Yes.

19249. Had you ever applied before?—That was the first occasion on which I had to do with it.

19250. Therefore you do not know?—I think application had been made before, and it was refused before.

19251. Then you have never had assistance from it?—As far as I know, we have not had any.

Chairman.

19252. What position does Dr. Tibbits occupy at the present moment?—He is the senior physician.

19253. Is he in the room here?—Yes.

19254. Then we shall have the advantage of his evidence later. You have been chairman for 14 months; during the whole of that time your hospital has been practically shut up?—It has been.

19255. That is the reason I have not gone fully into the question of nursing with you, as you have not been chairman before; have you anything else you wish to state to the Committee?—No, I have nothing else particularly to state.

19256. Do you know whether you have any other hospitals in the close vicinity of yours?—Yes, there is the hospital with which Dr. Tibbits was connected in Bloomsbury, in Queen Anne's-street?—I think.

19257. Is that a special hospital too?—That is a special hospital too.

19258. Then you are quite close to three or four very large general hospitals?—Yes, we are.

19259. Where exactly is this hospital of yours?—It is in Welbeck-street; one front of it opens into Welbeck-street, and the other into Marylebone-lane; it runs right through.

19260. Should you think it was an exaggeration to say, that there were about 2,000 beds within a mile, for the assistance of the sick?—I could not answer that question; I have never gone into it.

19261. You have St. Mary's quite close?—Yes.

19262. You have the Middlesex Hospital quite close?—Yes.

19263. University College not far off?—Not far off.

(24.)

Chairman—continued.

19264. St. George's is not more than a mile?—Yes.

19265. Charing Cross is hardly more than a mile?—Yes.

19266. And there are a certain number of dispensaries, are there not?—Yes there are, I believe.

19267. Then there is the parish infirmary, with 700 beds, of St. Marylebone?—Yes; I may say that our reason for adopting this place was because of the terms on which we first got it; and what we consider the great success that attended the treatment there, and the success of the hospital altogether, induced the Committee, before my time, to make permanent arrangements. We are now under a long lease with the Portland estate; for a long series of years.

19268. Before you commenced to rebuild, what sort of a building was your hospital?—I only saw it when it was actually pulled down.

19269. Then I will not pursue that, if you do not know; do not you think that it is rather a waste of force building a large hospital, or a good-sized hospital, in a district where you are so surrounded by hospitals and dispensaries?—My own opinion, after the little experience I have had is, that it will be successful, whether or no; that both as regards the in-patients and out-patients, if it is only properly conducted by the medical officers, it will be a perfect success, and that people will flock to it.

19270. Because of its special nature?—Because of its special nature.

19271. Who is supreme, the board of lay governors or a board of professional men?—The board of lay governors.

19272. That being the case it will be the fault of the lay governors if the thing does not succeed?—Do you mean the lay governors as distinct from the committee of management?

19273. No, I mean as distinct from the professional men?—Yes, it will be the fault of the lay governors if it does not succeed now.

19274. Then the professional men are entirely under the control of the lay governors?—Entirely; but it was a very difficult thing to get them under control.

After a short adjournment.

19275. I believe you wish to make a correction in your evidence?—I am told by some gentlemen who have heard my evidence that I stated that the sub-committee had full charge of the administration during some time; if so, it was a defect of my hearing; I did not intend that the least; I meant to say the committee. The sub-committee have no authority whatever except to inquire into such points as are laid down distinctly by the committee, and to report upon them. Then, again, as to the Saturday Fund, I am afraid I made a great mistake, which I regret, but I find that we have received sums from the Saturday Fund (I do not know how that escaped my memory) from year to year, and increasing each year, but not from the Sunday Fund. Then, it seems that I made a mistake in stating what I did about the committee's and sub-committee's meetings. I should have said that the committee and the sub-committee meet alternately

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alternately every month, but whenever any special meetings have been necessary the committee have been summoned, and meetings have taken place; and I have found it necessary to call several special meetings myself to inquire into certain matters; that is to say, that meetings are called whenever they may be necessary, but that the usual standing meetings are every fortnight, one of the sub-committee and one of the committee. Then, again, I am supposed to have stated that Dr. Tibbits was not present at the committee when the conduct of the doctors was discussed; he was present at the committee, but he was not present at, or a member of, the sub-committee which was appointed to inquire into

Chairman—continued.

that business. Then, I may mention that the doctor who principally objected to the system of massage, was at one time perfectly satisfied with it, and in alliance with Dr. Tibbits in the establishment of it. They separated, and under circumstances best known to themselves and after that particular doctor left the hospital, under pressure, he has established a private school of massage himself.

19276. There is one question I should like to ask; are your accounts audited by a chartered accountant?—Yes.

The Witness is directed to withdraw.

MR. HERBERT TIBBITS, M.D., called in; and, having been sworn, is Examined, as follows:

Chairman.

19277. You are the Honorary Medical Superintendent of the Hospital for Paralysis and Epilepsy in Welbeck-street?—Yes.

19278. Were you the founder of the hospital?—Yes.

19279. Previous to its being a hospital, what was this institution?—It was founded as a hospital alone in 1878; there was no other institution there; it was a butcher's shop previously.

19280. Where did the money come from to found it?—From the subscriptions of friends of mine who wished to assist me in founding a hospital for the objects that we contemplated in 1878. Her Royal Highness the Princess of Wales gave 20 guineas.

19281. What are "the objects" that you mean?—In 1878 there was no hospital for paralysis and diseases of the nervous system that admitted young children; at that time children, to be admitted, had to be 11 years of age. It was the opinion of the founders of the hospital that infants of a few months old should be admitted; that was one of its objects. Another object was this: I entertained a strong opinion that patients suffering from epilepsy should never be treated in the wards of a hospital; that the influence upon one epileptic of seeing another epileptic have a fit was deleterious to a degree; and, therefore, that epileptics should only be treated as out-patients. Again, at that time (I beg to say that I only refer to the year 1878, for many improvements have taken place since), it was my opinion that the localised methods of treatment, treatment by what is known as massage, by electricity, by what is termed nerve vibration, and now by Charcot's suspension, were more important in diseases of the nervous system than the mere drinking of physic. All these objects were stated at a public meeting in 1878, and, upon that basis, the hospital was founded; not to ignore the drinking of physic, but to consider these localised methods of treatment as of very great importance, to be carried out in a special institution with special appliances and advantages for patients that a general hospital, with its crowd of various diseases, does not afford.

Chairman—continued.

19282. Then your meeting and your appeal to the public were so successful that you were able to build the hospital?—No, I regret to say it was not; it is only now that we are building the hospital. It only enabled us to purchase the lease, and adopt the premises most imperfectly. It is only after 10 years that we have been enabled to build a proper hospital. We rented these rooms, and did the best we could, hoping to be able to build a proper hospital, which I am thankful to say we have now succeeded in doing.

19283. How do you maintain your hospital?—By voluntary contributions, and donations, and subscriptions.

19284. Do you ever have a great festivity to procure funds?—Most undoubtedly so. We had the ice carnival; that enabled us two years ago to present the hospital with 1,400 £. It was a bazaar. In fact, we have several bazaars.

19285. What was the ice carnival; how was it arranged?—I requested the permission of the board of management to organise a bazaar; the board of management replied that as trustees for the public they were unable to render the hospital or the committee of the hospital in any way responsible, but if I liked to do it upon my own responsibility they would thankfully receive anything I gave them from it. They would take what I got, but they would be responsible for nothing. On that basis the ice carnival was arranged. I took the entire responsibility, and Mr. Whiteley organised it, and we handed over 1,400 £. to the hospital; but the committee of the hospital declined to be responsible for anything except that they would take anything I could get out of the bazaar.

19286. And that was the net profit, 1,400 £.?—Yes, I mean that was the sum obtained over and above the expenses.

19287. Then have you had another thing of this kind?—Yes, we have just had one on the same basis, "The Coming Race" at the Albert Hall a month ago.

19288. Was that a bazaar?—Yes, I presume it was a bazaar; ladies held stalls and sold things.

19289. What was the net profit upon that?—That

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[Continued.]

Chairman—continued.

That has been a loss altogether, a most unfortunate loss; it is upon my shoulders.

19290. It fell upon your shoulders and not upon the hospital?—Upon my shoulders alone, I regret to say. No, I do not regret it, but it is upon my shoulders alone; I hoped it would be a success. It was the Queen's Drawing Room, on our opening day; the weather was bad and nobody went. I do not know why, but people are sick of bazaars.

19291. When the governing body contemplated building the hospital, was it ever suggested that it should be put out in the country?—No, not to my knowledge; I never heard such a suggestion.

19292. Would not that have been advantageous?—No, most certainly not.

19293. What are the objections?—The objections are these: It is more convenient to patients to come to a central position than to go to some out-of-the way place in the country; that is the chief objection. It is easier to get to Welbeck-street than it is to get to any site in the country. And again, the medical staff cannot go into the country to attend patients; their private practice is, as a rule, carried on entirely in London, and if the hospital were in the country, probably men of no practice would become attached to it, but men who had practice in London would not.

19294. Have you any idea why grants were refused by the Hospital Sunday Fund?—I have no idea. I wrote to my Lord Sandhurst a letter upon the question; I have no idea why they refused, and it has been my most earnest endeavour to know why. Sir Sydney Waterlow, as appears in a published report, was asked if he knew any hospitals in London (I only speak from the published report) that a grant had been refused to. He said he could only recollect one at the moment, but he could get others; the hospital in Welbeck-street. He was asked by your Lordship's Committee, Would that hospital be unworthy of support? and he said, Yes, that is one of the best advantages of the Sunday Fund, that when they do not give a grant that hospital is known to be unworthy of support. I have never been able to get any reason why the grant has been refused, and why so damaging a statement should have been allowed to be published in the Press.

19295. The last witness told us that there had been some considerable difficulty at the hospital, which had caused the whole board to retire, and also caused the withdrawal of some of the staff; what was that?—The circumstances were these: In the year 1884, Lord Robert Montagu (who was then the Chairman of the Committee) and myself disagreed. I wrote a letter placing my resignation in the hands of the board, with Lord Robert Montagu's, subject to investigation. They had no investigation, and they kept me out of the hospital for six months. Then at our annual meeting (which this medical staff put off till they were obliged to hold it; they put it off till two or three months after our usual time), Lord Robert Montagu said he never made any charge against Dr. Tibbits of any sort whatever. The medical staff retired, and why I do not now know, but the committee of management were

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not re-elected; the subscribers refused to re-elect them. It is an annual election; they never retired, but the subscribers refused to re-elect them, for their grossly unfair treatment of Dr. Tibbits; they were not re-elected, but a fresh committee was elected in their place.

19296. I understand you to say that the meeting was put off by the staff; are the staff all powerful as to when the meetings are to be held?—It was customary to hold the meeting earlier; I cannot say who put it off, because Dr. Tibbits had notice that he was not to go to the hospital, and if he went to the hospital they would give him into custody, and that they had a policeman at the door for the purpose. Some of the subscribers wrote week by week, to ask when the annual meeting would take place; they had no reply, they complained, and some of our most influential supporters wrote again and again, till at length the board of management at that time were compelled to call a meeting; and when they called the meeting they were simply turned out. Lord Robert Montagu said that he had never made any insinuation against Dr. Tibbits, that he had been entirely misinformed; but a new committee was elected, and a new staff.

19297. Are you yourself a Governor of the hospital?—Yes, by donation.

19298. That being the case, you had a perfect right to go in, had you not?—I do not know the legal aspect of the question. I brought an action for slander against Lord Robert; he had been acted on by jealous medical men I believe, and we amicably settled it; I did not ask him for costs, and he did not ask me for costs; and after it had been going on for six months the action was taken off the file.

Earl of Kimberley.

19299. We do not understand what the subject of disagreement was; can you tell us what it was?—I have never been able to find out what it was. I wrote to every member of the medical staff who had resigned, asking him to give reasons for his resignation, but not one of them would give any reason whatever; I told them they ought to give reasons. Some of the younger members of the staff thought that there must be something behind or else the others would not have resigned; but not from one single member of the staff could I get any reason. I wrote to Lord Robert Montagu, but I could get no reasons from him. I was told by my solicitor that if you write reasons it may be a slander, whereas if you say things to a committee, they may be privileged. I have no more notion than your Lordship has what were the reasons.

Chairman.

19300. Who were the members of the medical staff who resigned?—Myself, senior physician; Dr. Heron, Dr. Huddart, and Dr. Wolfenden. The surgeon was Mr. Alfred Cooper, of Henrietta-street. Mr. Alfred Cooper did not resign until the others had resigned, and he told me that he had had about 20 letters from various medical men, asking how he could remain attached to such a disreputable institution. Doctors are given to writing such letters. The institution

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institution is one of the best in London, and Sir Crichton Browne was one of our consulting physicians, and Dr. Broadbent and Mr. Brudenell Carter were on the consulting staff. Dr. Crichton Browne told me they were plaguing him about it, and Dr. Broadbent could give me no reason whatever; he said that it had only provoked controversy. So that, practically, not one of these men would give me the slightest reason for their resignation.

Earl of Kimberley.

19301. Is there now a board which approves entirely of the proceedings of the hospital?—The present committee of management, I believe, does so. I think there is no dissentient opinion whatever, nor has there been ever since the year 1884. For seven years I believe there has been the most perfect agreement. Or rather, I will not say the most perfect, nor for so long a time; but at present I believe the board is in entire agreement with the management of the hospital.

19302. Has there been a new medical staff since 1884?—No; there have been elections to the staff since then. Mr. Pearse, our surgeon, resigned to practise in the country, but Dr. Armitage who was elected then, and Dr. Winslow, who was subsequently elected, are on the medical staff still. The only resignation is that of Dr. Stretch Dowse and Dr. Herschell.

19303. But in 1884 I thought there was an entirely new medical staff?—In 1884 there was an entirely new medical staff, after the annual meeting.

19304. And has there been no difficulty with the medical staff since; has the conduct of all concerned been satisfactory?—No difficulty, with only one exception, that of Dr. Dowse who has retired, as also has Dr. Herschell. I was not aware that there was any difficulty with Dr. Herschell, but there was with Dr. Dowse, and I suppose Dr. Herschell went with him, and disapproved of the school of massage being associated with the hospital; there was no other difficulty.

19305. Why did they disapprove of the school of massage being associated with the hospital?—I really think they must give their own reasons.

19306. Did they give no reasons to you?—None.

19307. Is it the custom of this hospital that nobody gives any reason to anybody else about what they do?—It is a most extraordinary exception to everything else I have ever met with, a most extraordinary thing, and always has been.

19308. But when there was this general resignation no reasons were given, and it seems that this practice goes on?—Undoubtedly; apparently so.

19309. How do you account for it?—I do not like to say it, but if I am asked the question I must say that I account for it by the intense jealousy of the staff of the hospital which I succeeded from when I founded this hospital, and by their influence in the profession, and my not being able to get quite that class of physician that I should like to have had, and by the general squabbles of medical men. I know no other way to account for it. It is a new departure; there

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is always a jealousy against special hospitals, and there is a special jealousy against a new special hospital founded under such patronage as ours was. With such a prospect before it, and, again, adopting methods of treatment that were contra-distinguished from the mere drinking of physic and looking at your patient's tongue, and giving a dose of medicine three times a day. Our hospital was always a hospital for the localised treatment of paralysis, and it was not approved of at that time by the medical profession, not all of them.

19310. In short, probably the medical profession thought the treatment not orthodox?—I think I can only explain it if you will permit me, in one way: The "Lancet" published an article in which they said that electrical treatment, and massage, which means medical rubbing, should only be carried out by medical men. They approved of it; the entire profession approved of it. I stated broadly that a medical man, unless he has had training, is incompetent to carry out this treatment, and that as it takes from half an hour to three-quarters of an hour at a time trained nurses should be employed; and a dead set was made against founding, as the "Lancet" said, a new sort of hospital; but then how can a medical man give his attention to it for three-quarters of an hour at a time, even if he has the skill to do it. Undoubtedly the training of nurses met with the greatest opposition, because with the overstocked state of the profession medical men thought that in allowing nurses to carry out this treatment I was taking fees out of the pockets of the poorer members of the profession. My contention was that these men cannot give three-quarters of an hour's attention at a time to their patients, and that they require special practice even to be qualified to do so, for the mere possession of a medical diploma cannot educate a man into the use of his hands, and the manipulations that are necessary in massage under the applications of electricity.

19311. Was there no objection to the treatment?—No objection to the treatment; it was to the treatment by nurses rather than by medical men; I never heard any objection to the treatment itself; that has been universally recognised, but the theory of the medical press is that only doctors should treat patients. It always has been so; it is an attempt to make a trade unionism. It is the same kind of attempt that was made against lady doctors. I was one of the first men in London who advocated women being medical practitioners. It is simply the jealousy and trade unionism of the mass of the medical profession.

Earl of Winchelsea and Nottingham.

19312. You spoke, however, of personal disagreement between yourself and Lord Robert Montagu; are you not able to tell the Committee what the subject of that disagreement was?—I think there was no reason given by Lord Robert Montagu. Lord Robert Montagu behaved very well indeed, and afterwards withdrew any imputations whatever against me, and said that he had made none; and I really am not in a position to say more than that. He behaved as a perfect gentleman when the thing

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was settled. It was entirely a private matter; nothing to do with the medical profession at all.

19313. With regard to nurses being employed for massage instead of doctors, has your experience confirmed your theory as to that?—Most absolutely.

19314. But I suppose that you would still allow them only to do it under doctors' orders or superintendence?—Certainly so; that is one of the first principles that I have always advocated. Under no circumstances are nurses allowed to treat a patient except under the direct supervision of the ordinary medical attendant of the patient; that has always been emphatically my principle.

19315. With regard to your opinion that a special hospital is required for the treatment of these diseases, I should like to ask you a question or two. Do you think that the recovery is more favourable in a small hospital devoted to these diseases, than it could be in a general ward, however carefully treated?—Most undoubtedly so.

19316. Why?—Because more individual attention can be given to the treatment of patients than is possible in the large crowds of patients that there are at the general hospital. It is the individual attention that is given, particularly in treatment taking from half to three-quarters of an hour at a time, that I think renders a special and small hospital, at all events a special hospital, so much better for the patients.

19317. And do you lay stress on the fact that when many patients suffering from this disease were together, they might re-act unfavourably upon one another?—Most undoubtedly, especially in the case of epilepsy, as I have already said.

19318. With regard to the policy of moving the hospital into the country, as to which you were asked just now, supposing that the difficulty of doctors going into the country were got over by the hospital being very near London, although out of it, in that case would it not be better for the patients suffering from these diseases, which you especially treat, to be in country air than in London air, and in quiet instead of in noise?—I think that it is better for all of us to be in country air if we can be, and I think that every hospital should have a convalescent department in the country if it can afford it, to send patients to; but I think that the advantages of country air are counterbalanced by the disadvantages I have mentioned, namely, the difficulty of access by patients, and the difficulties of the medical men; because with an ordinary medical man, a few miles, a couple of miles, would make all the difference between his being attached to a hospital or not. I apprehend that no hospital could be in the country without being outside the cab radius anyhow, and that makes all the difference. Of course an ideal hospital would be a hospital in the country attended as frequently by its medical staff as a hospital in town is. Of course the purer the air the better for the patient.

19319. You are aware that we have had very eminent medical evidence upon that point, showing that it is quite possible to combine the two?

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Earl of Winchilsea and Nottingham—continued.

—I have not read the evidence. If it were possible, of course it would be the most perfect arrangement, but I do not believe it is possible.

Earl Cathcart.

19320. What hospital did you secede from?—The National Hospital for Paralysis and Epilepsy in Queen-square.

19321. And on what ground?—On the grounds that I have stated. I may as well state that I became medical superintendent of the National Hospital in 1869; I remained medical superintendent until 1875; I then became honorary medical superintendent. I resigned because my work was greater than I was able to do in conjunction with the hospital; they then elected me honorary medical superintendent as a mark of their esteem. In 1878, that is three years after, I started this hospital on the grounds I have said; and I thought it right, as to a certain extent it might appear in opposition to another special hospital, to resign my honorary appointment there, at the same time writing a note to say that I trusted there would be no conflict between the two hospitals, but as they did not receive these infant children and did not carry out the treatment exactly as I thought it best, it was not an opposition but only a multiplication. I never had any difficulty with the Queen-square people; they always behaved well to me, and they gave me the honorary appointment. I never had a word of difficulty all the years I was there.

19322. Then the secession was the proximate cause of the establishment of the new hospital in Welbeck-street?—No, because it was three years afterwards; I retired from the Queen-square institution in 1875; I only founded this hospital in 1878, after I had devoted a great deal of attention to young paralysed children, and with the desire to admit children of three months old, as contra-distinguished from children of 11 or 12 years, who at that time were not admitted into any other hospital. It was in no sense in opposition, I hoped it would be in supplement to other hospitals; I was quite unprepared for the opposition it met with then and has met with since. I would not have founded it if I had known what opposition it would meet with.

19323. Were there constant complaints made in regard to the insufficient condition of the building?—The building was insufficient, and our committee appealed to the public on the ground of its insufficiency, but I never heard any complaints from anybody else. We wanted to collect money to pull it down and build another, but I never heard any other complaint.

19324. Were the sanitary arrangements with regard to the drains, sufficient and proper?—The drains were put in thorough order under the certificate of Dr. Corfield, the eminent sanitarian, some years ago. The drains were put into sufficient order then. I do not recollect the year.

19325. You carry out the Swedish system of massage?—The Swedish system as one part, also the Russian system; in fact, I have visited every city in Europe and studied all their systems. It is not one especial system; it is

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Russian, and Swedish, and other systems, the Aix les Bains system, and the Baden-Baden. All these systems are pretty much the same; they differ in details but in essentials they are the same to a great extent.

19326. Do you treat diseases of the uterus by means of massage?—No, I do not; I decline to have anything to do with that sort of thing, and I disapprove of massage for the uterus altogether.

19327. And that has consequently never been a cause of complaint as regards your establishment for massage?—Never; and no woman has ever been treated, or would be treated, with my permission, for diseases of the uterus by massage or by electricity. It is a most fruitful quackery and it is a monstrous thing, and never ought to be done, and I have always set my face against it.

19328. Have you had any complaints with regard to your treatment by massage?—Never; never anything but praise for us; that has been acknowledged by everyone who has undergone it; we have never had a single complaint; we have got the gratitude of all the patients.

Earl of Arran.

19329. You have a school for teaching massage, I believe?—Yes.

19330. And your pupils receive their education in massage at this hospital?—Yes.

19331. While the hospital is closed what means are there for giving them this education?—The hospital has never been closed to out-patients; the education has been given entirely in the treatment of out-patients. There are few in-patients who are in such a paralysed condition that they are unable to move at all that require this treatment; it is when, after the patient has become paralysed, a certain amount of recovery takes place, that these methods of treatment do everything; it is our out-patient practice that is so enormous. These poor out-patients come there with crutches and they are massaged two or three times a week, and after a few weeks they so far recover as to be able to walk with a stick; not absolutely cured, but much relieved.

19332. Then there is still a department open at the hospital where the treatment can be carried on?—That always has been the case, and it is larger now than it ever was.

19333. I understood that the hospital for the last 14 months had been entirely closed?—Certainly not, for the out-patients; the out-patients have always attended. Not one single day has it been closed to out-patients. It may have been closed a day or two for whitewashing or something of that sort, but I do not think it was.

19334. Will you kindly explain to us on what principle the school is carried on?—The principle approved by the board of management of the hospital in the year 1886, was this: It was proposed by myself and one of my colleagues, that we should be allowed to train nurses at the hospital in massage; that in return for that privilege we would charge the hospital nothing for their services. It would be an enormous expense to the hospital if it had to pay for mas-

Earl of Arran—continued.

sage. That arrangement has been carried out ever since. Our students have received lectures at the school, and when we have not had a school, at our own private houses. There are 40 or 50 attendances in a morning, and these women go and carry on the treatment for nothing; it has never cost the hospital one single farthing, and if this arrangement were abolished, it would cost the hospital many hundreds a year.

19335. Do the pupils pay a fee for admission into the school?—Most certainly; it is hardly likely that they would be trained for nothing; but that fee has nothing whatever to do with the hospital, as long as the hospital gets their valuable services for nothing.

19336. Does the establishment pay its own expenses?—I am afraid it is not paying its expenses now at any rate; no one place is paying its expenses, but I am afraid times are not very prosperous with it just at present. The misfortune of the thing was this: The students were allowed to attend at the hospital and to have their address there; the committee of management found them out and said they must have their address elsewhere. As long as the students had their address at the hospital they paid their expenses, but when a house had to be taken for them, it was a different thing; and I question whether it will be able to make both ends meet.

19337. How many students are there in the school?—I do not know; not a dozen.

19338. I thought this school was a private institution of yours?—Undoubtedly; I am not the owner of it, but I am responsible for its medical arrangement; but still that has never cost the hospital anything.

19339. If there were any profits from the carrying on of this school, to whom would they go?—They would go to the proprietor of the school, certainly not to the hospital.

19340. Who is the proprietor of the school?—My wife, because she took the house when she was driven out. I would not go to the expense of taking the house, so she said she would take it on lease rather than let the whole thing go smash. But I am responsible for all the medical arrangements.

19341. Where had she been "driven out" from?—I mean that our school was driven out from the hospital. It was an endeavour to ruin the school; they said that the school should not continue at the hospital, and they thought, by sending away the students from the hospital, they would ruin the school. I would not have the school ruined. The hospital committee absolutely threw away, or might have thrown away, the services of all these ladies; it was a most unwise thing of them.

19342. How long does it take to train a nurse under this system?—Three months is the minimum, but they generally continue for six months. Some nurses you cannot train in 20 years; it depends upon whether they are capable of being trained.

19343. But, on an average, how long would it take to train a nurse so as to fit her to undertake business on her own account, so to speak?—She is not allowed to undertake it except under medical supervision, not any nurse from our school. The length of time varies so very much with

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with the different abilities of women, from three to six months; but under no circumstances ought any nurse, on her own account, to practise massage, only under medical supervision. I countenance no nurse practising it, except under the orders of the doctor attending the patient.

19344. Then would it be necessary, under this system, that the doctor should be in attendance while the nurse was practising massage?—It depends entirely upon the nature of the case and upon the doctor's opinion. I apprehend that every doctor would see a masseuse treat the patient the first time, and then he would exercise his discretion as to whether he would commit the patient to the nurse's hands, seeing the patient himself, of course, or, oftentimes, he would see it necessary to give his personal attendance during the carrying out of the massage. All cases differ, and doctors differ.

19345. Is there any certificate which a nurse receives at the end of her training to show that she is fit to practise?—Yes, she undergoes an examination conducted by myself, a practical examination. She must have attended daily at the hospital for three months; she must have attended lectures of mine; I put her through a practical examination on the human body; I give her three hours' written examination; and, if she is not fit, pluck her; then she has to go on till she is fit. Then I give her a certificate which carries no weight, except that which it receives from my personal signature, that she is competent to practise massage and electricity, under medical supervision.

19346. And what fee would she receive per hour, or whatever the mode of payment is?—It differs so much; it is what she can get. She ought to have 5s or 7s. an hour. There are some masseuses in London, I know one, who will not go out at all under a guinea an hour. I know another belonging to the Rothschilds who has 10s. 6d. I should say that the average fee per hour would be 5s.; if she can get 7s. so much the better, but I should say the average is from 5s. to 7s. And it is worth it because it takes it out of her; it is a laborious treatment.

Earl of Kimberley.

19347. Do you fix no fee for these nurses?—They are independent of us; as soon as they get their certificate they may go to Bath or to Rome; in fact they go anywhere. They simply carry the certificate, and they call upon medical men; but we have nothing more to do with them. It is a certificate that I have enabled them to carry out massage, medical men who have used them write to me that they have never had any nurses equal to my nurses, because they are so thoroughly trained and efficient; but I have nothing to do with them when they are gone.

19348. Then do I understand that these nurses, whilst they are in the institution, do not go out as masseuses?—No, not till they have had their certificate; under no circumstances till they have passed their examination would any one of them be sent out.

19349. And as soon as they have received that certificate they leave the institution?—Yes. If we can put any work in their way we do.

19350. You spoke of the hospital endeavouring (24.) e.

Earl of Kimberley—continued.

to ruin the institution; may I ask what you meant by that?—I said that it had ruined the school by turning us out; but it was practically the opposition of two or three members of the committee, backed up by this seceding colleague of mine who founded the school with me; and I declined to have anything to do with it unless he retired from it. He got men on the committee and they turned us away from the hospital, and they said we must take another address, and it is a wonder it did not ruin the school. I wrote a letter to this colleague of mine that unless he retired from it altogether, I would bring the matter before the committee of management, and utterly cease the thing altogether; and he retired from it.

19351. Do I understand you that the hospital is now in connection with the institution?—The only connection that the hospital has with the institution is that it receives the gratuitous services of the students, and that I am allowed to lecture to them there at the hospital once a week, or twice a week, as I choose. The students attend there every day in the week to treat out-patients, under the supervision of the matron for female cases, and under my supervision, or under the supervision of the electrician, for male cases; and they carry the treatment out from 10 to 1 o'clock every day in the week, for which the hospital pays nothing. There is no other connection and never has been, except that we had the address of the hospital until two or three years ago, and then, when we were compelled to give up that address, we were bound to get another.

19352. Then, is it the case that the patients of the hospital are attended to by masseuses who have not obtained their certificate?—Yes, because that is part of the training. That is analogous to the treatment, if one may so term it, at a general hospital, by the students, as dressers and as clinical clerks. It is a sort of give and take. The patients are treated by the nurses in this hospital just as they are by medical students in a general hospital. No general hospital could be carried on if no treatment were carried out except by qualified medical men. It is the very thing for which a school exists; the students are taught how to manipulate the patients and how to carry out electricity, but always under skilled supervision. How, otherwise, could we train them? Students will not go, when they have got a certificate, to a hospital for nothing.

19353. Is it the case in your hospital that the masseuse never operates without the presence of a medical man?—Most assuredly not; it would be impossible to carry on treatment under such conditions. A medical man is not present. It is analogous to what one of your Lordships referred to just now when he asked a question as to whether an ordinary medical man would allow massage to go on in his absence. But no massage is allowed to go on in the hospital unless in the presence of Mr. Trood, the electrician, who has been there many years, or of the matron, who is herself a skilled masseuse.

19354. My question has not been distinctly answered; I wish to know whether any massage is ever carried on in this hospital by an uncertificated masseuse without the presence of a medical

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medical man?—Most certainly; it is carried out by the students in training without the presence of a medical man, but by the written directions of the medical man as to what should be done, as it is at all other institutions.

19355. Is it the case in general hospitals that the students are allowed to deal with the patients without the presence of a medical man?—Not to prescribe for the case, but to carry out localised methods of treatment such as bandaging the leg or removing a dressing. This is not the diagnosis of a case or the prescription for a case; this is simply carrying out the mechanical method prescribed by the physician responsible. It would be impossible for a medical man to be always present in any general hospital; there is none in London where they are always present.

19356. Do you consider it satisfactory that these patients should be handed over to these inexperienced nurses?—They are not handed over to inexperienced nurses in any sense; they are seen by myself and colleagues once a week, and their cases carefully examined; we have a most experienced matron present whilst the massage is being carried on with the women, and a most experienced electrician is present with the males. It can hardly be called handing them over to these nurses, when there is a superior officer present.

19357. It appears that massage is carried on by the matron and these inexperienced nurses, and I want to know whether that is a satisfactory system?—I think that it is the only practicable system, and I think that it is a satisfactory system.

19358. Satisfactory perhaps for the training of the nurses, but is it so for the patients?—I think so, thoroughly. I would also add that if certificated masseuses were to be obtained, it would cost the hospital an expense of many hundreds a year; but I consider the present system thoroughly efficient.

19359. But do you put the matter on the question of cost, or do you put it on the question of efficiency, and say that nothing more is required?—I am afraid that with all things it must be a combined question. Undoubtedly, if we could always have certificated masseuses it would be a greater advantage than having those in course of training; but then against that, how are they to be trained; the educational advantages are thrown away. When the old certificated masseuses die off, where are the new ones to come from, unless they are to be allowed to train.

19360. Would it not be more satisfactory if there were some certificated masseuses to superintend the uncertificated ones?—There are certificated ones; the matron is certificated; the electrician is certificated, or at any rate has had many years' experience; I do not think more superintendence is required than they now get.

Earl of *Arran*.

19361. In a book here, the Hospital Annual for 1889, the matron, Mrs. J. Honeyman Brown, is put down among the staff of the hospital; does she belong to the hospital or to the institute?—

Earl of *Arran*—continued.

She belongs to the hospital alone, and has nothing to do with the institute.

19362. There is no mention of an electrician here amongst the staff of the hospital?—I have not seen the record to which you refer.

19363. Does the electrician belong to the hospital or to the school?—Entirely to the hospital.

Chairman.

19364. There is a great deal of payment that comes from the patients, is there not; out-patients and in-patients, to the hospital?—It may be 400 l. or 500 l. a year; I do not know exactly what; I am afraid that it is a very small item as regards the expense; there are so many gratuitous patients.

19365. Was there at any time any profit from the hospital to the founder?—Never; a dead loss. I have advanced money, and never had any interest for it. I think they ought to have paid it.

19366. Then the hospital was founded in the interests of the sick poor, and for medical science?—Undoubtedly; in no other interest, and with no other desire.

19367. How do your accounts balance, as a rule; do you generally have a deficit or a surplus?—I really must refer you to the secretary, for I do not know; I know nothing about the financial part, except that we are prospering, I believe; I believe we are getting on. We must get on, because we have just rebuilt our place.

Earl of *Winchelsea and Nottingham*.

19368. I understand you to say that, with regard to the operations of the masseuses, they are not really in a medical sense operations, but simply manual carrying out of specific medical directions?—Undoubtedly.

19369. This treatment pursued in the hospital is a very special one, invented and superintended by yourself?—I am not aware that my method differs from the received methods in Europe. I do not think I have invented any special method of treatment; I have studied all the best methods, and combined them; but I cannot claim anything that is specially my invention.

19370. I will put the question in another way to get at what I want: if anything unfortunately were to happen to you would the special usefulness of the hospital be put an end to, by reason of your connection with it having ceased?—I hope not; it would be a misfortune to the hospital; but I hope the treatment would be carried on by my colleagues.

19371. Are there persons qualified to carry it on?—Dr. Forbes Winslow and Dr. Armitage, who are two of my colleagues, undoubtedly are qualified physicians.

19372. Is the hospital entirely dependent upon the Institution of Massage in this sense: that it could not go on without it?—No; if the school were to cease the hospital could engage qualified masseuses by payment.

19373. That would be more expensive?—It would

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Mr. TIBBITS, M D.

[Continued.]

Earl of *Winchilsea and Nottingham*—continued.
would cost many hundreds of a year, I am afraid ; it costs nothing now.

19374. And the supply would always be precarious?—I apprehend that it would. Of course, supply and demand are relative terms ; I apprehend that the supply would be a very different supply from what it is now, and that there perhaps might be a difficulty in always obtaining

Earl of *Winchilsea and Nottingham*—continued.
qualified masseurs and masseuses ; but that, of course, I do not know.

Chairman.

19375. Have you anything further that you wish to say to the Committee?—I think not.

The Witness is directed to withdraw.

MR. HENRY ALEXANDER DOWELL, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

19376. You are the Secretary, are you not, of this Hospital for Epilepsy and Paralysis?—The Honorary Secretary.

19377. Do you hold any other appointment besides that?—Treasurer of the hospital.

19378. But I mean outside of the hospital?—Yes.

19379. Would you kindly tell us what appointment you hold?—I hold a small appointment under the Local Government Board.

19380. And where do you reside ; do you reside in the hospital?—No, I reside in Sussex.

19381. And how frequently does your work take you to the hospital?—I may say that as a rule I attend twice a week, and if there is anything very special, such as at Christmas time, special appeals or something of that sort, I generally make it my business to attend oftener ; for instance, I might be there every day for three or four days if necessary.

19382. But you get no payment at all?—I get an allowance for an assistant, and for travelling.

19383. And I think we were told that you got some commission for money collected?—Yes.

19384. What per centage is that?—Five per cent on what I personally bring in.

19385. Not on what is paid through bankers' orders?—No, nothing at all on that ; in fact, I may say, that up to the present time I have brought in considerably more than I have received any commission for ; the finances of the hospital being low, and all the money which we can collect being required for the re-building, I have not taken the commission.

19386. Does your assistant reside in the hospital?—He does not.

19387. Who does reside in the hospital?—The matron.

19388. And we were told of a dispenser by the former witness?—Yes, but he does not reside there ; he attends daily.

19389. The matron has full control in the hospital?—Yes ; the medical superintendent has really the full control ; I apprehend that if anything went wrong he would be summoned at once.

19390. That is Dr. Tibbits?—Yes.

19391. Does he reside in the hospital?—No, he does not, but if anything went wrong, and his presence was required, he would be summoned. I apprehend.

19392. Does he live near the hospital?—Close.

19393. Do you think sufficient control can be

(24.)

Chairman—continued.

exercised by that system, under which none but the matron resides in the hospital?—Hitherto the hospital has not been a hospital really with regard to the building ; it was only a private house, and I believe it was a butcher's shop at one time, but that was before my connection with the hospital. As a matter of fact up to the time of its demolition, about 14 months ago it was only a private house, and its space was so limited that it would have been utterly impossible to have had anyone residing there. The space was so limited that the committee room was also the electrical room, and also a waiting room.

19394. Then it was practically only a sort of sick house?—It was so crowded that it was really almost impossible to carry on the work.

19395. Do you mean that the wards were so crowded?—No, I am speaking now of the out-patients department particularly. There was only one ward, which only contained 10 beds.

19396. Is there any restriction as to the number of out-patients that come or the numbers to be treated?—No, not as to the numbers to be treated. The hours are set forth in the advertisement in "*Lloyd's Weekly News*," and in the "*North Western Gazette*," and in the "*Marylebone Mercury* ;" and once a month latterly in the "*Times* ;" it used to be oftener than once a month, but the expense was very very great.

19397. Is that advertisement you refer to for patients or for funds?—Entirely for patients, the advertisement that I speak of now.

19398. You advertise for funds too, do you not?—We used to advertise for funds too, but the expense was very great, and the result almost nil ; the expense was greater than the results obtained.

19399. You could not trace any subscriptions to the advertisements?—No.

19400. Do you appeal frequently to the public?—We are always appealing to them.

19401. Do you find that it is the best plan to keep always before the public?—Yes, that is my experience.

19402. On the same principle as Pears' Soap, or anything of that sort?—Yes, I may say that I have been very successful in the matter. In two years I doubled the subscription list ; I think I increased it from about 320 £. or 330 £. to about 650 £. ; so that that seems to show in point of fact that the system of pegging away at the public has been productive of good results.

19403. How does the cost of these appeals compare with the results from the appeals?—It varies very much indeed ; I really could not

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Mr. DOWELL.

[Continued.]

Chairman—continued.

answer that question, because I have known the appeals cost in one week (we usually send them out weekly) 3 *l.* and the result has been 7 *s.* 6 *d.*; and then in the following week the result was 60/. One cannot say how the cost compares with the results, because immediate results are not obtainable. Sometimes I have money sent from abroad by the people to whom I write. The replies come from different parts, perhaps from India; the letters written to them are forwarded on, and these replies come many months afterwards.

19404. Should you suppose that each appeal cost you 3 *d.* or 4 *d.* to get up and send out?—No, I should not say so much as that, but I should think very likely it costs 2½ *d.*; about that.

19405. Irrespective of the postage do you mean?—No, I count the postage in.

19406. Do you ever get small sums sent in?—Yes, penny stamps. We have various contributions, from a 1 *d.* to 100 *l.*; not many of the latter amount.

19407. You say each appeal costs you about 2½ *d.*, therefore if you get half-a-dozen postage stamps, that pays the cost of that particular appeal?—If every one would put a shilling's worth of postage stamps in each letter we should be very well satisfied; but a great many people throw them aside. I know for myself, being a governor of a few institutions, and my name appearing in the list, I am frequently I may say inundated with these appeals; but being an old hand at it, and not having too much wealth at my command, I throw them in the waste paper basket, and I am afraid your Lordships would find that you had the same experience.

19408. As regards the financial portion of your hospital, do you generally have a deficit or a surplus?—Since I have taken the matter in hand with the approbation of the committee, there has been a surplus; but that has since been swallowed up by building; we have already expended 5,000 *l.* on the new building, I think it is 5,200 *l.* on the new hospital. The administrative block which is being erected now will cost 2,800 *l.*; and then it is estimated that the furnishing and all the appliances will cost another 1,000 *l.* The absolute building by itself is 8,000 *l.*

19409. How long have you been acting as secretary?—I, personally, as far as I can recollect, seven years.

19410. But now under the present management there seems to be a great re-organisation going on?—That is so.

19411. Are the contracts for food made by open tender?—No, there never has been a contract for food, because that has been rather a small matter in the hospital hitherto; the hospital having only had 10 in-patients, the consumption has not been great enough for a contract; in the future it will be. You are speaking of the hospital as it was, it is different from what it used to be; it is quite another matter.

19412. Is all the professional work that is done at the hospital done without payment?—As regards the medical staff you mean?

19413. Yes?—Entirely without payment.

19414. I think you had two nurses at one time?—We had three nurses at one time.

Chairman—continued.

19415. Did you train them yourselves?—They were not trained nurses. As far as I understand the matter, these cases are not cases requiring trained nurses. We have at the present time a trained nurse; but whether it is in contemplation to have trained nurses is more a matter for the medical staff to determine. I think the committee would be guided by them in that matter.

Earl Cathcart.

19416. What was your motive for joining the hospital as honorary secretary, philanthropy?—I can hardly answer the question. I am very fond of children, and I was very much interested in the matter.

19417. It was an interest in the matter itself, and not an interest in the founder of the hospital that influenced you in joining it?—The founder of the hospital asked me to become a subscriber, and I did, and when this contretemps occurred with regard to the medical staff and the resignations I attended that meeting, and I was asked to become a member of the committee. That was how it arose. I was a subscriber previously.

19418. Then you were instrumental a great deal, as I understand, in selecting the new chairman?—General Mercer is a friend of mine, and I had served on other committees with him, and I knew enough of him to know that if he would undertake the conduct of the chair, it would be very much to the advantage of the hospital; because having no regular chairman, anyone was put into the chair who happened to be present, and the consequence was, that if Mr. Smith was there to-day he was chairman, and Mr. Jones the next day, and there seemed to be no leader.

19419. How did you arrange it with the committee; the committee were all of the same mind about the selection of the new chairman?—The committee asked me if I could find some gentleman who would be willing to undertake the chairmanship. I may mention that Colonel Smith, R.E., chairman of our building committee, was elected chairman, but not altogether caring to take it, or not being accustomed to chairmanship, he declined it. Then Mr. Murray, a very regular attendant, was asked to accept; but he said he would rather remain a quiet member. Then Colonel Darvall was also asked, and he refused, because he said he did not understand the procedure. I was asked on several occasions if I knew any one else among my own friends, and I thought of General Mercer.

19420. And this was all ratified by your general meeting?—It was all ratified. He was proposed and elected the same day.

19421. Your committee are not overpowered by the medical staff, as I understand?—Not now. They were so at one time.

19422. The committee holds its own now?—Entirely.

19423. You have initiated a new system now, in fact?—Entirely, since the advent of General Mercer. It has been an immense advantage to the hospital.

19424. Have you any clinical instruction for the students?—Not for the students; there have been lectures authorised by the committee, but to medical men not to students. I have seen the

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[Continued.]

Earl Cathcart—continued.

the attendance book with their signatures in it. I have not been present at any of the lectures myself.

19425. You do not refer to the lectures to the masseurs and masseuses?—No, these are clinical lectures authorised by the committee, and advertised in the "British Medical Journal" and the "Lancet."

19426. You hold to the wisdom of the policy of divorcing the massage establishment from the hospital?—I do, certainly. I always considered that no person should derive any personal benefit in that way.

Chairman.

19427. What salary does the matron receive?—£. 50 a year, and her board and lodging.

19428. And she is mistress of how many nurses?—Under the old *régime* she had three nurses, and the cook and the porter, all under her directions.

Earl of Arran.

19429. What does the medical staff at this moment consist of; how many men?—There are three physicians; the ophthalmic surgeon; the throat and ear surgeon's post is vacant; and there is a general surgeon.

19430. But I see by this Annual published in 1890 that there are five physicians, a surgeon, and a throat and ear surgeon, and an ophthalmic surgeon; several appointments are vacant at this moment, I gather from you?—The throat and ear surgeon's appointment is vacant; but whether the other two will be filled up is a question for the committee to determine.

19431. Have the committee formulated any scheme for carrying on the hospital when it is re-opened upon a larger basis; I mean with regard to giving out contracts, and so forth. It is to be opened in June, I understand?—We hope so.

19432. So that it would be almost time now to be prepared on that point of contracts for food and medicine and other things that may be necessary; up to the present that has been done rather in a happy-go-lucky way; there have been no contracts, I understand?—Not for food; I do not think that that question has entered the mind of anyone; but I may say with regard to the drugs that the matter has been thoroughly gone into by the sub-committee, and, having had the prices of other purveyors submitted to them, they have found that the present system could not be improved on.

19433. As I understand, you will have something like 40 beds?—Yes.

19434. That would require a large supply of food and other things; who would then be responsible that the food was of the proper quality?—There is a rule which has been lately passed, but which has not come into operation yet because the hospital is in a state of transition, by which it is provided that there shall be a regular visitation of the wards, the nurses, and so on; and I apprehend that it will be the duty of that committee to inquire into that, and to see that the food is right, and to see that the accommodation afforded and so on is correct.

19435. However, you have not formulated a scheme yet?—We have not.

(24.)

Earl of Arran—continued.

19436. You generally find someone in a hospital responsible for the food on its reception?—The matron undoubtedly up to now has been so; however, whether she will remain so, I cannot say.

Lord Thring.

19437. Is not electricity a part of your system of treatment?—Yes.

19438. And is not that one of the causes of the hostility of medical men to your hospital?—I cannot answer that; there is so much jealousy amongst medical men; they are more like women than men in regard to that.

19439. Massage is not opposed by medical men at all, is it?—Not to my knowledge.

19440. I mean, as a matter of fact, we all of us know that an ordinary doctor will recommend you massage?—I do not know about an ordinary doctor.

19441. You know that at the present time it is a very common recommendation of doctors to say that massage will, in cases of rheumatism and similar cases, be a benefit?—I should say so. One would think that every doctor would be very glad to adopt every latest improvement both in surgery and medicine; but they are not, I think.

19442. Is it not a fact that they have virtually adopted massage?—I think they have; that is my impression.

19443. Is it not the fact that they have not adopted electricity to the same extent as they have adopted massage?—I do not know what other medical men do; my impression is that they have adopted electricity rather more than massage.

19444. You do not think that their opposition arises from an idea that you use the magnetic belt and those other quack means, if I may use the expression?—But we do not use them; I never saw such a thing in the hospital.

19445. That is not quite my question; do not you think that the jealousy of medical men, which you say exists as to your hospital, arises from an idea on the part of medical men that you go in for the quackery of electricity?—I have never heard that said.

19446. We have been told that the medical profession are extremely jealous, and exhibit an antagonism to this particular hospital of which you are the secretary?—I have heard it stated so, but, personally, I have no knowledge of that being the fact. I attended once, as General Mercer has told you, at the Mansion House last year, and I put the question to Sir Sydney Waterlow then, asking him if it was not the fact that these grants were made on a certain basis.

19447. Do not you imagine that when Sir Sydney Waterlow gave you the answer which we have been told of, he, in fact, intimated that there was some quackery behind, or thought that there was some quackery behind?—He intimated nothing; he did say this, "I may say that we have the advantage of the presence of medical men on this Committee." The reply rose to my lips, "That is not an unmixed blessing;" however, I did not say so.

19448. At all events, you do not think there

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Lord Thring—continued.

is any hostility on the part of the medical profession to this particular hospital?—I think the hostility is not to the particular hospital; I think it is personal.

19449. Hostility to an individual?—Yes.

19450. Not arising out of massage or electricity? No; I think the hostility is directed against the founder of the hospital.

19451. You think that none of these quack methods that are advertised, magnetic belts and so on, are used at your hospital?—Never; I have never heard of their being used.

Earl of Lauderdale.

19452. You have no idea why assistance was refused to your hospital from the Hospital Sunday Fund?—No; I have asked and should very much like to know. I am sure every effort has been made, more especially of late, by the committee to do everything they can.

19453. You are not aware of any unfavourable report having been made?—I think this, that the Charity Organisation Society have influenced the Sunday Fund. I believe that these reports, which I say are totally false, have been made by people who are not now connected with the hospital, but were at one time.

19454. What is the nature of the reports?—Simply that the hospital is unworthy of support.

19455. For what reason?—I do not know; that is what I want to know.

19456. You think that the Charity Organisation Society have influenced the Sunday Fund in refusing a grant?—Yes, I think so. A certain agent of theirs came a little time ago and saw the chairman and myself, and made certain inquiries, and I gave him all the information I could, and when the report came back to us these things were twisted, and not given in the way in which I had given them. The statement of a man whom we will call a gentleman, was taken against the statement of my committee, which consists undoubtedly of gentlemen of position.

19457. And you think that was the reason of the assistance being withheld?—I think so.

Lord Monkswell.

19458. Then I understand that you did see this report of the Charity Organisation Society?—I saw the report.

19459. What was the effect of that report?—I have not seen the report which they have made to the Sunday Fund.

19460. But you saw some sort of report?—Yes, I saw a written report or statement. This agent of the Charity Organisation Society stated to General Mercer and myself that our auditor had told him that he did not examine the accounts at all; that he simply put his name to them, and that he knew nothing at all about them. Thereupon at the next committee meeting I reported the interview which General Mercer and myself had had with this agent, and I was requested to write to Mr. Denny, the auditor, a member of the chartered accountants, asking him if it was usual for an auditor to supply to outsiders any information concerning the affairs of people who employed him. He replied in a most indignant manner that he had not

Lord Monkswell—continued,

done so, and wished to have an interview with the committee, and to be confronted with this agent of the Charity Organisation Society. Whereupon I wrote to the Charity Organisation Society asking that Mr. Carthew, that was the agent's name, should attend and explain what he meant by this. Mr. Denny the auditor did attend; he also was asked to attend, and give an explanation, and he totally denied having made any such statement. The Charity Organisation Society's secretary wrote refusing to allow Mr. Carthew to attend.

19461. What was the upshot of it in the report?—Then General Mercer, the chairman, at the request of the committee, wrote complaining of this, and other things.

19462. How do you mean "other things"?—There were so many details I really almost forget what they were.

19463. I thought you said the report was not out; I thought you said that you saw something in writing to the effect which you have just stated about the auditor. You did not see anything in writing, if I now understand you rightly?—This agent made that statement to me and to General Mercer.

19464. And then did you see that statement subsequently reduced to writing?—Well, that was excused.

19465. You had a sort of letter from the Charity Organisation Society to that effect?—Yes, that they had made some mistake, that they had understood it was so, or something of that sort; excusing themselves in some way.

19466. What did they say, that they would set the matter right?—They have never done such a graceful act; they have been asked to do so and have not done so.

19467. They have written a letter to some extent excusing themselves for having made this statement?—Yes, they have; but the excuse, to my mind, appears to be rather worse than the offence.

19468. So that you suspect that they may have reported to Sir Sydney Waterlow, or to somebody else interested in the Sunday Fund, the effect of the conversation which you know took place with one of their people?—Yes; in fact I am sure that these questions and this investigation were suggested by others, was with a sinister motive.

19469. You have not yet denied, but I suppose you do deny, that there is any truth in this statement with regard to the audit of the accounts not having been thorough?—Of course I deny it.

19470. May I ask, generally, what was the nature of the other allegations which were brought against you; you say one was in regard to the accounts?—Another thing was that the balance sheet did not agree with the list of subscriptions in our report; and that might have been some five or six years ago, and it is explained in this way: When I first took office there I engaged my assistant, the gentleman who keeps the accounts and does all the detail work. There are three columns in these accounts not divided by lines. The first column is "Annual Subscriptions," the second, "Donations," and the third column, "Previous Donation";

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tions"; and to explain it I must mention that up to that date the total under each column had not been cast up; had it been, no such mistake could have arisen; but by some printer's error they put the "previous donations," as it were, in the second column instead of the third; consequently there was an apparent deficit.

19471. You explained that?—It was explained, and the explanation was accepted at the time.

19472. But was there anything else except with regard to the accounts?—There were trivial things, matters of detail.

19473. Any considerable charges?—No, nothing that you could call grave charges.

19474. The charge with regard to the account you consider the principal charge against you?—I consider that it was a very grave charge.

19475. And there was no other charge that you considered grave?—Not worth answering; only I cannot state what the charges were now in particular; I do not carry them in my mind, but I know they were such as to give a bad impression. In fact, generally, it appeared to me that they came to this, that the truth was told to a certain extent but not the whole truth.

19476. But was there any allegation with regard to the discipline of the hospital, or people being badly treated, or anything of the kind?—No, nothing of that sort.

19477. Badly treated on the part of the doctors?—No, nothing of that sort.

19478. Or on the part of any officials?—No, nothing of that sort; it was principally a charge on a matter of account, and, as I thought, a very grave one, because, in a manner, it was directed against myself.

19479. Then you cannot recollect any other charge brought against your hospital?—No serious charge. I thought it was quite enough for one to be made.

Earl of Winchilsea and Nottingham.

19480. Do you publish the accounts every year?—Every year.

19481. And when you send out these appeals to the public, do you usually give any idea as to the financial position of the hospital?—No; except that the hospital is greatly in want of funds, especially of annual subscriptions.

19482. Do you publish a proper balance-sheet every year?—Certainly; I have the last three years' reports here if you would like to see them.

19483. In the case of the proposed expenditure upon the hospital, do you propose to put the building expenditure to a capital account?—The building account is now quite a separate account.

19484. The accounts will show what is capital account and what is the current account?—We have no invested funds, so that we cannot be said to have a capital account at all.

19485. Has there been anything said in these allegations to which reference has been made as to the medical staff and the management of the hospital being at cross purposes?—No; nothing that I have heard.

19486. You do not think that the action of the Charity Organization Society, and subse-

Earl of Winchilsea and Nottingham—continued.

quently of the Hospital Sunday Fund, arose out of that state of things which produced the resignations of which we have heard?—No; I should like to know what it arose out of.

19487. You have never been able to find out on what it rested?—No.

19488. Certain charges were made by the Charity Organization Society, and were met by you, and to a certain extent the Charity Organization Society apologised for them, or they were withdrawn?—The only extent to which they apologised was, that they excused themselves in a matter of misunderstanding as regards the audit.

19489. You are quite in the dark why you have been refused assistance?—Utterly in the dark.

Chairman.

19490. Do you receive much money by legacies?—We have never had any but one, and that was this: A subscriber four years ago left us a legacy of 500 *l.* I believe Scotland does not come under the Statute of Mortmain; there was 500 *l.* left to us to be realised on land belonging to her being sold; it was in Scotland, near Edinburgh, I think; a certain portion of that was sold, and of what it realised our share was only 25 *l.*, which we obtained of this old lady's solicitors, and again through our solicitors, Messrs. Boxall and Boxall, of 22, Chancery-lane, about 12 months ago, as far as my recollection serves me, we received a further sum of 225 *l.*; making 250 *l.*, or half of the sum that had been bequeathed to us, and the solicitors stated at the time in their letter that they thought that was all we were likely to get, as the value of land had fallen so much, but Messrs. Boxall have informed me since that we may get some other small dividend.

19491. As regards these payments by the patients, which amounted last year to about 460 *l.* for out-patients, and for in-patients to 36 *l.*, the whole of the expenditure is about 4,000 *l.*?—Last year it was.

19492. Therefore the payments by the patients themselves really form a very small proportion of the total expenditure?—I should think an eighth part; perhaps 10 to 12 per cent., not more.

19493. Is there anything else you would like to state to the Committee?—I should be pleased to answer any question that may be put to me.

Earl of Lauderdale.

19494. When was it that these allegations were made against your hospital?—I think it was at the time when this Committee of your Lordships first began its sittings. Perhaps I ought to go back a little way. The Charity Organization Society applied to me some four or five years ago for all particulars of the hospital, for one of the subscribers to it as they said. I replied that if this subscriber wished for any information I should be happy to give it him if he would call at the hospital, or I myself, or somebody as my deputy, would call at his residence and give him the information. A reply came back that the gentleman, the Honourable Mr. Fortescue I think, wished for this information. I replied that I should be very glad

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Earl of *Lauderdale*—continued.

glad to give him whatever information he wanted. I wrote to him to that effect, and I received a reply to the effect that he would do without it, that he did not wish for it; it was a very courteous letter; and I heard nothing more from that society till the commencement of the sittings of this Committee, when I had an application from Mr. Loch, the Secretary of the Charity Organization Society, asking me if I would give an audience to their agent.

19495. The object of my question is this: Did you ever apply for funds to the Hospital Sunday Fund before these allegations were made?—Yes, we did.

19496. And what was the cause of their refusal to give them then?—It was always the same answer. I remember one year Sir Sydney Waterlow or whoever was in the chair —.

19497. When did you first apply for a grant from that fund?—We have done so every year except one, I think.

19498. And your applications have been steadily refused?—Yes; and one year the then

Earl of *Lauderdale*—continued.

Chairman said that we wanted more subscriptions and donations; that if we could show more, then they would consider our case.

19499. Then, in point of fact, the allegations that you have referred to have nothing to do with the refusal of assent which took place previous to those allegations having been made?—Not to my knowledge.

19500. And you do not know what the reasons were for that refusal?—I do not know.

Chairman.

19501. You cannot form any idea?—I cannot form any idea.

19502. Is there anything else you wish to say?—No.

Earl *Catheart*.

19503. Your Chairman said that there were plans of the building which the Committee might see?—I think Dr. Tibbits may have them. (*Certain plans are produced.*)

The Witness is directed to withdraw.

MR. JOHN WILLIAM MOORE, M.D., is re-called; and further Examined, as follows:

Chairman.

19504. You have some correction that you wish to make in your evidence given in the earlier part of to-day's proceedings?—Yes. A question was put to me in reference to the Dublin Board of Superintendence of Hospitals, and I wish simply to explain that that is not a general hospital board. I recollected it afterwards. Perhaps the Committee are not aware of the fact that it is not a general hospital board; it is a board constituted under Act of Parliament to manage the distribution of an annual Parliamentary Grant of something under 16,000 *l.* a year which is given to the Dublin

Chairman—continued.

hospitals. The hospitals that do not participate in that grant have nothing whatsoever to say to that board; they are not under its control in any sense. I thought it was of some importance to tell the Committee about that.

Earl of *Winchilsea and Nottingham*.

19505. You do not happen to know what Act it was which constituted the board?—No, I am afraid not; but the required information can easily be obtained by the Committee.

The Witness is directed to withdraw.

MR. SAMUEL H. T. ARMITAGE, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

19506. ARE you a Member of the College of Surgeons or Physicians?—I am a Doctor of Medicine, and a Licentiate of the Royal College of Physicians.

19507. Are you a general practitioner?—No, I am practising as a physician.

19508. Are you on the staff of any of the big hospitals in London, or of any special ones?—Previously to joining the staff of this West-end hospital I was for a good many years physician to the North West Hospital.

19509. You are on the staff of this hospital for paralysis and epilepsy?—Yes, but previous to that I was physician to the North West Hospital; but I thought that at my time of life I would give up hospital work altogether, for I have been connected with hospitals for 20 years; but I was asked to join this special hospital, and I thought it would be of very great interest, and it was in my own neighbourhood; so I joined the staff of the hospital.

Chairman—continued.

19510. Where were you a student?—At the Edinburgh University and at Guy's Hospital in London.

19511. Were you one of the staff of this West-end hospital who resigned on the occasion that has been spoken of?—No, I did not resign.

19512. Are you generally in favour of special hospitals or of general hospitals?—I have been connected with a general hospital for a very great number of years, and in certain cases I am in favour of specialism, but I think if you begin with it in early life your judgment is apt to be warped, and you get cramped ideas about certain diseases, and when any person comes to you you are apt to imagine that he has come with the special disease which you specially attend to.

19513. That is to say, your opinion in fact is that the best special hospital is good, and the best general hospital is good?—Without a doubt.

19514. Should you like to see a restriction placed upon the building of these special hospitals?

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[Continued.]

Chairman—continued.

tals?—Well, I think that if there are a great number constantly formed they may be an injury to the larger hospitals. I think, if they were formed with the mushroom-like rapidity that they have been lately, they would be harmful.

19515. Do you think that the cases that are treated in this particular hospital which we have had under our view to-day, could be equally well treated in a general hospital?—I doubt it; there are special advantages connected with our hospital for diseases of the nervous system, because we have special aids to the treatment of them, especially the electrical apparatus.

19516. You are in favour of this particular hospital that we have been hearing of to-day?—Yes, I am; I think it is doing an excellent work.

19517. Before the days when the authorities of the hospital thought right to build a proper hospital, were you not in a very inappropriate building?—Well, the building was a very wretched one, and completely inadequate for the treatment of the patients.

19518. But then is it a good thing to have a lot of sick people suffering from epilepsy or nervous diseases in buildings so totally inadequate to the requirements?—Well, we have had only one ward which has been devoted exclusively to children. The great feature of our hospital is the out-patient department; we have patients from all parts of the country, and a great many of them are sent by medical men.

19519. You mean medical men who are not specialists?—Decidedly.

19520. Is any instruction given in your out-patient department to other medical men?—No; I have frequently had medical men call and request that they might remain during my examination and treatment of the patients, and, of course, I have been very glad to accede to their request.

19521. Because otherwise, if no medical students were admitted to the consulting-room in your special hospital, a great amount of material for education would be wasted?—Yes, that would be so, if these cases came exclusively to the special hospitals; but we must recollect, of course, that our great mission is the relief of the patients. But, as regards the teaching department, there is not a doubt that a great many of these cases go to the general hospitals; but from my knowledge of the general hospitals, they have not the special aids for treatment which we have in this hospital.

19522. That is to say, as far as your knowledge goes; but most of the general hospitals nowadays have various departments, have they not, for various diseases?—That is so.

19523. Does not that rather minimise the usefulness of special hospitals?—Probably that may be the case, but at the same time I do think that in the case of diseases of the nervous system a special hospital is a very valuable one.

19524. Then do you think there are some special hospitals that we might do without. You say that this hospital for nervous diseases is very useful; perhaps in that same category you would include an ophthalmic hospital; would you say that is a useful institution?—Yes; they have special means at such a hospital for the treatment

(24.) e

Chairman—continued.

of persons with diseases of the eye; but, at the same time, they could have their ophthalmic apparatus in a general hospital. But there are such a great number of special cases throughout the country that I think men who devote themselves exclusively to one class of disease are able to apply a better treatment to it, especially with the aids that they have for assisting them.

19525. Now, is it the case that medical men are often on the staff of a general hospital, and on the staff of a special hospital at the same time?—I have known many cases of that kind.

19526. Do you think it is advisable?—Yes, I do think it advisable. I repeat that, with the exception of special diseases like those of the eye and the throat, I think that if a man is connected with both a special hospital and a general hospital, his services would be more valuable; and, I will add, diseases of women.

19527. And diseases of children?—No, I do not see any necessity for that.

19528. You do not care about children's hospitals?—No.

19529. It comes to this, that you approve of special hospitals in certain cases where special hospitals are existing; you have not gone so far as to say that there should be a special hospital in every instance where one exists?—No, I have not.

19530. How long is it since you left a general hospital?—About eight years ago.

19531. What hospital was that?—The North-West Hospital.

19532. And is there any school there?—No, none.

19533. Did you have a very large number of out-patients there?—A very great number.

19534. Was there any restriction in the numbers or the hours?—No, it averaged 80 or 100 cases of out-patients.

19535. In the time that you had at your disposal, could you get through those cases satisfactorily?—Yes, but it took me a very great amount of time. In connection with this hospital, when first I went there, I took the Wednesday afternoon and also the Friday night; but I had to give up the Friday evening after three or four years, because I found myself incapable of going through the work. I was there from six to sometimes 11 o'clock at night, and I found it impossible to do the work satisfactorily; such a great crowd attended, principally clerks, and men and women too, who were engaged in business during the whole day and only could come in the evening.

19536. Having that out-patient department open in the evening was a great boon to the public, I suppose?—Not a doubt of it. I resigned so far as regards the Friday evenings, and went on with the Wednesday afternoon, and on a Wednesday afternoon it takes several hours. I used to go about six o'clock on Friday, and I frequently had to stop till 11 in the evening, in order to do my duty to the patients.

19537. Was that because of the great crowd or because of the character of the disease requiring to be treated?—There were a very great number of patients, and of course when you see a patient for the first time, you must make a

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[Continued.]

Chairman—continued.

very exhaustive examination; and if we do our duty we do the same to hospital patients as we would to a private case; and it took such a length of time that I found it utterly impossible to perform my duty satisfactorily.

Earl Cathcart.

19538. Who took your place on the Friday evenings?—Dr. Forbes Winslow.

19539. And he goes on with that now?—He goes on with it now.

Earl of Arran.

19540. Your out-patient department must differ from the ordinary out-patient department, I suppose, because you do not prescribe only, but the treatment itself must take place in the hospital?—Of course we prescribe in a very great number of cases. For instance, to take an example, we have a very great number of epileptic cases, and with them there is no electrical treatment or massage treatment as a rule, unless there is some deformity or some atrophy of the muscles.

19541. Then it is only in the cases where electrical treatment is necessary that the peculiar advantages of this hospital exist?—Decidedly.

19542. Do not you think that in the event of this mode of treatment becoming generally accepted by the profession, these special facilities would be found in every large hospital. I mean that it is only the fact that your treatment as yet has not been thoroughly worked out or adopted by the profession that has prevented these modes of treatment being found in every hospital?—Well, I think any accomplished physician would know how to carry out this treatment just as well as we do; but the question is whether it is not better in cases like disease of the nervous system to have a special place for these patients to go to. I do not think it would do if they grouped the nervous cases with the out-patients of a general hospital. For instance, with some hysterical patients it would have the most injurious effect. You have no idea of the kinds of disease that have to be dealt with. I will cite one case as an example: *paralysis agitans*, in which a patient's head, and feet, and arms are going all at the same time; and sometimes we have a patient struck down with epilepsy. Now if you had these cases in the out-patient department of a general hospital it would have the most pernicious and prejudicial effect.

19543. Have you any table of statistics to show whether the percentage of cure in your hospital of these particular cases is larger than it is in the general hospitals?—I cannot answer that question, but I know our treatment is most successful.

19544. Have you any table showing the percentage of cure in your hospital, not a comparative table, but with reference to your own hospital only?—You will find that in the report.

Earl of Lauderdale.

19545. You only treat children as inmates?—At least for the present. The committee of management will have to decide about that when the new hospital is ready. There are several large commodious wards, and I understand that there will be accommodation for 40 patients.

Earl of Lauderdale—continued.

19546. But it will be just as necessary for an adult patient to be treated as an in-patient as for a child, will it not?—Assuredly; and I hope the committee of management will see their way to take adults in.

19547. What is the reason of the restriction to children up to the present time?—Because the limits of the hospital were so cramped; we had only one ward which was for paralysed children; but in the new hospital there will be plenty of accommodation, if the committee of management think fit to take in adults.

Chairman.

19548. Do you happen to know whether in that hospital anybody is taken in free?—I am not aware. I have nothing to do at the present time with the committee of management.

Earl of Winchelsea and Nottingham.

19549. With regard to the question of whether any particular hospital ought or ought not to be established as a special hospital; could you suggest to the Committee any practical means of restricting them. I think you said, in answer to a question by the Chairman, that you thought it would be a good thing that the mushroom growth should be restricted?—I imagine that that could only be done by an Act of Parliament. Any person could commence a hospital if he thought fit; there is no legal restraint to prevent him.

19550. Would you propose to impose any legal restraint; do you think it would be for the advantage of the public or not?—I do think it would be for the advantage of the public.

19551. What would you apply as the test?—You would not propose an Act of Parliament which should prohibit altogether any special hospital being erected, because I understand you to say that in certain cases you would be in favour of a special hospital?—Decidedly; but that ought to be done by a committee; if it is done by legislation it might be brought before a Committee of the House.

19552. You would not propose, would you, that in each case the question of the establishment of a special hospital should be brought before a Committee of this House, or the other House?—If it was reported that a new hospital which would not have funds, in all probability, and would be of no general use, was proposed to be established.

19553. You think it would not be safe to collect, if we could do it, the sense of the medical profession in its recognised exponents about it, as to whether a certain hospital could be usefully established?—Assuredly if you took the opinion of the heads of the profession that would be a fair test, because they would not be biased by any private considerations.

19554. Your idea would be legislation which would enable Parliament to impose a veto upon new special hospitals, except with the consent and approbation of the heads of the profession?—Decidedly, if it were referred to them.

19555. But do you think that they would be a proper tribunal, and a safe tribunal, to refer that question to?—I do, most assuredly.

19556. I suppose

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[*Continued.**Lord Saye and Sele.*

19556. I suppose epileptics are almost always mentally diseased?—No; very few of them indeed. There are many cases of congenital epilepsy, but a great many of them arise from exciting causes.

19557. Then why is Dr. Forbes Winslow connected with the hospital; I thought his particular branch was mental disease?—I am not aware what was the exact cause of his connection with the hospital.

19558. Do you consider that epileptics ought to be herded together in large numbers, or that they ought to be kept separate?—It must be remembered that they quickly yield to treatment now; they are soon amenable to treatment.

19559. Do you know that in the large pauper lunatic asylums very large numbers of them

Lord Saye and Sele—continued

are kept together, 50 or 60 being in a ward at a time?—Yes; there are certain nervous cases in which the disease may be acquired from imitation.

19560. I wanted to know whether, in your opinion, it was not better to keep epileptic patients as much as possible separate?—Yes, in violent cases; but I say again that they quickly yield to treatment; after the first day or two, probably, and then for weeks they never have an attack. There is nothing that yields to treatment so quickly as epilepsy; that is our experience.

Chairman.

19561. Is there anything else that you wish to say?—No.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, at Twelve o'clock.

Die Lunæ, 20° Aprilis, 1891.

L O R D S P R E S E N T :

LORD ARCHBISHOP OF CANTERBURY.
Earl of LAUDERDALE.
Earl CATHCART.
Earl of KIMBERLEY.

Lord SAYE AND SELE.
Lord SANDHURST.
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. THOMAS STRETCH DOWSE, M.D., is called in; and, having been sworn, is Examined, as follows :

Chairman.

19562. ARE you a general practitioner?—No, I am a Physician; I practice as a specialist in nervous diseases.

19563. May I ask what qualifications you hold?—Doctor of Medicine of the University of Aberdeen, Fellow of the College of Physicians of Edinburgh, and Member of the College of Surgeons of London.

19564. Were you ever at a general hospital?—Yes, I was attached to a general hospital as resident physician for over twelve months.

19565. What hospital was that?—Charing Cross.

19566. And were you a student in Glasgow or Edinburgh?—No, I was a student at Charing Cross.

19567. Then you know the working of general hospitals?—Yes, certainly.

19568. Then after that did you go to a special hospital?—Not as a student, if that is what you mean.

19569. No; I will put the question differently; were you attached to a special hospital at any time?—Yes, I have been attached to several special hospitals.

19570. Were you attached to the West-End Hospital for Paralysis?—Yes, for about seven years, or nearly seven years I think it must be.

19571. Were you there at the time of this dispute of which we have heard, when all the committee resigned and some of the staff?—No; I was there just afterwards. In fact, after that affair, of which I knew very little, Dr. Tibbits called upon me (I knew very little of Dr. Tibbits prior to that, in fact I knew scarcely anything of him at all), and asked me if I would assist him to reconstruct the hospital, which I regret to say I volunteered to do.

19572. Why do you regret it?—Well, I regret it, because the hospital, to my mind, has not been managed in the way that a hospital should be managed.

(24.)

Chairman—continued.

19573. Was that what led to the dispute which caused the resignation of so many members of the governing body?—Well, I believe so; but I really cannot tell you, because I have not gone into that matter. But of course at that time all the members, not only of the lay element in the hospital, but also the medical element, left the hospital.

19574. Leaving Dr. Tibbits alone?—Leaving Dr. Tibbits alone. Well, first of all they got rid of Dr. Tibbits. How they got rid of Dr. Tibbits I do not know, or for what reason they got rid of him I do not know, but at all events Dr. Tibbits was got rid of for the space of six months. At the end of that time they had a general meeting of the governors, and Dr. Tibbits was re-elected to the post of physician to the hospital, and consequent upon his re-election he broke up the organisation of the hospital completely; and I think I am right in saying that all the medical men attached to the hospital resigned, and the members of the committee resigned.

19575. That is practically what Dr. Tibbits told us?—That was the outcome.

19576. But when you say that you regret that you joined the hospital, what is the particular line of conduct that you objected to, and that caused you to regret joining it?—I regret for this reason: that there was nothing but difficulty and disturbance from the first period of my connection with the hospital up to the time that I resigned the hospital. I and several other members of the staff were almost entirely opposed to the views of Dr. Tibbits as to how a hospital should be conducted; and that gave rise to a great deal of disturbance. We never from the first had the hospital what I should call properly organised; sometimes we had a chairman, sometimes we had not a chairman, and we could not alter this; that was the misfortune of it; we really could not get it started upon a fair, practical,

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Chairman—continued.

tical, and what you might almost call, I think, an honourable basis. That is my opinion about it.

19577. Then it was first of all owing to the administrative difficulties that you objected to the hospital?—Yes.

19578. Not as to the treatment of nervous complaints?—Oh, dear no; that is quite a secondary question altogether.

19579. It is merely because of the extremely unbusinesslike organisation, or want of organisation?—That is the very word to give it, unbusinesslike; there was no business about it.

19580. But at the same time the hospital had a large number of subscribers and governors?—Yes.

19581. And they seemed to have great confidence in Dr. Tibbits?—Well, I do not think you can put it in that way; I do not think they knew much about Dr. Tibbits or about the hospital. I think it is partly a question if they are appealed to; and they look upon it as a work of charity; they give to the charity, not to Dr. Tibbits, or to any special hospital. In fact, with all these special hospitals when they are started, they must find out lines of charity, and charitable people associated with those lines of charity, if they want to succeed and to get subscriptions.

19582. But still these are now to a certain extent things of the past, are they not; the hospital is now re-organised?—I have left the hospital now about eighteen months.

19583. Is it your experience that these special hospitals are undertaken as a commercial speculation in the first instance?—No, I cannot go so far as to say that; but all these special hospitals, I think even the large special hospitals which are now so prosperous, have begun in a very, very low way; possibly with a room, or a couple of rooms, and they have all grown; they are the outgrowth of a sort of necessity apparently which has arisen for this sort of thing; at least that is my opinion.

19584. Where does the necessity lie; does the necessity lie as regards the disease, or do you mean that it is a necessity for the medical man who is promoting the undertaking?—Well, I think the necessity rather lies as far as the treatment of disease is concerned, and the number of diseases requiring treatment. I must say that, in my opinion, nearly all these special hospitals have originated primarily with the medical man rather than with the necessity for the diseases to be treated. It has occurred to a medical man (in all probability this man might be a man of ability, but he has failed possibly in getting a hospital appointment), that he can make his mark by establishing a hospital for the treatment of some special form of disease, and he does this; but generally speaking he does it under great difficulties. Possibly he might be almost impecunious at the time of starting; and this special hospital originates usually in this way: in a room, or two or three rooms. Well, if it is successful it very soon makes a large hospital. And I might perhaps add that in the case of many men of high position in London at the present time (we will take a man like Sir Spencer Wells, who has given special attention to the diseases of women; I will say even Sir Morell Mackenzie,

Chairman—continued.

who has given special attention to diseases of the throat), their success is in a great measure due to their originating and being attached to these special hospitals in order to carry on their speciality.

19585. But then of course to be what you call successful, it must be successful commercially?—Distinctly so.

19586. So that it is in the first instance a business out of which profit is made?—No, not financial profit to the man who started the hospital. It is not directly financially a profit to him, but indirectly through making his knowledge known to the world through this hospital he expects to get, and no doubt does get, a great deal of professional acumen on the one hand, and a great deal of money on the other through the carrying out of his profession; but I do not see how in any way financially a man who starts a hospital, unless he might be a very dishonest man indeed, gets anything out of the funds of the hospital.

19587. But you being a specialist yourself you are in favour of special hospitals to a certain extent?—Yes, I think there is an absolute necessity for them. I do not see how you can get out of it at all. In fact, I do not think it is the case that these special hospitals have been started in order to create a demand for a supply, but I think the supply really exists. If we take the demand for special hospitals for nervous diseases (I will just put that for your Lordship's consideration for a second), no doubt nervous diseases have increased as a class of diseases enormously within the last half century.

19588. And you do not think that the general hospitals which now have special departments set apart for various diseases could treat these diseases as well as they could be treated in special hospitals?—I do not think they are equal to the demand. And then again I should like just to bring before your notice one or two points in reference to these special hospitals. Well now, you know the origin of special hospitals is really due to the hospitals themselves.

19589. Due to the general hospitals, do you mean?—To the general hospitals themselves. Twenty-five years ago they would not recognise anything like specialism. Perhaps the first hospital of importance which gave rise to disagreement was the hospital for stone; St. Peter's Hospital for Stone. Mr. Coulson, I remember perfectly well, who was then one of the surgeons to St. Mary's Hospital, started this hospital for stone, and they immediately told him to retire from the hospital or give up the special hospital for stone, which he did. He retired from the general hospital, and he carried on the special hospital for stone. The feeling at that time against special hospitals on the part of the general hospitals was simply carried to such an extent that no man who was on the staff of a general hospital would for a second be permitted to be on the staff of a special hospital, distinct from that general hospital. But now let me draw your attention to this fact. What do we find to day. We find that there is scarcely a special hospital in London, certainly not a special hospital in London, which has gained any position as a hospital, that has not one of the general hospital

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[Continued.]

Chairman—continued.

hospital men upon its staff. This appears to me to be rather interesting in reference to general hospitals and special hospitals. The staffs of general hospitals now are very much inclined to abolish, theoretically, if they possibly could, special hospitals; and yet at the same time they form part of the body of these special hospitals which are of any importance at all. They forget that, it appears to me, and they direct their antipathy entirely to these very small special hospitals.

19590. At the time when you were on the staff of the West End Hospital for Nervous Diseases, had you any medical men serving on your staff who were serving at the same time on a general hospital staff?—No; and I do not know whether at any time that was the case. They had, before this disagreement arose, men attached to this special hospital for diseases of the nervous system as consultants, who were attached to a general hospital; but after the disagreement between Dr. Tibbits and the other members of the staff, these men resigned.

19591. Has it ever occurred to you that there could be a certain amount of co-operation between general and special hospitals, in this way, for instance: assuming that there is a very bad nervous case taken to a general hospital, one which requires great care, and the massage treatment, and so forth, would it not be possible to have some method of organisation by which that case might be passed on to a special hospital?—No, I do not see that could be done very well; but although it is not done openly, I think it is done in other ways.

19592. I ask that question because it is the case now, is it not, that instead of these various institutions of every sort and kind working in with one another, they are all competing with one another?—Yes.

19593. That is so, is it not?—Yes, it is so; you take some of the special hospitals, recently organised and badly organised ones, there is, I quite agree with your Lordship, a feeling of antipathy on the part of the members of the staffs of general hospitals, as a rule, against members of the staffs of special hospitals.

19594. Why do you think that you could have no working in with one another of these various institutions; is it owing to this jealousy which you speak of?—I think the organization would be rather too large and comprehensive; it might be done; it is quite possible that it might be done.

19595. Could it not possibly be facilitated by a sort of consultative committee of the heads of all these various establishments?—A consultative committee made up of general and special hospital men, do you mean?

19596. Yes; or I would rather have the consultative body made up of the lay governing members, because it comes to the same thing, does it not, whatever the case might be, that the medical men may have to treat?—Yes.

19597. Could not the lay members of the governing body, the committee, arrange that cases should be passed on from place to place?—Yes, that is quite possible. Before all that could possibly come to pass I think you would have to organise and make use of State hospitals or poor law infirmaries. I think the utilising of those

infirmaries might, in all probability, engender a nucleus which might work something of the kind which you have been suggesting; but at the present time how it is to be done I do not exactly see. I am not quite clear how that organisation can be carried out; still that is quite possible.

19598. This would be a difficulty, would it not, that medical men, surgeons and physicians, getting hold of a very interesting case, would rather keep it in their own ward than send it to another hospital?—Distinctly, if it was a teaching case. They would not send a case that was really a valuable case in a teaching point of view to a special hospital.

19599. At the same time, there are a great number of general hospitals which have no schools, and do not teach at all?—Yes; but not large hospitals. Even the West London Hospital has a school of a kind now; it has not a school recognised by the examining bodies, but still it has a school.

19600. Are these special hospitals that you have been acquainted with any use for teaching purposes; do you have any students there at any time?—No. Of course they are valuable for teaching purposes, but they have not been utilised for teaching purposes. As the hospital grows, when it gets large enough, then it is utilised for teaching purposes. Now, I may mention the case of the National Hospital for Paralysis, in Queen-square; that was begun as a very small hospital, and now it is really one of the most important hospitals for nervous diseases in the world, perhaps, and it is utilised very largely for teaching purposes. The staff give lectures there and the best men in London are upon that staff; and the majority of the men upon that staff are attached to general hospitals.

19601. A great number of these special hospitals are in one particular quarter of London, are they not; all round that district about Soho-square?—Yes; possibly they are generally started in that neighbourhood simply because it is more central for people coming from the outlying districts; I might almost say that these special hospitals are supported by people from the outlying districts; and the only way in which I can account for that is that these special hospitals advertise in Sunday papers and in local papers, so that they draw these people from the outlying districts by advertisements.

19602. At the same time a great many of these hospitals stand in very unhealthy situations, do they not, as regards being surrounded by houses?—Relatively, perhaps they might.

19603. Is not that very bad?—Well, I think London so very healthy. Of course there are certain districts that are not healthy. Here is a thing I had sent me this morning from the North Eastern Hospital for children, in the Hackney-road. I should say that that for children was a very unhealthy place; I should say that they might find a very much more healthy place than that; I do not condemn the hospital in any way on account of its situation, but I should say that they might find a very much more healthy place than the position in which the hospital is situated.

19604. You said that sometimes these special hospitals are started by a medical man taking one small

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Chairman—continued.

small house or two, according to the means of the man?—Yes, or even only a room.

19605. There can be no guarantee in such a case that the house is in a healthy condition?—No. Generally speaking, it is for out-patients first; then when they have succeeded in getting an out-patient *clientèle* they begin to think of getting in-patients.

19606. But that fact does not make the situation any more healthy, does it?—Not at all.

19607. It is a well-known fact, is it not, that a great many of these special hospitals are organised in very unhealthy surroundings?—Yes, I should say so.

19608. Then, surely, that must be a very bad thing?—But that is a very large question, and I could not accept it in that comprehensive way as a well-known fact that these hospitals are generally situated in unhealthy surroundings. I do not think you can take that as an absolute fact.

19609. I will ask you to put it in your own way; how would you like to put it?—I would like to put it simply in this way, perhaps, that some of these special hospitals originate in unhealthy surroundings. If I thought it over very carefully, I could answer your question exactly; but, not having thought over the question and the exact position of the hospitals, I could scarcely tell you right off.

19610. Would you not approve of some means which could be devised for checking the growth of hospitals in an unhealthy and overcrowded district?—You see these hospitals are generally situated in unhealthy districts, for the reason that the supply of patients generally arises in the district in which the hospital is situated. Now, we will take the London Hospital, for instance; when that was started there was an immense demand for some hospital in that district, and the patients going to the London Hospital are chiefly patients from that district.

19611. I was not speaking of a large hospital like the London Hospital; I was speaking of a small hospital, such as the West End Hospital was before the present building was undertaken, and other hospitals which are known to be in Soho, for instance?—I think the same rule holds good with regard to a special hospital as holds good with regard to a general hospital; and when I speak to you of special hospitals having originated in the way I have told you, as a matter of fact really general hospitals have also originated somewhat in a similar manner from dispensaries and from the smallest possible beginnings.

19612. There has been a very rapid growth of these special hospitals in the last ten years in London, has there not?—Yes, but the growth of London has been exceedingly rapid.

19613. Would you like to check the growth of special hospitals in any way?—I should say it ought to be checked.

19614. What is your particular reason for that?—Because I do not think it ought to be in the power of any men or medical men to start a special hospital, and appeal to the public for charity for their hospital, unless it were made evident in some way or other that that hospital was worthy of charity, and conducted upon what you may call straightforward and businesslike

Chairman—continued.

principles. At the present time any man who likes to start a hospital can do so; I can go to-morrow and start a hospital; it does not matter; there is no one to tell me that I shall not start a hospital; I can get a committee together amongst my own friends in the same way that this West End Hospital was got together. Dr. Tibbits' mother used to attend at the annual meeting, and Dr. Tibbits' wife and matron, and Captain Dowell, who was examined the other day, he is the brother-in-law of Dr. Tibbits. So that the whole thing is a little family party, more or less. That is a thing which I cannot recognise at all.

19615. Do you mean that, with such a governing body as that, probably the fact of having a princess for a patroness would recommend such an institution to the public?—A princess being the patroness would recommend any institution to the public; and I think it is a very unfortunate thing, indeed, that the Princess does lend her name as patroness to that hospital. I know nothing of the hospital lately, or its management; it might now be conducted on right lines; but at the time that I was connected with it I did not think it was conducted on right lines, and I thought it a great misfortune that the Princess should lend her name to any such institution.

19616. And you, being a specialist at the time that you connected yourself with that hospital, that is one of the kind of special hospitals which you condemn?—Yes. At the time I was connected with it we did our best, myself and other members of the medical staff, to alter the hospital, hoping and believing that it might ultimately become a well-conducted hospital; but it was not such, and at the time I sent in my resignation I sent in my resignation in these words: "I resign the hospital on account of the way in which the hospital is conducted;" and another physician, a friend of mine, resigned just about the same time, and I believe his reasons for sending in his resignation were exactly the same as those which I have stated.

19617. Then your efforts to get the hospital placed on a more businesslike footing was frustrated owing to the proprietary nature of the hospital; is that so?—To a very great extent owing to the proprietary nature of the hospital. Dr. Tibbits appeared to be opposed to everything that we suggested; to be antagonistic to everything that we suggested, which we thought for the good of the hospital.

19618. And therefore you condemn any hospital which is of a proprietary nature?—Yes.

Earl of Kimberley.

19619. You said you would be glad to utilise the poor law infirmaries; in what way would you utilise them?—As I was the first medical superintendent connected with the first poor law infirmary under Gathorne Hardy's Act, and as I was resident superintendent there for seven years, I think that, in all probability, my knowledge might be of some value to your Lordships and if you would allow me I would like to give you one or two of my observations in reference to that matter.

19620. If you please?—I find that there are 24 Metropolitan poor law infirmaries in London, containing

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containing no less than 12,000 beds or more than 12,000 beds, the exact number being 12,032 beds. The larger number of these are perfect hospitals in every sense of the word; the nurses are efficient and well trained, highly respectable women; the medical superintendents are, as a rule, gentlemen of culture and good professional status; the matrons are selected usually from the nursing schools of the hospitals, and they are generally women of good capacity and sound knowledge of the art of nursing; but occasionally I am sorry to say women are appointed to these posts with no other recommendation than a pretty face and a good figure; one in whom a guardian of the poor takes particular interest. In the main, I consider that these institutions are well officered and well managed, but their organisation might be greatly improved; and what is known as Gathorne Hardy's Act should be thoroughly and conscientiously carried out; no more merciful Act of Parliament was ever created; now these institutions are periodically visited by the poor law inspectors in their customary perfunctory manner; they are managed by gentlemen selected from the various boards of guardians, who are called managers; and this, to my way of thinking, is an unwise procedure, and open to abuses. I would have these infirmaries managed and controlled by the Metropolitan Municipal Council (that is the London County Council), and I would specially commend to your notice that ladies should have a share in the management of these institutions; all classes of disease are treated in these infirmaries, excepting infectious disease and specially recognised diseases of the mind. The former, of course, go to the fever hospitals, and the latter to lunatic asylums. Sometimes, from want of careful diagnosis, they are sent to these infirmaries, and then of course they are sent from these infirmaries to these other special hospitals, and sometimes, of course, infectious disease breaks out in these hospitals or a case of lunacy, and so on, and they are then transferred to these special hospitals which I have just named. Now I should like, if I am not detaining your Lordships (it will not take very long just to run over these things) to add a few words on this subject; I was remarking that all classes of disease are treated in these infirmaries, with the exception of infectious disease, and specially recognised diseases of the mind. I would like in a few words to point out to you the vast advantages possessed by these infirmaries as homes for the suffering and afflicted poor of London. Take for instance chronic diseases such as cancer, consumption, and paralysis. Those unfortunate creatures who suffer from these diseases are admitted into hospitals only for a short period, and then with a very unwelcome hand. In these poor law infirmaries they find a home for life; they are visited once or twice a day by the medical superintendent, and are treated with every consideration, kindness and skill until death relieves them of their mortal suffering; they are free agents to leave and return as they please; they can be visited by their friends twice a week, and more frequently by special permission; the monotony of their lives is relieved by games of chess, draughts and dominoes, and interesting

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books and papers are provided in abundance. This, to my way of thinking, is indeed a merciful charity. Now it seems to me very unfortunate, and I might almost say reprehensible, that such vast and rich fields of every known form of disease should be left barren and fruitless to the teaching and scientific medical world, and I would suggest that steps be at once taken to organize a staff of visiting physicians and surgeons to give clinical instruction to advanced medical students. When I was the physician superintendent of the Central London Sick Asylum at Highgate. I created special departments which would have been invaluable for clinical teaching, that is to say I set aside wards for cancer, consumption and nervous and other diseases, in order that they might be studied by comparison of type, stage and degree of dissolution; and this, I maintain, is the only true way to study disease. If the pathology of disease is illimitable, so are its clinical features; hence the necessity of extensive areas of observation, study, comparison, criticism, digestion, and reflection. The question which I now submit for consideration is this: Does a need exist for more extensive clinical teaching than that afforded by the London hospitals. In my opinion this is undoubtedly the case; for students, after passing their examinations, are lamentably deficient in practical knowledge. One thing is quite certain, that these infirmaries, as now constituted, are perfect hospitals, and possess all the machinery necessary to impart most valuable knowledge to students of medicine. If the medical superintendents have not sufficient confidence in their own powers to become teachers, there are hundreds of young men in London of reputation, position, and ability ready and willing to undertake such duties; but I would strongly protest against such men being selected for such office if they held appointments at the general hospitals. Of course that is an assertion which will have to bear a good deal of investigation, and I have no doubt it will create a great deal of ill feeling in the minds of any general hospital men who may happen to see such a statement in print; but that is my opinion. There is a rapidly growing, and, I might say, evil and pernicious tendency on the part of hospital staffs to absorb everything into themselves that comes within their grasp. Now these new centres for teaching should afford opportunities for other than hospital men to come to the fore, and give evidence of what stuff they are made. We should then have created a form of resistance, and generous, though spirited, rivalry which would produce good effects upon the profession at large. If we look to the Continent we have ample evidence of the great and valuable scientific work which these infirmaries have done and are now doing. I would mention the Salpêtrière Hospital at Paris under the able guidance of M. Charcot. Crowds of students from every part of the civilized world are to be seen within its walls, and every branch of science is brought to bear in unravelling the problems and mysteries of disease; and I venture to assert that we have no clinical teaching in this country comparable to that which is to be found at the Salpêtrière Hospital in Paris; and I state

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again that this is in a great measure due to the large number of cases so arranged in groups that the varying phases of individual types of disease can be best exemplified and best illustrated. Those are the observations which I desire to bring before you, and I think they comprehend a great deal that relates to the question of the utilization of these poor law infirmaries, or as I would rather call them, State hospitals, for the benefit of the people and for the benefit of clinical teaching.

19621. You said that you would prefer the management being in the hands of the County Council rather than being left to the various local bodies; what was your reason for that opinion?—Well, I have a very definite reason for that; I might almost say an extremely definite reason. The people admitted to these infirmaries, of course, come from the districts for which these guardians are elected; and that is a fact which is enough, in all probability, to create a little feeling on the part of the guardians; I mean to say a feeling of over anxiety. I will put it in that way, for the patients in the hospital, and is liable to lead sometimes to abuse.

19622. Do you mean by that that it leads to undue interference?—Undue partisanship for a particular patient, perhaps. Perhaps, if I put it in the other way, it will be better. I think these institutions would be far better conducted if they were under the management of a board, we will say, for instance, who knew nothing of the personal relationships of these patients with the outer world. They would merely have the conduct of the institution upon recognised lines to take into consideration, and no personal feelings would be associated with it.

19623. Your opinion then is not so much specially in favour of the County Council (about which I am not saying anything) as that you wish for an independent body?—Exactly; a perfectly independent body. I think it would be most highly advantageous.

Chairman.

19624. That independent body is, in the ordinary way, to be found in the case of the body that manage a general hospital?—Yes, but I think I can exemplify it a little further than that. Take the Metropolitan Asylums Board, for instance; that is made up of guardians chosen from the different boards, I believe. I should even go further than that, and say that I think these State asylums should be managed by men totally and altogether independent of the poor law element.

Earl of Kimberley.

19625. Would not there be this objection to that: these patients are all admitted as poor persons, and there is apt to be very considerable jealousy on the part of that class with regard to the manner in which these poor persons, their relations, may be treated; do you think they would be satisfied if there were no element of poor law administration connected with the infirmaries?—I think they would be satisfied. Of course, if any ground for complaint arose it could easily be investigated, and referred by the board, however it might be constituted, to the parish.

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We will take the case, for instance, of a pauper coming from a certain parish; if that pauper found that there was any cause for complaint, and the complaint were referred to the board or to the officer in authority in the institution, and there was no redress given as the result of that complaint, then the complaint could easily be referred, for further investigation and report, to the authorities of the parish from which that patient came.

19626. But in regard to what I think you termed, the too great interest which the guardians of the poor may take in particular cases, it is quite clear that that interest is not a very desirable element in the management?—Not in the management, pure and simple.

19627. But not to dispute your judgment as to the management of the infirmary being better if it is quite independent, have we not to consider the whole subject, the feelings of the people who are placed in the infirmary, the feelings of their relatives who are outside, and the feelings of the population from which they are drawn; and do you think it would be safe to entirely separate the management from those various influences?—I quite see your Lordship's point. No, I think it would be unwise to quite separate it from them. In considering over this matter it did certainly occur to me that the board of managers presiding over one of these institutions should be selected from the various parishes in connection with that institution; but I would not have them selected from the ordinary Poor Law Guardians; at least judging from my experience, I think it would be far better for the institution that these gentlemen should be selected in the best way that they could be. I suppose that they would have to be elected by vote, but I should hope to get a better class of men with a more impartial mind, than the ordinary Poor Law Guardians as I have known them. I do not pretend to know very much about them; I am merely judging from what I have seen at the infirmaries.

19628. You have no experience I conclude, personally, of the Metropolitan Asylums Board?—Not at all.

19629. Have you ever heard any complaint of their management?—No; I do not know that I have. I think it is a very good Board indeed. I must admit that I think it is a very good Board.

19630. On the whole that would be rather a powerful precedent then, would it not, in favour of establishing a board of the same kind?—Yes, it would, distinctly.

19631. To put you a question on another subject: you said that the special hospitals were very much supported by the out-lying districts?—Yes.

19632. But you also said that the special hospitals grew up from the demand on the spot; and I did not quite see how your two statements could be reconciled?—Well, with regard to the former point I gave you my reasons, I think, or at least I endeavoured to show you in what way these special hospitals are supported by people from outlying districts. On the other point, I will just take up this little paper (*producing a circular*) which I had sent to me this morning, and perhaps

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perhaps this might answer that part of your question. This is from the North Eastern Hospital for Children in reference to a dinner at which the Duke of Connaught is going to preside: "This hospital was founded in 1867 on a very small scale, but has been increased from time to time, to meet the requirements of the very poor neighbourhood in which it is placed." Will that answer your question.

19633. Not quite; my question referred to what seemed to me some inconsistency in the two answers; because if the hospitals are supported chiefly by the outlying districts one does not see why their growth should arise from the patients on the spot?—In all probability, the statement which I made requires some qualification; it might do so. Now with regard to this hospital for children, I certainly consider special hospitals for children most advantageous; I think, after all, it is a mere work of charity, and if you come to look at it from that point of view, I think a hospital for children is one of the most charitable that can possibly be instituted. You see this hospital has arisen in a neighbourhood demanding the hospital. Now, taking a hospital for nervous diseases, for instance; of course you cannot place that in a neighbourhood which specially demands such a hospital, because you cannot say that nervous diseases exist in any particular locality; it is a diffused thing, and I think that that almost will give you an answer illustrative of the two conditions.

19634. Perhaps the mode of reconciling the two answers is this (if I may be allowed to suggest it): that a hospital may grow up in consequence of a demand on the spot; but when it becomes known it may be liable to be adopted by outlying patients?—Yes, quite so. Then, with regard to the Children's Hospital, for instance, you see that has grown up on the spot really to meet the requirements and the demands of the locality in which it has arisen; but a hospital for nervous diseases is, of course, different from that; that is one to treat disease everywhere.

Lord Saye and Sele.

19635. When you joined Dr. Tibbits' Hospital, I suppose you knew on what system it was managed?—Well, I did not consider that system. Dr. Tibbits came to me, and he said that some disagreement had arisen, and he told me the circumstances of the case, and he thought that in all probability there was a nucleus there for a good hospital; and I accepted his offer to reconstruct his hospital, if possible, or at least to make it a hospital.

19636. You left it owing to disagreement with Dr. Tibbits?—Not personal disagreement with Dr. Tibbits. I left it, and I stated so in the letter that I sent to the Board, on account of its management. The management of the hospital was not in unison with my views, and that was really the reason why I left the hospital.

19637. You said you left it because Dr. Tibbits was of an antagonistic nature?—Did I make use of those words? Pardon me, I do not think I made use of those exact words. I made the statement, during my evidence, that he was antagonistic to the Board, but I did not say that

Lord Saye and Sele—continued.

I left the hospital on account of Dr. Tibbits' antagonistic nature.

19638. If he had been of a conciliatory nature, you would possibly have remained?—Yes. I do not wish my evidence, in reference to that hospital, to be in any way personal to Dr. Tibbits. I think Dr. Tibbits very unfortunate in many ways. Poor man, he is very deaf; and I think very often he conjectures things which have not entered into the minds of people at all; and that might tend to make him irritable. I do not wish any evidence I give to be personally antagonistic to Dr. Tibbits in any shape or way.

Lord Thring.

19639. Have you ever had any experience of the working of the parochial system of the relief of the poor in the country?—No.

19640. You are not aware at all of the tenacity with which parishioners cling to their own parishes?—Of course I have friends in the country who are medical officers to parishes, and I have been round with them, and I know something about it, and I think it is so.

19641. And are you further aware of the way in which the guardians of the particular parish consider their own parishioners as entitled to their special care, and of the way in which the parishioners on the other hand look to the guardians as their protectors?—Yes, quite so; I can quite understand that.

19642. Then that being the case, do not you think that any centralisation of poor-law hospital management would be to the benefit of the doctors and not to the benefit of the patients?—No, I think not. I think what is to the benefit of the doctor is really to the benefit of the patient suffering from disease; not the ordinary pauper.

19643. I do not wish to interrupt you, or totally contradict you upon that point; but is that quite so; are you acquainted with the hospital at Vienna?—No, I am not personally acquainted with the hospital at Vienna, but I know something about it.

19644. As a matter of fact that is probably the most centralised institution almost in the world; there are 4,000 patients there?—Quite so.

19645. I was told that the comfort of the patients there was entirely disregarded, and the comfort of the doctors and science entirely considered?—Then if that is the case I should condemn it.

19646. But do not you then think it is the tendency where you get a large central administration, dissociated from the particular people with whom it is concerned, to regard science and the benefit of society in general, rather than the comfort of the particular individuals?—I cannot say that that is my experience.

19647. Then I will put it a little further. You say, yourself, as I understand you (and I have no doubt of it), that it would be greatly for the benefit of science, that a troop of doctors and intelligent followers should go through the whole of these infirmaries; but would it be greatly for the comfort of these poor patients who at the present moment have quiet lives (living there from the time they come in till the time of their death

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death in quiet), would that be so much to their comfort, having a troop of doctors going through the infirmaries?—I think the ordinary monotony of their lives is rather distasteful to them than otherwise.

19648. Then you think it would conduce to their comfort to have these infirmaries used as schools?—I do not see in what way it could detract from their comfort. I do not say it would conduce to their comfort; but I do not see in what way it could detract from it at all.

19649. Do not you think it might lead to what I cannot help thinking takes place in some of these general hospitals; that the interest of the doctors is sometimes too much regarded as against the interests of the patients?—I cannot say so.

19650. Then you think that the central administration would be as good as the present local administration?—I do not quite follow your meaning.

19651. I will explain it at once in this form: my opinion is that the more you centralise any administration, and divorce it from the persons with whom it is concerned, although that has a very great benefit resulting from it, it has on the other hand very great disadvantages?—Well, I think the benefits really are in advance of the disadvantages.

19652. Then one other question with regard to the situation of these special hospitals; is it possible that the situation has been selected in these places because it is a much cheaper situation?—Very often.

19653. Not with regard to the sanitary or insanitary conditions?—Very often that is the case. There are one or two questions connected with that, in all probability; I mean to say with regard to the situation of these hospitals. In the first place, they have been put in certain localities where land has been easily available.

19654. That is saying where it is cheaper, in other words, is it not?—Yes, cheaper; we will leave it there.

19655. Then coming to one question which has been so often answered in the same way as you have answered it, do you consider that persons ought to be prevented from setting up hospitals; why should you prevent a man from setting up a hospital more than you should prevent him from exercising any other charity?—I would not prevent any man from setting up a hospital provided it were conducted upon definite known lines; such known lines, for instance, as would be accepted by the Hospital Sunday Fund.

19656. But suppose I am a homœopathist (which may be the height of folly or the height of wisdom), and I like, at my own expense, to set up a homœopathic hospital, is there any State reason why I should not?—I will give you an answer: I consider that a medical man is quite at liberty to start an institution or a home, but let its private and personal character be known and recognised; but no man or number of men should be allowed the power to start a hospital and appeal for its support to the charitable public by an organised system of doubtful honesty protected by the banner of false and assumed philanthropy.

Lord Thring—continued.

19657. Those are very fine terms, but what do they mean?—I think they simply mean what they are intended to signify.

19658. I cannot dip into a man's motives; a man thinking that a particular disease ought to be cured in a particular manner wishes to set up a hospital; why should he not?—There can be no objection whatever to that; I do not object to that; I have not raised an objection to it.

19659. But how are you to judge whether a man's motives are philanthropic or whether they are commercial, or whether, as in all probability is the case, they are a mixture of both?—You can only judge by the way in which that hospital is conducted.

19660. What do you mean by "conducted"?—Or "constituted," I will say; the way that it is organised, and the way that its functions are performed.

19661. Give me an instance in which you think that State interference ought to be interposed to prevent a man from setting up a hospital at his own expense, with the assistance of his friends?—I do not object to a man's doing that. I do not think you quite understand me. I do not object to any man doing that, as I have stated here, and I do not object to any man starting a hospital, provided it be of a purely personal character. Such a man, I think, ought to be at perfect liberty to do just exactly what he likes. If he does not conduct that hospital properly and as it should be conducted; if he appeals to the public, then he comes at once, to a certain extent, under the supervision of the Hospital Sunday Fund Committee, and if that hospital is not recognised by the Sunday Fund Committee it is ostracised by the profession, and it ought to be ostracised by the public.

19662. I entirely agree with you, but I again repeat I do not see how a hospital stands on a different platform from any other charity; of course, we all know that charities are abused, and that the public are very gullible, but why should you stop hospitals by the intervention of any central body, or local body, or any other body, any more than you should stop any other charity?—Well, I think that all other charities that are open to be abused should be stopped, and I think special hospitals form one of those.

19663. Then you think that the State ought to interfere with all cases of abuse of charity?—I should say so, if possible.

Earl of Lauderdale.

19664. Are there a large number of these special hospitals which you would condemn existing now in London?—I have not gone into that question; I could not tell you. There are a large number of special hospitals in London which really come under no recognition whatever; but if a hospital (I do not care where it is or what it is) does not conduct its affairs in a proper and businesslike way (and after all said and done, that is the point; it is the business point which seems to be lost sight of in the conduct of these hospitals), I think it ought to be interfered with.

19665. And you quoted the West End Hospital as an instance of that?—I did.

19666. You

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Lord Thring.

19666. You said, "every hospital that does not conduct its affairs in a businesslike way; is it a businesslike way of conducting a hospital to always produce a deficit?"—I do not quite understand the question.

19667. Would you crush every hospital that habitually, in its accounts, shows a deficit?—Of course a hospital cannot help not getting in funds; pretty nearly every hospital in London at the present moment shows a deficit, and I should have to condemn them all if they were to be condemned for showing a deficit.

19668. You would have to condemn the management in all probability?—It is the want of good organisation and good management that is the evil.

Earl of Kimberley.

19669. It would be necessary, I suppose, if such a restriction as you advocate was enforced, to lay down certain rules; what sort of rules would you lay down?—Well, they could scarcely be direct rules in all probability, but certain rules might be laid down of an indirect nature. For instance what I have just stated. I have just stated that if a hospital is recognised by the Hospital Sunday Fund we know perfectly well that it is conducted upon businesslike principles, and that its accounts are open to inspection and that the mode of managing these accounts is upon businesslike principles.

19670. Then do you confine your restrictions entirely to the question of the accounts and administrative management as depending upon finance?—Yes, I should in a great measure. Of course there are moral obligations in reference to a hospital, but I do not see how you can deal with those. If you deal with finance and everything connected with finance you have got something tangible to deal with.

19671. The finance of course is a very important part of any institution, but do the patients suffer from bad finance?—If the finances are bad, of course they have not the means to keep the patients as well as they would do otherwise.

19672. But is that so; supposing, for instance, that the in-patients cost double what they would in a well-managed hospital, yet if the patients get all that they want, that is a very bad thing for the subscriber, but is it any harm to the patient?—Not if the patient gets everything that the patient wants.

19673. But still that would be considered one of the breaches of your rules, would it not, namely, that there was most extravagant expenditure; would an extravagant expenditure be considered as a breach of your proposed rules?—Yes, I should say so, distinctly.

19674. Then in whose interests would that rule be?—Well it might be in the interest, you see, of the butcher and baker, and people of that kind.

19675. But I meant with reference to hospital management; I want to know exactly the ground upon which you would refuse to recognise a hospital whose management was extravagant, but where, as I have also assumed, the patients were well treated, both medically and otherwise; what would be the ground upon which you would

Earl of Kimberley—continued.

interfere with such a hospital as that?—I think it is quite possible to treat patients too well, if you give them undue licence and too many luxuries, and all that sort of thing. Well, now, we talk about the administration of stimulants to patients; possibly that might be taken as somewhat of a test to give you an answer to your question. At some hospitals you will find the cost of stimulants double what it is at other hospitals. That, in the eyes of some people, in all probability, might be looked upon as part of the maladministration of that hospital in reference to its excessive expenditure.

19676. Might not it entirely be a matter of opinion; the doctors of that hospital might advocate the larger use of stimulants?—Of course everything is a matter of opinion as far as that is concerned. The mere question of right and wrong is a matter of opinion.

19677. But when you are dealing with the rules with regard to the nature of the administration, some principles must be laid down to determine what are to be considered abuses, and what are not to be considered abuses. Some things are matters of opinion in the view of most people, while some things are not disputable at all in the view of most people; you would have to lay down some rules, would you not?—Rules of that nature would be looked upon rather as ethical rules than otherwise, which no State interference could have anything to do with at all; because it would be absolutely impossible for the State to interfere in the matter.

Chairman.

19678. What was your position at the Highgate Infirmary?—Medical officer or medical superintendent.

19679. Is that one of the new infirmaries?—It was the first infirmary established under Gathorne Hardy's Act.

19680. It was built for the purpose?—It was a new infirmary.

19681. Were you the only medical officer there?—I had an assistant there.

19682. That is to say there were two of you; and how many beds were there there?—Five hundred and twenty-three beds.

19683. Do you consider that number of medical men sufficient for that number of beds?—Quite. We used to work it very well indeed; of course it was fairly hard work, but we used to work it extremely well. I flatter myself that we had the best staff of nurses in the world there; they were all selected nurses from St. Thomas's Hospital; they had all been trained at St. Thomas's Hospital under the Nightingale system, and they were all exceedingly good women; if they were not the hospital could not be so well worked by one medical officer and an assistant.

19684. As regards the question put to you by Lord Thring with reference to a number of students and medical men seeing the patients and the inconvenience caused thereby to the patients, has it ever been your experience that the poor rather appreciate having a large number of people to look after them?—I think they rather appreciate it; I think they look upon themselves rather as subjects of interest. As you ask me

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the question I think they rather appreciate it than otherwise.

19685. That is your experience again in the general hospitals, is it not?—Yes.

19686. Were you ever on the staff of any general hospital otherwise than as a resident officer?—No, I took this appointment at Highgate; otherwise I might have been.

19687. Are you in favour of general free hospitals?—Absolutely free, you mean; decidedly.

19688. You do not favour the principle of part-paying hospitals more than that of free hospitals?—No, not at all. With regard to the out-patients I do not know whether you would care to ask me for any evidence in reference to the out-patient department of hospitals.

19689. Before I come to the question of the out-patients, has it ever been suggested to you that all the gratuitous relief given at the general hospitals tends to starve what is known as the poor practitioner?—I think it does. I would not say “starve him,” for I do not know that it does. Well, I will answer your question by saying that I think it does.

19690. Do you think then that there are many people who go to a general hospital who could afford to pay a practitioner?—A great many; I think, however, that has been rather exaggerated.

19691. You mean the abuse?—Yes, I think that it has been rather exaggerated; but still that the abuse exists I think there can be no question of doubt whatever.

19692. Then as regards out-patients?—Then as regards out-patients, would you care for me to make a few observations upon that matter.

19693. Yes, we should be glad to hear what you have to say?—I have thought it over. In the first place I think it must be remembered that chronic invalidism exists amongst the poor as well as amongst the rich, and that some people are never contented unless they are taking medicine or seeking the advice of the doctor, hoping to find, in fact, a *Φαρμακον Νηπενθε*. I believe that hospitalism, as it pertains to the out-patient departments, partakes of the curse as well as of the blessing. I will give you my reasons for this statement in a few words. Firstly, there is at the present time a craze in the minds of some people that they get better treated at hospitals than elsewhere. Now, in ordinary cases of disease this, I maintain, is a fallacious idea, and it seems strange at first sight that persons suffering from hopelessly incurable forms of disease and from diseases which are either trivial in their nature or imaginary, should put themselves to serious inconvenience and remain for hours in crowded rooms, in a vitiated atmosphere, loaded with infectious material, in order to get the opinion of the doctor and some filthy stuff in the form of medicine. There can be no doubt that some check should be put to this craze. At one time the London County Council was, I believe, seriously considering whether one or two hospitals should not be erected in London for the study and treatment of mental disease and incipient insanity; fortunately wiser counsels prevailed, and any such scheme has for the present been abandoned. My belief is that

Chairman—continued.

such institutions would be highly detrimental to the moral and mental condition of the people, and tend to increase rather than mitigate morbid feelings and undue exaltation of the faculty of imagination. In my opinion the out-patient department of the London hospitals, as it is at the present time conducted, is unjust to the charity, to the patient, to the doctor, and to the student. It is unjust to the charity, inasmuch as large sums of money are squandered in drugs, which might be far better applied to other purposes. It is unjust to the patient, because these poor people have grown up in the belief that they can be cured at hospitals when they cannot be cured through other channels. It is unjust to the physician, because he is asked to perform a Herculean task which, if well and conscientiously performed, is an impossibility. It is unjust to the student, for the reason that all clinical teaching in the present crowded state of these departments, must be of such a superficial nature, and so hurriedly performed, that it appeals only to mere cursory observation and not to reason. This is a form of knowledge of very questionable value; therefore, to my humble way of thinking, the out-patient departments of hospitals are so badly organised and conducted that the great advantages which they undoubtedly should possess are really and truly lost; and not only so, I believe, still further, that the chaotic muddle and congested state which seems to be the normal condition of these departments, has a tendency to paralyze the higher functions of all concerned, and lead to unhealthiness and abuse. I certainly think that the general practitioner has just cause for complaint against the indefinite, promiscuous, and selfish manner in which medical charity, so-called, is carried on in London, and particularly in reference to these out-patient departments. You would require all the detectives from Scotland Yard to sift the undeserving from the deserving. It is next to impossible to do so. The remedy, however, appears to me to be as simple as it is just and honourable. First, I would limit the number of daily attendances; this I consider to be of prime and absolute importance. Secondly, there should be no payment of any sort or kind. I can conceive nothing so derogatory or so pernicious, both in principle and practice, as the payment of these small sums of money for the advice given by hospital physicians and surgeons. It has the appearance of soliciting and inviting patients to seek advice, and often sets aside the due exercise of discriminative power between those who are and those who are not deserving of charity. Thirdly, the casualty or assistant physician should have very definite instructions given to him for his guidance, relative, primarily, to the patient as the recipient of charity; and, secondly, to the department as a centre for teaching and clinical purposes. If the patient were afflicted with some ordinary form of disease and could be treated as well elsewhere, either by the practitioner privately or through a club or dispensary, he or she should be told so, and directed to attend again in six months' time. On the other hand, if the patient were suffering from some affliction requiring skilled or special treatment, such a case should be

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be retained as one fit for the exercise of charity, advantageous alike to patient and physician and student. This limit to the treatment of out-patients should be laid down as law and recognised as a fundamental rule of the hospital. The out-patient department of the hospital should have a clerk to function it, and cards for treatment should be granted to applicants in rotation; and I maintain that no physician should be expected to see more than fifty patients in the afternoon, because I take it that these cases would be of clinical interest and importance, and each patient would form a focus for study and critical examination. If it were once for all thoroughly understood that restrictive measures had been introduced to regulate the out-patient departments, it would increase their value in every way, and satisfy the just complaints of the general practitioner. Those are a few observations which I have made.

19694. You mentioned just now that patients go to this out-patient department, and get some advice and a bottle of what you called "filthy stuff"; do you mean to imply that the medicine is necessarily nasty, where the patient thinks it is of any use to him?—I really do not think myself that a great deal of the medicine that is got from hospitals is taken at all, and it is not an uncommon thing for people, if they want cod-liver oil for their friends, so I am told (of course you must take the evidence I give on this point as hearsay evidence) to go to the hospital and get their pint of cod-liver oil, and hand it over to their friends at a certain price.

Lord Thring.

19695. Do I understand you to say that at a hospital they give a patient at a time a pint of cod-liver oil?—I should say so distinctly. If the patient is to take a table spoonful three times a day, that is an ounce and a-half, then a pint does not last a week. I do not think there is any doubt about that.

Chairman.

19696. But does this hurry and skurry of out-patients exist at all hospitals, do you think?—It does not exist to the same extent as it did at the time which I am speaking of, namely, 25 years ago. The organisation has been improving; but it still does exist to a great extent.

19697. Because at most of the general hospitals with schools, which have come before us, there is a limit as to the number of patients, or a limit as to time; that would meet your objection, would it not?—Distinctly.

19698. In addition to these large free out-patient departments, there are a great number of free dispensaries, are there not?—Yes.

19699. And those are really boundless out-patient departments, are they not?—Yes.

19700. These also tend, therefore, to rob the poor practitioner, do they not?—Are you speaking of Poor Law dispensaries, or ordinary dispensaries?

19701. Of ordinary free dispensaries?—I look upon it that those have been introduced by men from a money point of view entirely.

19702. That is to say dispensaries where people pay for their medicine?—Where people

(24.)

Chairman—continued.

pay for their medicine and for advice. I do not wonder at these poor dispensaries, or paying dispensaries being introduced, because really the practitioner is bound to do something to live after he has got his qualifications, and that is one way to get known in a district. I do not say that they are well conducted, for I know nothing about it; I could not tell you anything about these institutions.

Lord Thring.

19703. I should like to ask you what specific remedy you recommend for these abuses, because I do not understand. You say that the out-patient system is grossly abused?—I did not say grossly abused; those were not my words,

19704. But you used rather strong language, as far as I remember?—They are abused, I said, but that is not "grossly" abused.

19705. What specific thing would you do to prevent that abuse?—Better organisation.

19706. But what would you do practically to prevent it; "better organisation" is a generic term?—Because organisation is a thing that has to be studied; you cannot define exactly what organisation means, in reference to this special department for instance.

19707. Supposing you had the supreme authority of a hospital in which this abuse exists, in what direction would you remedy it?—I should have to think it over very carefully.

19708. You have no remedy to suggest?—I have nothing more than what I have suggested in the observations I made to you.

Chairman.

19709. Such organisation might be brought about, might it not, by an energetic body of governors in conjunction with the medical men?—Yes. One point which I might venture to bring before your Lordships is this, that I think every hospital should have a distinct head, a superintendent. Hospital organisation is what you might call a very mixed organisation.

19710. But in your experience have you found any hospital without a superintendent at all?—I do not think there is any hospital in London which has a superintendent, except Guy's Hospital.

19711. Would not a secretary answer the same purpose?—No, not at all.

19712. In some places they are called "secretary superintendents"?—I think the superintendent should be a medical man with good business powers, if he were to be found. I think that would be highly advantageous for the institution, and I think every institution should have such a man.

Earl of Kimberley.

19713. Would you limit the number of out-patients in a general hospital to such a number as was necessary for teaching purposes?—By no means; 50 patients a day to one man would be a very fair average I should think. I am not thinking of that, but of the charity as well. But I must say that a great many people go to these hospitals having often only imaginary diseases; they are often invalids; it is the invalids who go

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to a hospital, and make up the mass of people crowding the out-patient department; it is not real honest disease.

19714. Then I should gather that you are of opinion that these out-patients are all, or most of them, persons who could not obtain medical relief otherwise?—Not at present; certainly not.

19715. Then how do they obtain it out of London?—I cannot say what happens out of London; I am speaking now of the metropolis; my experience is confined to the metropolis.

19716. But it does not require any experience; there is a vast system of out-door relief in London, as I may call it, in the shape of medical attendance on out-patients of hospital; outside London and the large towns that does not exist; is there any absolute necessity for this large system of indiscriminate charity in London?—I can only account for it from the mass of the poor population requiring it.

19717. But the existence of a mass does not make the thing necessarily greater; the number is not the question, but whether that particular form of charitable assistance is necessary; I do not say anything about the number, but I ask whether it is necessary?—Yes, I think it is.

19718. Then I ask you why it is more necessary in a town than in the country?—Because in the town the population is denser; there is a greater demand for it.

19719. That would merely of course come to this, that you must proportion the supply to the demand; but why is the necessity for this particular form of relief for a large number of persons greater than the necessity for the same proportionate amount of charity for a smaller number of persons outside towns?—Do you mean in country districts, in the small towns?

19720. I mean outside large towns?—In small towns they go to the ordinary practitioner; they either put themselves under poor-law relief and go to the ordinary practitioner in that way, or they belong to clubs, organizations of that kind, which are estimable things; or if they do not get relief in that way, they go to the chemist and they pay him 2 d. or 3 d. for some medicine.

19721. Now do you think there is any ground for supposing that the rural population suffer from disease in consequence of neglect more than the population in London; is there any ground at all for supposing that they suffer more?—I should think less.

19722. May there not be some ground for complaint which is made of great hospitals in large towns, that they pauperise the population by indiscriminate charity?—That is quite possible.

Chairman.

19723. There is one thing I should just like

Chairman—continued.

to bring to your notice that you said just now. You think that as regards the hospitals generally a great number of cases come in temporarily, and you mentioned cancer as one?—Yes.

19724. And you said that there was no hospital in London which would take those cases permanently; I think your expression was that they were taken temporarily and with a very unwelcome hand; you mentioned cancer and consumption too?—Yes.

19725. Perhaps you are not aware of it, but still it is the fact, that at one hospital in London, at any rate, the Middlesex Hospital, they do take those cancer cases in permanently?—I was just going to allude to that.

19726. And the Brompton Hospital cases of consumption?—But that is not a general hospital; it is a special hospital.

19727. But the Middlesex is a general hospital?—Yes, and I was going to allude to that; I was going to bring that forward as an instance. Of course cancer is increasing very enormously; and I heard it stated the other day, or at least I read that it was stated in evidence the other day, by a very good authority, that there was no occasion whatever for a cancer hospital. I think there is every occasion for a cancer hospital.

Lord Thring.

19728. Did you in your remarks earlier in your evidence intend to impute to the guardians any improper influence or conduct with respect to the appointment of matrons?—Nothing more than what might be imputed in all probability to other men.

Chairman.

19729. Is there anything else that you wish to state to the Committee?—No. Here is just a short table which I have had prepared, thinking that it might be of service, and which I will leave with you, in reference to Poor Law infirmaries. (*The Table is handed in, see Appendix.*) I find that the total cost, provided all the beds were occupied, of these 24 Poor Law infirmaries would be 442,553 l.

19730. I will ask you a question on that point: Have you studied the accounts of the various hospitals in London?—No.

19731. Should you see any advantage in having some general system by which the subscribers could find out how much beds cost, and so on?—Yes, I should think that might be of very great advantage.

19732. And do you see any impossibility about it?—Not at all; it is merely a question of calculation.

The Witness is directed to withdraw.

MR. ARTHUR HENRY SANDILAND, is called in; and, having been sworn, is Examined, as follows:

Chairman.

19733. ARE you a physician?—I am a Licentiate of the College of Physicians.

19734. And are you attached, or have you been attached, to any general hospital at any time?—No.

Chairman—continued.

19735. Where does your practice lie?—I live in the Southgate Road, and my practice lies around there.

19736. Is that in close proximity to any hospital?—

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pital?—It is close to the Metropolitan Hospital in the Kingsland Road.

19737. That is a hospital which was started, I think we were told, on the paying system?—It is now carried on on that system.

19738. It was formerly called the Metropolitan Free Hospital, was it not?—It was.

19739. I think you want to draw attention to some evidence given before this Committee?—If you please.

19740. Could you indicate the question and answer?—It is the evidence where it is said that the medical practitioners in the neighbourhood have withdrawn their opposition to the scheme. It was in the evidence given by Mr. Byers, the secretary to the Metropolitan Hospital, and Mr. Goodsall, one of the staff.

19741. I think what Mr. Byers stated was that they called a meeting, did he not?—He mentioned a meeting, but he principally said that the medical men in the neighbourhood had withdrawn their objection to the scheme. Both Mr. Byers and Mr. Goodsall said that; which I wish to say is not by any means the case.

19742. Did any number of medical men withdraw their opposition, do you know?—I do not know if anyone has withdrawn his opposition; in fact I do not think anyone has, except he has been paid for it by being a salaried officer.

19743. At any rate that statement, which I perfectly remember, is not according to the fact, you say?—Not by any means, according to the fact.

19744. And what are the grounds on which you objected to the scheme?—We objected on various grounds. First of all, on the ground that it was no use at all to the poor in the neighbourhood, as at present constituted; that a poor man, if he goes there, obtains one attendance, perhaps, but after that he is told to go to the workhouse unless he will join the provident fund. Then we objected on the score of its being an injustice to the practitioners in the neighbourhood, and also on the ground that improper people are relieved there; in fact, it makes a provision for those people who, as I am now ready to show, are able to make a provision for themselves, and actually do so; in fact, this opposition of which I am speaking in the neighbourhood began as soon as the thing was mentioned at all.

19745. I have found the passage you refer to in Mr. Byers' evidence; it is at Question 16745: "How was this idea of the provident department first started?—(A.) The medical men of the neighbourhood, about 90 of them, received notices asking them to come to the hospital, and discuss this proposed plan; of these 90, seven took the trouble to come." Then the next question is, "And did they acquiesce?" and the answer is, "Since then they have done so"?—That is utterly untrue.

19746. You contradict that?—Certainly; and furthermore there were more than seven present; and I can explain the absence of a great many besides.

19747. He rather qualifies that in his answer. Question 16746 is, "Did they acquiesce?" and the answer is, "Since then they have done so. Directly the provident department was started they did object, and they wrote letters to the papers; but (24.)

Chairman—continued.

lately we have had no complaints; at any rate I have heard of none"?—That is perfectly true; there have been no complaints, because there has been no one to complain to; till we had the opportunity of complaining before your Lordships there has been no one to whom we could complain.

19748. That assumes that they had a right to start, if they chose, a provident hospital and that it was no business of anybody else's?—They had a right of course to start a provident hospital or any other concern they liked; but this they had taken charitable money to do; they had made a great fuss about its being a free hospital; they had gone a long way out of their way in saying how free the hospital was; and I have a letter from the late secretary in which he says that this is distinctly a free hospital and that no letter of recommendation is required. Then having got their hospital, and got their money, they turn out the poor man, tell him to go to the workhouse, and start it on what is called the provident principle, not from philanthropic motives, but because their money was spent, and they had no means of going on at all; and they say (I have heard it said by certain members), "Oh, it is true that we received this money, but it is spent." But if it is spent, it is there in buildings if not in money; it is in property; it is available for hospital purposes; and, although it is not coming in in the way of money which can be spent in the concern, it there is in the building.

19749. You mean that the money was given with the object of its being a free hospital?—Yes, distinctly.

19750. And that the authorities do not carry it on as such?—Yes. May I read you an extract: I went rather largely into this question; and, if you will allow me to say so, the reason I was rather prominent in this was because I was offered an appointment of paid surgeon to this provident department, which would have compensated me for any loss I might have sustained; and I refused it believing that the affair was not honest in any way.

19751. That appointment, I believe, is referred to in Question 16738, "Are these medical men in receipt of a permanent salary from the hospital"? to which the answer is, "They are in receipt of a permanent fixed salary of 100*l.* a year"?—Yes, that is it.

19752. Then, practically, it amounts to this: that the money for that, as it is developed at present, has been got under false pretences; that is your opinion?—That is my opinion; thinking that they had no right to use this money that they got in this way, I have looked up the deed and had a great deal of correspondence with the secretary. May I read the extract I have made?

19753. Yes?—I find in the deed these words; I suppose they must have been taken from some earlier deed: "On behalf of the institution founded in the year 1836, under the denomination of the Metropolitan Free Hospital, for the gratuitous relief of the sick poor of every nation and creed." The deed cites the fact that the money with which the ground for the present hospital was purchased was obtained from the funds

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funds of the Metropolitan Free Hospital, and then goes on to say that the trustees shall stand possessed of the property for the purposes of the said institution called the Metropolitan Free Hospital, and for the general purposes of the said institution, to advance the interests and objects thereof. Now that is altered altogether. If a poor man comes to them they cannot, in fact they dare not, turn him away first of all; they would get no public support at all if they did; but the second time he comes they tell him he may go. I have said to them personally what I am saying to you, and I have written to the same effect. I also wrote a letter some time ago, and said that I would make an extract from people I had attended as to whom I knew that their incomes were not above the limit that they would take into their provident department. These are not picked cases, but they were taken at hazard. The first is a labourer who in two years had paid 3*l.* 10*s.* 6*d.* to myself; then a carpenter in one year had paid 5*l.* 1*s.*; a clerk in two years had paid 4*l.* 9*s.* 8*d.*; a stone mason in three years had paid 3*l.*; a nurse in six years had paid 3*l.* 4*s.*; a watchman in two years had paid 4*l.* 6*s.* 6*d.*; a carman in three years had paid 6*l.* 19*s.* 6*d.*; a man of no occupation, who was supported by his children, in four years had paid 22*l.* 1*s.* 6*d.* This last-mentioned man, I think, had a small income, but he was principally supported by his children; and this man was able (this is rather a joke) to pay a guinea for a consultation fee to one of the members of the staff of this very hospital. Then a labourer, in five years, had paid 6*l.* 11*s.* 6*d.*; a baker's man in five years had paid 7*l.* 1*s.* So accurate is my transcript of this that this very baker's man, whom I found out and came upon by chance, I find now has absolutely joined this provident fund. Now that man in five years had paid 7*l.* 1*s.* and was not an object of charity at all.

19754. Therefore you maintain that the carrying on of this hospital, in addition to its practically being under false pretences, does not relieve the poor, but tends to rob the practitioners of their customers?—Yes; they certainly relieve a class of persons who are able to make provision for themselves; there is one other person on my list, a man in the post office, and that man in two years paid 6*l.* 12*s.*

19755. Did you make any representation as to this to the authorities of the hospital?—I wrote a letter to them with that extract in it which I have now read to you.

19756. But did you have any reply?—I did have a reply which was unsatisfactory, and nothing to the point. Nobody challenged my facts, and I have written on several occasions to the papers, but nobody challenges or contradicts anything which I have said.

19757. Have you found that any of your patients migrate to other free hospitals in other parts of the town?—I have not found it so.

19758. You have not traced them as doing that?—I have not traced them. Probably if they did so they would not tell me.

19759. But do you find that as a rule you attend the same people year after year?—Yes, I think so.

Chairman—continued.

19760. Then is the population there not a migratory one at all?—Yes, it is to a considerable extent migratory; but I mean that I still retain old patients, and have for 20 years.

19761. Is there anything else you wish to say about this subject?—I should like to read a letter that came to me from the North-East London Gospel Mission. This is a Mission for the Propagation of the Gospel, and so on, and I asked the secretary what he thought of the effect of the hospital, and if it was any good, and this is his reply: "Dear Sir,—We have been in the habit of daily visiting the poor and sick in the neighbourhood of Kingsland-road, and have done for many years. We regret to say we found great disappointment and complaint arose when the Metropolitan Hospital made it a condition to their relieving the poor attending as out-patients that they should become subscribers to a provident club instituted by the hospital themselves. We are consequently often asked for letters for hospitals farther away, where no fees are charged, the state and condition of many of the poor render them unable to pay for medical advice or provide the charges now enforced by the Metropolitan Free Hospital. Our experience would better go to show that while fees encourage the class able to pay the usual charges, it checks the indigent poor whom our hospitals are supposed to succour and help."

19762. Then, according to that, the real effect of the Metropolitan Hospital is this, that while it withdraws such customers from you as could afford to pay, it causes the indigent poor to seek relief at a great distance from their own homes?—Yes, or to be turned over to the workhouse.

19763. Do you not favour any provident system at all?—If it is started *bonâ fide* I think that it may be a good thing; it is the same then as an ordinary club doctor; but if started with money that is got to relieve the poor I do not think it is honest.

19764. But have you got any reason to know whether or not the governing body of this hospital have made any representation to the subscribers on the matter?—There was a meeting called, but meetings are not of very much use.

19765. But still can they do much more than advertise their meeting, and say that the condition of the hospital or the organisation of the hospital shall be taken into consideration? If then the subscribers do not come, that is not the fault of the authorities, is it?—It is not the fault of the authorities, but I think the public is so led away by the word "provident." If anything is called "provident" you may do what you like, and nobody thinks of questioning your good motives. I do not mean to say that the motives are bad in this instance, but the results are bad.

19766. Would you go so far as to say that the results are bad as regards the treatment of patients in the hospital?—I do not mean the medical treatment; I mean that the results are bad in admitting to the charity, and to the participation in charitable money, people who are not by any means objects of charity.

19767. You really mean to say that it falls very far short of what it professes to be?—Certainly; it relieves, I think, the wrong class of person, and turns away those for whom they have

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Chairman—continued.

have already received the money; that is to say, in the name of whom they have received the money.

19768. Received the money, that is to say, from the public?—Yes, from the public. Some time ago a poor woman came to me bringing a card asking if I could do anything; the husband had been an invalid and had subscribed to this hospital for some time; then he was not able to continue his subscription, and they told her, well she must go elsewhere.

19769. They intimated that the workhouse infirmary was the proper place?—I suppose so.

19770. Is there any other point that you wish to bring forward. I will just ask you this question before we pass to any other point: Do you consider that the free out-patient departments tend to what is termed starve the practitioners?—I think there is not much tendency to that; there is some abuse, but I think not very much.

19771. That is not a ground of complaint?—Not a ground of complaint; but if this sort of thing were to continue it would be a very grave ground of complaint. Not only would it take the wrong class, but it would tend to depreciate the general value of medical services altogether; and if you depreciate the value of services of that kind, you will get inferior service after a very little time.

19772. Is that the only hospital within range of you?—There is the German Hospital not far off.

19773. Does it take the same class of cases?—No; only accidents and Germans. I could give you instances of people that I know who have been improperly relieved; people who came distinctly under their provident system and yet were able to pay the ordinary charges. I have the cases here of seven people who paid me the ordinary visiting charge of 2 s. 6 d. a visit, and yet they are all able to come under the provident

Chairman—continued.

system, and have been to this Metropolitan Hospital as patients.

19774. Do you know the incomes of these people?—I can only tell you their incomes I think in one or two instances; but they were all accepted at the hospital, so I suppose they made inquiries as to their incomes. I do not allege these as cases of fraud in that case.

19775. But is the income always a sure guide as to the ability to pay?—No, I do not think by any means a sure guide; but still, that is what they take as their guide, and it is by that that they are absolutely guided. There is one man I have attended now for close upon 20 years; I have received over 40 l. from that man, and yet he was accepted by them; he was a post-office man.

19776. But now taking that payment for 20 years, that was at the rate of 2 l. a year; was not it a great strain on him to pay that?—I should think not, considering that he paid in one sum 10 l. Three others I have in my list, all coming in one week; I have attended one of them for 18 or 19 years. I wrote to a member of the staff, telling him these particulars. I was able to look back only to 1877; in that time, since 1877, that man had paid me I think 23 l. Another one I had complained about, I had attended for seven years; that man had already paid me 5 l. in the seven years, and was owing me a like amount, and since I wrote my letter, has come in and paid nearly 2 l. again; I think that is all I have to say. I have a couple of letters here from medical men saying that they object to the thing, and I have also the word of the vicar of the parish to say that he thinks the usefulness of the hospital is very much diminished by the way in which it goes on now; and he also told me only the day before yesterday that he would give his evidence in that sense.

The Witness is directed to withdraw.

MR. GEORGE LOCKE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

19777. ARE you a surgeon?—Yes.

19778. Are you attached to any hospital now?—Not now.

19779. Were you on the staff of a hospital?—I was at Charing Cross Hospital.

19780. On the staff or resident?—I was there as a demonstrator.

19781. Where are you now practising?—Close to the Metropolitan Hospital in the Kingsland-road.

19782. Do you take objection to Mr. Byers's evidence?—Yes, I do.

19783. I will put to you the same question as I did to the last witness; the answer to Question 16745 was: "The medical men of the neighbourhood, about 90 of them, received notices asking them to come to the hospital and discuss this proposed plan," that is, the provident plan?—Yes, I was one of those seven.

19784. "Of these 90, seven took the trouble to come. (Q.) And did they acquiesce?—(A.) (24.)

Chairman—continued.

Since then they have done so. Directly the provident department was started they did object, and they wrote letters to the papers; but lately we have had no complaints; at any rate I have heard of none." You were one of the seven who went, you say?—Yes.

19785. And did you object then?—I objected then.

19786. And did you accentuate your objection?—Yes, I did. It might be added to that that the practitioners objected first to the provident system, and we signed a round robin; Mr. Sandiland and myself got up a round robin which was signed by 50 practitioners in the district objecting to it.

19787. Was that before the meeting, or after?—It was two years after the meeting.

19788. That was to demonstrate the fact that your opposition had not ceased?—Yes, quite so.

19789. And you are still opposed to it?—Yes.

19790. What is the ground of your opposition?

3 M 2

—Precisely

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Mr. LOCKE.

[Continued.]

Chairman—continued.

—Precisely similar to that of Mr. Sandiland, that in a third class district we lose the better patients and still attend the poor.

19791. Is your practice not worth so much as it was?—It is worth more, but the conditions of life are rendered harder altogether; we take lower fees and do far more work than we did formerly to make up the same amount of income.

19792. That you consider is owing to the cheap rate of relief at the Metropolitan Provident Hospital?—Yes.

19793. Is there anything else you want to say beyond contradicting this evidence?—I might say that I have been for four years attached to a branch of the Metropolitan Provident Medical Association, and from the experience I have gained in that way I do not like the provident system at all.

19794. For what reason?—In the first place, I think the system is spoiled by the lay officials, that is to say, the secretaries, the treasurers, and the committees; they are more inclined to make the thing a success by treating numbers than to select the proper cases; they would rather have a large number, even if that large number includes improper persons, than let the thing be kept small by taking up only the persons most suitable.

19795. Is it not one of the conditions of success of such a system that the number should be very large?—It is a false kind of success, in fact I am about giving up the appointment because I do not like it. Though we have a clergyman as chairman, and a London county councillor as treasurer, and a Post Office official as secretary, yet the thing is, practically, dying of consumption.

19796. Is not that because the number is not sufficient?—Yes, that is so; and because if you select the cases carefully you offend the people and they stay away from it.

19797. You mean if you select the cases having regard to income?—Yes, and suitability.

19798. The poor do not like having that inquired into?—That is so. One year I attended four patients on that Provident Association, and I attended them all for illness which was contracted by a visit to the seaside; they could all afford to spend a fortnight at the seaside, and I had to attend them as the result of the holiday. I think that a man should not have treatment under those circumstances, who is well enough off to visit the seaside for a fortnight.

19799. You mean that people who can afford to visit the seaside can afford to pay for medical relief?—Quite so.

19800. Is there anything else you wish to state?—No, except to tender a couple of letters from neighbours of mine.

19801. Are these gentlemen in your profession?—Yes, close to the hospital. This one is

Chairman—continued.

from Mr. Fred. Cockell, of Forest-road: "Dear Locke,—I am very glad to have your letter, for I felt that Mr. Byers' and Mr. Goodsall's evidence should on no account be allowed to pass without contradiction. Personally I feel that a local hospital is most necessary and useful, and that possibly the time has come, when some sort of contribution has become necessary, on the part of the legitimate hospital out or in patients, or at least a large proportion of them. The scheme, however, in force at the Metropolitan Hospital, remains to my mind grossly unfair to every local practitioner, and demands that all of us unitedly should offer to it the very strongest objection. At different times I have talked of the matter with those of my personal friends who signed the protest" (that is the protest I mentioned), "and have not yet met with a single instance of any alteration whatever in their views in respect to the scheme. The feeling is universal of disapproval; and in respect to the practitioners holding office under the scheme, it appears to be generally held that the salary attached to the office conveniently blinds them to a sense of what is right and just to all other neighbouring practitioners. Dr. Frederick Wallace will probably give evidence, as a representative of the British Medical Association, in the general practitioners' interest. I shall see him this week, and know that in him we shall find a warm supporter of our views. Very truly yours, *F. E. Cockell, junior.* P.S.—At an earlier period of our inquiry, I forwarded our protest to Lord Sandhurst." Then this one is from Mr. Alexander Rayner, at 334, Kingsland-road (that is exactly opposite the hospital): "You ask my opinion of the Metropolitan Hospital. I believe it has done harm to the medical men of the neighbourhood, patients being now treated there who formerly paid them fair fees; many of these patients also earn wages in excess of the limits which the hospital professes to enforce. I know of one who has a good banking account, and used to pay my account by cheque. On the other hand, I know patients, having now joined the Provident Department, who never paid me, or if so, did so with difficulty; thus I escape a few bad debts. I also consider it unjust that patients who have joined the provident scheme should not always be attended by the medical officers of the Provident Department instead of by their private assistants" (it was noted by some of the patients that instead of the doctor they see a deputy). "Moreover, as the hospital was originally a free one, I think beds should always be available for accidents, and not occupied by paying patients to the exclusion of the former."

19802. There is nothing else you wish to say?—Nothing else.

The Witness is directed to withdraw.

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MR. WALTER EDWARD SCOTT, is called in and, having been sworn, is Examined, as follows:

Chairman.

19803. YOU are the Secretary of the St. Peter's Hospital, are you not?—I am.

19804. That is a hospital for the treatment of special diseases, is it not?—Yes.

19805. What is the proper title?—St. Peter's Hospital for Stone, Stricture, and Urinary Diseases.

19806. What number of beds have you?—We have 24 beds and two private wards at the present moment.

19807. Are you mentioned in this memorandum of the Charity Organisation Society? Yes, I see, St. Peter's, Covent Garden, W.C.?—I find on page 17 of the evidence taken before you last year, at No. 157, a statement by Lieutenant Colonel Montefiore, which I am sent to give our version of.

19808. Question 157 is asked by Lord Clifford of Chudleigh: "I see a little further down in the list"; I think that is the list of the Charity Organisation Society?—It is.

19809. "That we have before us there is one that has 24 beds that cost 285*l.* a bed?—(A.) Will you give the name? (Q.) St. Peter's, Covent Garden"; what do you want to say in reference to that?—I first wish to ask on what basis of calculation Colonel Montefiore based that very large sum, if it is in the knowledge of the Committee; and at the same time I have to hand in our last return to the Hospital Sunday Fund on which the computation per bed and per patient was accepted.

19810. At what do you put your cost per bed?—The last time we went to the Hospital Sunday Fund, do you mean?

19811. Yes?—if you will allow me, I will hand in a return in duplicate for the last four years, showing what the beds have cost and the in-patients.

19812. Perhaps you will give us the figures?—On the last year, 1890, do you mean?

19813. Yes?—We spent on the out-patients, 1,408 *l.* 13 *s.* 4 *d.*; on the in-patients we spent, 1,773 *i.* 3 *s.* 6 *d.* Dividing that sum of 1,408 *l.* 13 *s.* 4 *d.* by the number of our attendances, which was 32,896, the average cost of each attendance as an out-patient, was 10½ *d.* I believe Colonel Montefiore bases his calculation on the assumption that the whole cost of the attendance of an out-patient only amounts to 7 *d.* I have seen Colonel Montefiore since, and I have given him my facsimile of these figures which I shall hand in to the Committee.

19814. And you put the cost of each patient at 10½ *d.*?—At 10½ *d.* each attendance.

19815. Does the 32,000 odd mean 32,000 attendances, or new cases?—Attendances. Our absolute new cases were 4,721, which are of course all included in the attendances.

19816. Then that is 10½ *d.* for each attendance?—Yes.

19817. Then you come to the in-patients; the 24 beds cost 1,773 *l.*, you say?—Yes.

19818. And that gives what?—The sum is divided by the occupied beds throughout the year; there were 4,943 beds occupied during the year.

(24.)

Earl of Kimberley.

19819. You mean days of beds occupied?—Yes, days. That gives 7 *s.* 2 *d.* a day, which gives 2*l.* 10 *s.* 2 *d.* a week, which gives 130*l.* 8 *s.* 8 *d.* per year.

Chairman.

19820. We may take that as in round figures, 130 *l.* a year?—Yes.

19821. There is a considerable difference between that figure and what is put down in the memorandum of the Charity Organisation Society, which is 285 *l.*?—Those figures, I believe, could only be taken from our last return to the Hospital Sunday Fund, which was in the year 1883; and the calculation we then made, in 1883, was that our average cost in that year, which was an expensive year, was 177*l.* 0 *s.* 4 *d.* for each bed throughout the year.

19822. Had you the same number of beds then?—We had the same number of beds then; but latterly we have filled them a great deal more; there has been more work done. But of course where you have got a larger division, you turn out a better figure in your average cost.

19823. You say the last time that you applied to the Hospital Sunday Fund was in 1883?—Yes.

19824. Do you not apply every year?—We are again applying this year, but from 1883 till this year we have not applied.

19825. Is that because you were not in want of funds?—No; but we thought that the sum which they gave us was so very excessively small, and it had been decreasing year by year, and our work was increasing, and they would not recognise, or did not recognise, perhaps I had better say, the special work done at the hospital; so that in the opinion of the committee it was better not to take the small sum they voted us, as compared with the larger sums we had had previously from them.

19826. You have never been refused altogether?—That has been hinted at.

19827. What was the origin of your hospital; when was it founded?—It was founded in 1860 in the Marylebone-road, I believe by Sir Spencer Wells and Mr. Armstrong Todd, for special work connected with the bladder, and in those days an alteration of the operation for cutting for stone as against crushing, in the early days long before I joined them. I joined as honorary secretary in 1868, and worked for five years, and after an interval I came back as secretary.

19828. Then this hospital was started by medical men?—Certainly, by Sir Spencer Wells and Mr. Armstrong Todd.

19829. Are you in the vicinity of any general hospitals?—Yes, Covent Garden, in which St. Peter's Hospital is situated, is in the immediate vicinity of Charing Cross, close to Charing Cross Hospital, and close to the Royal Westminster Ophthalmic Hospital.

19830. Do you treat a large number of out-patients?—A very large number of out-patients.

19831. And do they pay?—They do pay.

19832. What is the rate of payment?—As we calculate the expenditure is 10½ *d.* on each out-patient, certain cases are asked to contribute

3 M 3

a shilling

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Mr. SCOTT.

[Continued.]

Chairman—continued.

a shilling each for their drugs and the other expenses of the hospital. There are, on the other hand, a very large number of old in-patients and men who are not in a position to pay at all, who pay nothing; I mean such cases as stricture and bladder cases, and various forms of diseases of that kind. I may say that one of the medical staff is present here and will answer any question of that sort.

19833. Do you take payment from in-patients?—We have a thank offering box in the two large wards in which we give out each Sunday what has been collected, and it is put up in the ward what has been collected in the month. They purely give what they please in the ward.

19834. And how are people admitted to your hospital?—Entirely by the surgeons through the out-patient department.

19835. I mean to say, has a governor any power of admitting by letter?—No, we have letters of recommendation; though, at the same time, the surgeons are glad to receive letters of recommendation, which are given to the Hospital Saturday Fund and to various employers in the City who subscribe to us. They are sent up with a view of identifying the man who comes, and we let the employer know that he has been admitted; but they are really more for the information of the surgeon, and for ourselves to know what patients are sent.

19836. How do you discover those patients who are able to pay a shilling?—I have worked with the Charity Organisation Society many years of my life and, I think, I am pretty well able to gauge them in that way. Of course, sometimes, when men come with rings and chains, I say, "I think you are not a fit and proper person for this charity;" and they say "No, we are rather come to know where your surgeons are and where we could go to their houses and pay." But, on the other hand, my experience from working in the East End, is that it is very easy for a man coming to a hospital, to put on a bad suit of clothes, and we should not detect it.

19837. Do you think the poor make themselves appear better off than they really are, or worse off than they really are?—I do not ask them much about that. Very often I have had men who have been patients and gone away and sent me a sovereign, and so forth, for the charity.

19838. You do not keep any inquiry officer?—No; it is left in my hands. Every attendance of the out-patients passes through my hands.

19839. Do you derive very large sums from subscriptions?—They average 500 *l.* or 600 *l.* a year; it is rather falling now. Last year 442 *l.* was obtained by subscriptions; 629 *l.* the year before, and 611 *l.* the year before that.

19840. And then the amount of your donations is what?—We had two large donations last year, one of 1,000 *l.*, an anonymous one, and a legacy of 900 *l.*

19841. But do you run your hospital at a deficit?—No, we have run it as a success hitherto. I have got 1,555 *l.* funded as against the time when my lease will fall in.

19842. But is your hospital in any sense a proprietary hospital?—No.

19843. Then all the money that is obtained is

Chairman—continued.

funded, or goes to the relief of the patients?—To the absolute expenditure and expenses of the hospital.

19844. Then how do you make up your income; does the rest come from the payment of patients? Perhaps you would read us your receipts?—Yes. Shall I take the three years? I will take first the year 1888. The annual subscriptions were 611 *l.* 3 *s.* 6 *d.*; donations, including contents of alms-boxes, and grant from the Hospital Saturday Fund, 101 *l.* 4 *s.*; the dividends, interests, rent, and trust funds (I am quoting from the Hospital Saturday return) was 430 *l.* 18 *s.* 11 *d.*; payments by or on behalf of out-patients, 2,343 *l.* 11 *s.* 6 *d.* Total, 3,486 *l.* 17 *s.* 11 *d.*

19845. That is the whole total of your receipts?—For 1888.

19846. And that year what was your expenditure?—£. 3,374. 7 *s.* 3 *d.*

19847. You had a surplus therefore that year?—I had a small surplus then.

19848. And the next year?—In 1889 I had 3,064 *l.* 10 *s.* 6 *d.* receipts, and my expenditure was 2,970 *l.* 4 *s.* 3 *d.*

19849. A surplus again?—A surplus again. In 1890 receipts, 3,954 *l.* 14 *s.* 8 *d.*, and expenditure, 3,193 *l.* 16 *s.* 7 *d.* We invested 800 *l.* that year in the Three per cents.

19850. Then what really went to keep up your establishment, was it the fees of the out-patients?—To a large extent.

19851. The out-patients' shillings amounted to 2,343 *l.* in 1888?—It did.

19852. How do you manage about the nurses?—We have at present a matron, a charge nurse, two regular nurses, a night nurse and day nurse, and we have two ward maids.

19853. And do you find that sufficient?—Yes, it is quite sufficient at the present time.

19854. Are all the cases cases that require very attentive nursing?—As a layman I would rather that you asked one of the staff; he would tell you more about that than I can.

19855. Have you any Samaritan Fund?—We have a small Samaritan Fund, but it is entirely made up among those who are most interested in the hospital; it does not come into the accounts, and it is a very trifling thing. It really originated in the sale of Mr. Walter Coulson's instruments.

19856. To go back to the cost of 10½ *d.* per out-patient attendance, is that based on figures?

—We have a committee of three gentlemen assisted by the accountant, who put under each head what is allotted to the out-patient and in-patient departments. The return I have brought to the Committee is for the past three years.

19857. Then you set aside, as I understand, so much in the way of drugs?—Yes, for the in-patients, and for the out-patients.

19858. It practically amounts to this then, that you have two separate dispensaries?—No, we have one dispensary. As you will see a surgical case and an in-patient case has comparatively a small amount of drugs, as compared with the large amount for the out-patients. For instance, we spent 543 *l.* on drugs, and the sub-committee allotted 500 *l.* to the out-patients, and 43 *l.* 7 *s.* 2 *d.* to the in-patients. It was done by calculating

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Mr. SCOTT.

[*Continued.*]*Chairman*—continued.

calculating that each in-patient took so much drugs.

19859. Is that done on an estimate of what they were supposed to be likely to use, or what they did actually use in the out-patient department?—We based it on what we thought the in-patients absolutely required, and the remainder was put to the out-patients. That was the basis of the calculation.

19860. How do you manage about the food of your patients and your nurses; is that done by contract?—It is done by the adjacent tradesmen, and we have a fixed price tendered for each year. The matron does that. The hospital is not very large, and the matron herself looks after that. The expenditure is really not much more than that of a private house, so that she is responsible to the committee for what the patients have.

19861. What is the constitution of your hospital; you are the secretary of it; what salary do you get?—I get 150 *l.* a year, and if the funds of the hospital will allow it they have given me a gratuity, for the past four or five years, of 25 *l.*

19862. And have you a committee?—Yes, and trustees. Our treasurer is Mr. F. A. Bevan; our trustees are Mr. Dixon Hartland, M.P. Mr. Thomas Christy, and Lord Ardilaun; and these other gentlemen, whose names you see here, are well known.

19863. You have a committee which works the hospital?—We have a committee which works the hospital, and meets once a month.

19864. And a permanent chairman of that committee?—No permanent chairman. We have a monthly visitor appointed each month to whom in all the affairs during the month we appeal, and he is responsible to the committee for the working of the hospital during that month.

19865. How often does that committee meet?—Once a month.

19866. And what is the quorum of that committee?—Three; but it is hardly in my recollection, except in August or September, that we have ever fallen back on anything like our quorum; we have a large attendance.

19867. How many members are there?—There are 13.

19868. And do you generally have more than half the number in attendance on the committee?—Six, certainly.

19869. And what do they do; do they check all the books, and so forth?—The monthly visitor is responsible for all the accounts of the month, and all the bills are put before him on the table and he examines them, and the cheques are then signed by the monthly visitor, and another member of the committee signs after him.

19870. And how often is the monthly visitor there?—Sometimes three or four times a week; we always see him once in the week.

19871. Does he go through those accounts once a week?—He goes through the accounts monthly, when the bills come in; we only have our accounts monthly.

19872. That is the only check there is, a monthly check?—We pay our bills once a month.

19873. Is there no check more frequent than (24.)

Chairman—continued.

once a month?—There is no check more frequent than once a month.

19874. But you see how the stores are going more frequently than that?—Yes.

19875. Who is responsible for the stores?—The matron.

19876. But there is no check by any governor or official of the hospital more frequently than once a month?—No more check on the bills and on what we spend than once a month.

19877. But does any governor go through the quantity of stock you have in the hospital?—What stock do you mean?

19878. You do not take in your butter, for instance, once a month?—We take in our butter once a day.

19879. And how often do you get your meat in?—Once a day; the majority of our stores are all taken in once a day. I should think that the only thing the monthly visitor would require to check is the very small amount of wine; it is only a small amount, in our hospital.

19880. Is it not necessary once a week to check the supply of meat, and butter, and bread?—We do that once a month.

19881. When you pay the bill?—Yes, when we pay the bill.

19882. Is it ever noticed whether the supply has increased or decreased?—That would depend entirely on the number of in-patients; and we should see at the end of the month how many, more or less, in-patients we have had, and then if there was any increase or diminution of expenditure.

19883. And your committee thinks that sufficient?—That has been our practice. It is not like a large hospital; our average number of in-patients last year was 15.

19884. What is your working number of beds; 24 is your maximum you say?—I should like to refer in order to answer the question, if I may.

19885. Yes, certainly?—(*The Witness refers to a book.*) The average number of days each in-patient was in the hospital last year, 1890, was 14.755.

19886. What I want to get at is what is the annual number of beds occupied?—We had a large increase of in-patient work during last year. From the 1st of January to the 30th of June our average of beds was nine occupied; from the 1st of July to the 31st of December 1890 it was 15.63.

Earl of Kimberley.

19887. When you did receive something from the Sunday Fund, how much did you get?—I have a return here of our receipts for six years from the Sunday Fund. In 1879 we received 51 *l.* 11 *s.* 3 *d.*; in 1880, 58 *l.* 6 *s.* 8 *d.*; in 1881, 56 *l.* 5 *s.*; in 1882, 56 *l.* 5 *s.*; in 1883, 33 *l.* 15 *s.*; and in 1884, 23 *l.* 6 *s.* 8 *d.*

19888. That was the last year?—That was the last year we went before them.

19889. Do you know what was the reason of the amount falling off so much?—I think myself that there was a strong objection to special hospitals; and also I think there was an objection to the amounts that we obtained from our patients; I think so.

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19890. Was

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Mr. SCOTT.

[Continued.]

Lord Saye and Sele.

19890. Was not the falling off of the amount owing to the fact that you were able to make both ends meet?—It might be so, but when we had that large drop between 1882 and 1883, we were in much the same solvent position. That might have been a reason; I think myself it was that, because we make this hospital to a great extent provident and self-supporting.

Lord Monkswell.

19891. With regard to the payment of the out-patients, did I correctly understand you to say that you set the Charity Organisation Society on them?—No, I said that from my experience when I worked under the Charity Organisation Society I was able to gauge them.

19892. In point of fact you know very little about them?—The patients who pay? Very little.

19892. You really do not know whether they are deserving objects of charity or not, or only to a small extent?—I myself do not know whether they are deserving or not.

19894. Who does know?—I presume it would be left to the surgeon.

19895. You also say that you treat old in-cases as out-patients afterwards without payment; I suppose in-patients might be capable of paying for themselves afterwards?—I should not ask any old in-patient; they are themselves of the poorer classes.

19896. But they might not be too poor to pay for out-patient relief?—They might not be; but many of them insist on paying for what treatment they have received.

19897. And then, with regard to these stores, you say the matron fixes the price of the articles; does she tell the butcher, "You must send me meat at so much a pound"?—It is done by agreement every three months.

19898. Does the matron go round to all the butchers in the neighbourhood?—No, we have dealt with one person for some years with whom we have made this arrangement.

19899. Then, I suppose, in point of fact, the prices are the butcher's prices?—No, we take care that that is not so; because, it is in our option. If we are being charged too much by the butcher, there are stores at the bottom of the street to which we can go.

19900. The matron goes to the stores, and tells the butcher she can get it at so much, and he must supply at that rate?—Yes.

19901. Do I understand that anybody weighs the meat?—Yes.

19902. And takes the quantities of it?—Yes, the matron.

Earl of Kimberley.

19903. I do not quite understand how you determine as to whether a patient should pay. It appears that a very great number of patients do pay, and yet you tell us that you have very little means of ascertaining whether they can pay. In what way is it that you are able to secure a payment by so large a proportion of your patients?—That a certain amount of our cases take expensive drugs, and those who take expensive drugs are asked to pay for those drugs.

19904. But one's experience of other hospitals

Earl of Kimberley—continued.

would lead one to expect that you would have a good many applicants who would declare that they were unable to pay. That appears not to be the case with your hospital; what is the cause of that?—There are a large proportion of unmarried men who come to our hospital, who, taking expensive drugs, are asked to pay. With regard to those who are married men, and who have urinary diseases, it is entirely optional whether they pay or not.

19905. But you find that they are many of them willing to pay?—The majority even of those cases that I do not ask, I find are willing to pay.

19906. Have you got any number of applicants who are really not able to pay?—Oh, yes, the very poor.

19907. But still they do not form so large a proportion apparently, as are said to be found amongst the usual applicants for the out-patient treatment?—That is so at St. Peter's.

19908. Can you account for that?—No, I cannot.

Earl of Lauderdale.

19909. You stated that there was 543 *l.* put down in your accounts as expenditure for drugs?—Yes.

19910. Is that the amount that you paid for fresh drugs brought into the hospital during the year, or the amount that you considered was expended upon patients for drugs?—The whole amount expended upon drugs in that year was, I have got the balance-sheet, 543 *l.* 7 *s.* 2 *d.*

19911. That is to say, you bought 543 *l.* 7 *s.* 2 *d.* worth of drugs in that year?—And we used them.

19912. Then you had exhausted all the drugs bought; you had no balance left?—We only take in a certain amount. We have our drugs in week by week, and pay for them month by month, and there is very little left over beyond the ordinary stock.

19913. An inappreciable amount?—Not at all appreciable; very little.

Chairman.

19914. Is one shilling your charge for the whole case?—Every time they come, do you mean?

19915. An out-patient comes to your hospital, and the charge is, I understand, a shilling, is it not?—We ask them to give a shilling for their drugs. I should not say they are absolutely charged it. No man is refused because he does not pay; he is asked to give a shilling for his drugs in the case of those who, I think, are in a position to pay.

19916. And whenever that amount of drugs has been taken, and he wants more drugs, he has to pay another shilling?—He will come again next week and take more drugs, for which he will give another shilling.

19917. He will be asked to pay another shilling?—Yes, he will be asked to pay another shilling; many of them can only afford sixpence. We have a system of stamps, shilling and sixpenny stamps; and those men who are the most thankful are the older men, and the older out-patients who give these sixpences.

19918. Do

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Mr. SCOTT.

[Continued.]

Earl of Lauderdale.

19918. Do you know the average payment made by each paying patient?—Yes.

19919. Tell us the average for last year?—The return that I have just sent in to the Hospital Sunday Fund gives as the average cost 5 s. 7 d., as fixed by Mr. Custance. That is the draft copy of the return to the Hospital Sunday Fund which I have sent in already for this year.

19920. Then each paying out-patient that does pay pays on an average 3 s. per head you may say, in round figures?—Yes.

Chairman.

19921. Have you any medical men among the governing body?—We have the whole staff; we have four surgeons, and they are all on the committee. It is under one of our general regulations that they are honorary members of the committee.

19922. Is there anything else that you wish to say to the Committee?—No. I do not know

Chairman—continued.

whether there are any further questions. I was simply sent here to correct that statement in the former evidence to which I have referred. May I hand in these three returns (*producing some returns*) of the expenditure for the past three years, and the averages for the past four years? I have also worked out for you a long division sum in the exact way that it is done.

19923. Will you furnish us with a return of the list of your employés, and their remuneration?—I will send in that. It is on the back of the return to the Hospital Sunday Fund; you wish all the servants?

19924. Yes, the whole of your employés?—It so happens that this is the draft of the Hospital Sunday Fund Return, and here they are with their salaries. I think that answers your Lordship's question. I will furnish you with a copy of that (*see Appendix*).

The Witness is directed to withdraw.

MR. E. HURRY FENWICK, is called in; and, having been sworn, is Examined, as follows:

Chairman.

19925. ARE you on the staff of this hospital?—Yes.

19926. Are you a surgeon or physician?—I am a surgeon, and I am Surgeon to the London Hospital.

19927. Then, as well as being on the staff of a special hospital you are on the staff of a general hospital?—Yes, on the upper staff of a general hospital.

19928. This hospital is for urinary diseases, is it not?—Yes.

19929. Do you take lock cases as well there?—Up to two years ago it used to be called genito-urinary; but then it was felt that too much work was being withdrawn from the practitioners, and the admission of cases of syphilis was absolutely prohibited, because those cases were easily treated by the general practitioner, needed no special skill, and were a source of income to the general practitioner; and therefore there was no reason why it should be admitted. On the other hand there was the Lock Hospital which took these cases; and therefore there was a further reason why we should not touch them.

19930. So by not taking these comparatively simple cases you do not interfere with the general practitioner?—Not in that especial line.

19931. But in regard to these other cases which are more complicated, and are cases requiring greater care, that is the object of the hospital, to treat them?—That is so.

19932. Do you ever send patients from the London Hospital to your special hospital for these diseases?—I do personally, because I have cases there that I cannot deal with at the London and that I can at St. Peter's.

19933. Have you ever found any objection taken to that by the authorities at the general hospital?—No, because all the cases in my wards are so to speak under my special care; and any case which is sent to me personally (and many of the cases are sent to me personally) to the London I look upon as my own individual pro-

Chairman—continued.

perty and dispose of them as I think fit. But cases which come from the out-patients of the London Hospital are returned religiously to the out-patients of the London Hospital; because they are so to speak the property of the London Hospital; in other words they are the material we learn from at the London, and there is no need to remove them from the general knowledge there.

19934. It is a field for instruction you mean?—Yes.

19935. But in your own individual capacity you do endeavour to bring about some sort of arrangement between the general hospital and the special hospital?—That is what I have been trying to do for some years.

19936. Is not that capable of further development?—That is what we are still trying to do.

19937. Do you find any opposition to that from your colleagues at the London Hospital?—No, not as to the drafting from one hospital to the other.

19938. The principal objection, I suppose, would be the loss of instruction that would ensue?—That would be the real trouble.

19939. And that is a very great trouble with medical men, is it not?—Very great when a school is attached.

19940. But you have a school at the London Hospital?—Yes, a large one.

19941. Do you do anything in the way of teaching at the special hospital?—Yes, a great deal. For the last two years the out-patients and the in-patients have been thrown open to the profession, in order that the knowledge derived from the material which is taken from them may be returned to them in as condensed a manner as possible.

19942. Do you have classes, or do you treat individuals at the special hospital from out-patients as well as in?—From both.

19943. Then to the extent of its limited capacity it performs the functions of a general hospital

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Mr. FENWICK.

[Continued.]

Chairman—continued.

pital with regard to education?—More, because we are not paid for it.

19944. Are you paid at the London Hospital?—Yes, we receive so much from the students in the way of fees.

19945. That comes from the school, you mean?—Yes.

19946. What is the medical staff of your special hospital?—It used to be Mr. Walter Coulson and Mr. Heycock, but after the former died, two years ago, we were enabled to get four surgeons on instead of two, so as to increase the working of the hospital and the teaching power of the hospital.

19947. Those are men of standing in the profession, I presume?—They are men of standing in the profession.

Chairman—continued.

19948. Have you any medical man, surgeon or physician who resides on the premises?—We have a house surgeon.

19949. He is consulted on any emergency which may arise during the night?—He is, of course, called up for it; and if any further difficulty arises, he sends for one of the staff.

19950. Is he a paid officer?—He is a paid officer.

19951. Paid by the hospital?—Yes.

19952. Is there anything else you wish to say for the information of the Committee?—I do not think so.

The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Thursday next, at Twelve o'clock.

Die Jovis, 23^o Aprilis, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.

Earl SPENCER.

Earl CATHCART.

Earl of KIMBERLEY.

Lord SAYE AND SELE.

Lord SANDHURST.

Lord MONKSWELL.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. E. HURRY FENWICK, is called in; and further Examined, as follows:

Chairman.

19953. You wish to amplify an answer you gave to the Committee, I think; if you will take in your hand a copy of the evidence given at our last meeting, you will see that at 19929 I asked you this question: "Do you take lock cases as well there?" (that is at St. Peter's Hospital), and you said: "Up to two years ago it used to be called genito-urinary; but then it was felt that too much work was being withdrawn from the practitioners, and the admission of cases of syphilis was absolutely prohibited, because those cases were easily treated by the general practitioner, needed no special skill, and were a source of income to the general practitioner; and therefore there was no reason why it should be admitted; on the other hand, there was the Lock Hospital which takes these cases; and therefore there was a still further reason why we should not touch those cases;" you would like to amplify that answer, I believe?—I should like to point out to your Lordship that by that answer I mean the out-patient work. St. Peter's has never taken as in-patients, syphilitic cases. And then I will supplement that, if I may, by saying that St. Peter's always must treat certain venereal diseases of the urinary canal, commonly called gonorrhoea, because they lead afterwards to definite urinary disease, but usually the class that is seen there is a very chronic class, which has passed through a number of practitioners' hands and requires, in my opinion, special treatment.

19954. Is that all you wish to say on that point?—Yes.

19955. Then I asked you the last time you were here as to whether you co-operated at all in that special hospital with the London General Hospital, of which you are on the staff, and your answer was that you did. The question was 19932: "Do you ever send patients from the London Hospital to your special hospital for these diseases. A. I do personally, because I have cases there that I cannot deal with at the London, and that I can at St. Peter's." Now

(24.)

Chairman—continued.

in regard to this, do you wish to say anything more about that co-operation?—I should like to say that it could be very much more extended, and that a good deal of the educational power of the special hospitals could be utilised, which is not now utilised; if the special hospitals were affiliated to the general hospitals, then a great deal of the antagonism to special hospitals would be done away with. The special hospitals, I may also add, and I speak surgically, not medically, the special surgical hospitals affect the mass of the profession differently. The upper grade of the profession, the consultant grade, it affects in a special way; it withdraws from the consultant, who is generally attached to a hospital, a great deal of special material which he might use, get experience from, and give clinical teaching upon; therefore it is distinctly against the type of consultant surgeon. Then the lower grade of the profession it also affects in a monetary way; it withdraws from them a certain amount of income. I do not think (if I may add this) that the profession object to specialists in the abstract. Every medical man is at heart a specialist; but what he objects to is that specialism should be abused, that it should be treated dishonestly, and that any man now can start a special hospital, call himself a specialist, to his own aggrandisement, and to the depreciation of his colleagues.

19956. When you say "dishonestly," do you mean by using some treatment which is not recognised by the profession?—No, but by drawing to himself patients whom he would not get if he did not pose in the garb of a specialist. I think that should be corrected, and could be corrected. I think the word "hospital" should be most strictly guarded; that no place should use the word "hospital" unless under a certain license. I think all hospitals should be licensed. No hospital should be allowed to be founded unless it came before the licensing body (just as a railway is not allowed to be started unless it comes before a Parliamentary Committee, or

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Mr. FENWICK.

[Continued.]

Chairman—continued.

what not), and the pros and cons should be considered; the licensing body being the heads of the profession who are in a position to judge, without bias, of the merits, and the necessity for starting that hospital.

19957. You would not impose that restriction, would you, on a man who wished to pay entirely for the building of a hospital, and also proposed to endow it, so as to put it beyond the necessity to call for funds?—I am looking at it from the professional point of view.

19958. Then you would cause him to go for a license anyhow, whether he proposed to endow it or not?—Yes, I think so; I think that money could go into a better channel.

19959. But supposing the man said, "Well now, I will build a hospital for 10,000 £, and endow it with another 20,000 £," do you think that you could impose a restriction upon that man, to prevent him from spending his money how he chose; do you think it would be practicable to do so?—I can hardly answer that question without thought. Special hospitals are a growing evil, in my opinion. There are a number of them which do not need to exist, and this ought to be safeguarded.

19960. When I interrupted you, you were saying that you would have a licensing body composed of the heads of the profession, which could act without bias?—And that it could be argued before them as to the necessity or the non-necessity for the erection of that hospital.

19961. Would you have that purely a professional body, or would you have a lay element on it?—It is a purely professional matter, from my point of view.

19962. Do you think that the public would look upon a professional board as an unbiassed board?—Hardly; but I am first taking the professional aspect, so as to safeguard the interests of the profession. Then I think, seeing that there is so much opportunity for dishonesty in special hospitals (I speak advisedly), only those men should be appointed to special hospitals upon whom the profession have a certain amount of hold, men who have positions to lose, say surgeons of general hospitals. That would act also in this way: that the knowledge which is withdrawn from the general hospital could be returned to the general hospital by the surgeon at the special hospital, and that he would be able to return to his colleagues that which he had taken from them. As I explained to you, a certain amount of material is taken away from the general hospitals by each special hospital. Then I think that all the teaching at the special hospitals should be perfectly free; students should be allowed to attend, practitioners should have free access, and all the knowledge that was accumulated in a special hospital should be made public.

19963. Then are special hospitals closed to them at present?—Most of them are, I may say, closed.

19964. Is that on account of the want of space, or because, as a rule, the proprietors (or whatever the term is) of the special hospitals do not like to have their ways looked into; perhaps it is for both reasons?—I could not say that it was for either reason really.

Chairman—continued.

19965. That is, looking at it from the professional point of view?—From the professional point of view.

19966. Now, have you got any opinion about it from the public point of view?—I think the public should pay for the special hospitals; they should be self-supporting, and should not come upon the general charity. I consider that they are luxuries; that specialism has crept out in the last few years as a supply for the demand of the wealthy classes, and is paid for, and that charity should flow rather in the direction of a general than of a special hospital.

19967. Then, speaking from your position as being on the staff of a general hospital, and also on the staff of a special hospital, you would like to see the public give money to the general hospital, as opposed to the special?—As opposed to the special.

19968. Then that brings us to another question. Do you think that all the special hospitals, or any large number of them, withdraw funds practically from the general hospitals, or rather that they intercept funds and prevent them from reaching the general hospitals which would probably get there?—Yes, I think that they intercept funds that would otherwise reach the general hospitals.

Earl Cathcart.

19969. The general tendency of the evidence given here, has been to show that the students do not attend the special hospitals, not so much because they are really excluded, as because it is inconvenient to them to leave the general hospital they are studying at to go to a special hospital; and consequently, when they go to a special hospital at all, it is after their general education is over, and they pay a special fee to the special hospital?—I think that is right, but, on the other hand, if the special hospitals were "horsed" (to use the expression) by general hospital surgeons, they could infuse their teaching into the students easily, without driving them away to the special hospitals.

19970. Did it never strike you, from a public point of view (not from a medical point of view), that a hospital, where it is not really wanted, must be a public nuisance; that if it is not wanted in a particular neighbourhood, it must be a nuisance to that neighbourhood; because a large number of people must be brought about it, and perhaps infectious complaints may be spread, and that sort of thing; in such a case it must be a nuisance to the general inhabitants, must it not?—It does not strike me so, in the least.

19971. Take a case such as one we have had before us, of a butcher's shop being taken and converted into a sort of hospital, and suppose any infectious cases were brought into a building of that description, a mere butcher's shop converted, that might be a source of danger to the neighbourhood, might it not?—It might be, but I should say it would very seldom happen. People with infectious complaints do not travel about.

19972. For instance, might there not be cases that might tend to spread erysipelas?—Then the hospital

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[Continued.]

Earl Cathcart—continued.

hospital would not be following the usual rule of isolating those cases at once.

19973. We had the case of a butcher's shop being taken for a special hospital; where that was done there would not be many conveniences, would there, for isolating cases?—No; then I hold it is not right that the special hospital should be licensed in such a case as that.

19974. That is what I wanted to bring out, and to make it even more clear than you have made it, that it is necessary that there should be some control over the establishment of new hospitals?—There should be the greatest control.

Lord Thring.

19975. You are aware, are you not, of the great distinction in law between what the law regards as a hospital for infectious diseases and what it regards as a hospital for non-infectious diseases; the law does consider a hospital for infectious diseases a nuisance in a private locality, and does not consider an ordinary hospital to be a nuisance?—Yes.

19976. Does not that suggest the answer to the question just now put to you, that you could not convert a butcher's shop into a hospital for treating infectious diseases, because the law would not allow it?—But now and again there is a sprinkling of infectious diseases among the class of patients who attend a hospital.

19977. But the law now is so strongly against hospitals for infectious diseases that you know, or might know, that it has been impossible to find places to found them in a great part of London?—My answer to that is, that the question I am now considering is that of the surgical special hospital, which does not embrace infectious diseases at all.

19978. I only wanted to clear up this point. The noble Lord who examined you before me put it as an argument that there should be a licensing body, as I understood him, to protect the public from having hospitals for infectious diseases planted in their midst. I say, No; that for that purpose the licensed body would be no use whatever, because there is now a most stringent law preventing the establishment of hospitals for infectious diseases in their midst. I was asking you whether you were aware of that distinction?—Yes.

19979. Then with respect to your licensing body, I understand you that you would allow no man whatever to establish a hospital except a certain number of doctors thought it was a good job?—That is a somewhat coarse way of putting it.

19980. I purposely put it so. That is what you said in effect, was it not?—I said that they should decide as to whether it was necessary that there should be a special hospital. There is a great deal of difference of opinion in the profession as to whether certain surgical sections need be specialities or not; and it is to control the frequent cropping up of new specialities that I thought the licensing body would be of advantage.

19981. The licensing body, then, you extend only to special hospitals?—I am only speaking of special hospitals.

19982. You would allow, would you, anybody
(24.)

Lord Thring—continued.

to set up a general hospital without a license?—I think the restriction might with advantage be extended to general hospitals.

19983. Then, in fact, what you say is that, in your opinion, no hospital should be established anywhere except it was approved by a certain number of medical gentlemen?—Yes.

19984. That is rather a strong order, is it not?—No; because, in that way, if there was any objection in the neighbourhood to the establishing of the new hospital, the practitioners would go before this licensing body and appeal against it.

19985. But why should any man in a free country be prevented from exercising his charity in such manner as he thinks fit. We have been told over and over again that the general hospitals even, and all the special hospitals, at least, many of the general hospitals, and the greater part, at all events, of the special hospitals, have arisen from the most humble beginnings; that, in the germ, they were the sort of hospital which you condemn, and that they have grown into most valuable institutions; is that the case?—Yes.

19986. Why then should you stop the system?—Because the vegetation may run riot, and is running riot now.

19987. In other words, to drop the metaphor, you think there are too many special hospitals?—Yes, I think there are.

19988. And therefore you would prevent any more being erected, except at the will of certain doctors?—Yes.

19989. Supposing I want to erect a homœopathic hospital, do you think the doctors would approve of that?—A homœopathic hospital would be outside the profession.

19990. Then you would allow me to erect a homœopathic hospital without going to the doctors?—I do not think the profession would touch a homœopathic hospital.

19991. You would not consider a homœopathic hospital within the purview of the doctors?—No more than I should consider the electrician or the quack within their control. I could not control it from a professional point of view.

19992. Then I might set up a quack hospital?—You might. I am speaking from a professional point of view.

19993. Do you think the profession exists for the public or the public for the profession?—That hardly requires an answer.

19994. According to you I may set up a quack hospital, but if I am going to set up a hospital not quack, I must have the leave of your doctors?—I am speaking not from an outside point of view, but from a professional point of view. Those questions ought to be rendered illegal.

19995. Which questions?—The questions of establishing a quack hospital ought to be rendered illegal.

19996. Then you would have a law prohibiting all systems of medicine which were not approved by the "profession," as you call it?—I certainly should have a repression of absolute quackery by law.

19997. "Quackery," you say. What is one man's poison is another's food, and what is one man's quackery is another's medicine. I may take it that you would wish that there should be

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[Continued.]

Lord Thring—continued.

a law prohibiting everything that a certain number of doctors consider quackery?—Yes.

19998. That is so?—Yes, that is so.

19999. And that, of course, would include, as you know, or may know, most of the new systems of medicine; they have been held to be quackery at the beginning. You are aware that some of the most valuable discoveries in medicine have been altogether discountenanced at first by the profession?—I am, but they have not been considered quackeries.

20000. I do not know what they have been considered, but they have been discountenanced in every possible way. However, your opinion is that the public really is not interested in these things, but there ought to be a law that everything the doctors consider quackery should be prohibited under a penalty, and that no new hospital, which is not a quack hospital, should be established, except at the will of the profession?—I think the profession should be consulted about it, and that they should be able to put their veto upon it.

Chairman.

20001. Supposing you had a board of 12 or 14 members, do you think that those 12 or 14 medical men would agree as to whether there ought to be a special hospital established?—I think after hearing the pros and cons of the question from those who wished to found the hospital and those against it, they would be able to decide.

Lord Monkswell.

20002. You said that you considered the special hospitals somewhat in the nature of luxuries; do you consider that special hospitals treat special diseases better than they would be treated in the wards of a general hospital or not?—Distinctly better.

20003. Then would you say that any better treatment of a disease is a luxury; do not you think it is extremely important that disease should be combated in the best possible manner, and would you call it a luxury if it is combated in the best possible manner?—With the means that we have at hand, I think the general hospitals do their work well in treating disease generally; but certain special diseases can be treated better in special hospitals.

20004. If they are treated better there I should rather demur to your statement, that

Lord Monkswell—continued.

special hospitals are a luxury; however, your opinion is, that the disease is sufficiently well treated in the general hospital?—Yes.

20005. I do not know whether you have read Dr. Tibbits' evidence. He says, in answer to Question 19310, that he (I do not know whether he says that he himself established) was one of those who established the system of massage, and he suggested, from his point of view, quite properly, that the massage should be done by nurses and not by doctors; and he says, that the first suggestion of it was treated with great scorn by the "Lancet," which said, that massage could only be carried out by medical men. It is the fact, is it not, that massage is not carried out now by medical men, but by nurses; it is under medical direction, but the physical part of it is carried out by nurses, is it not?—Male and female nurses.

20006. By nurses, not by doctors?—Yes.

20007. Then do not you think that the "Lancet" was wrong, and Dr. Tibbits was right in suggesting, at the beginning, that it should be carried out not by medical men but by nurses?—It does not follow that it should be so.

20008. You think, in some cases, doctors are better than nurses?—They are very much better. It saves time and it saves expense for it to be carried out by nurses.

20009. And now it is the common practice, is it not, to have it carried out by nurses?—I will not say it is the common practice, because many surgeons do their own massage, I for one.

20010. At all events, it is a fairly common practice; it is done, and apparently the "Lancet" objected to it at first?—The "Lancet" may have objected to it.

Chairman.

20011. One question as to the St. Peter's Hospital; do you know when it was founded?—About 20 years ago, I believe.

20012. And did it commence in a very small way, as other hospitals have done?—Yes.

20013. But now you have a different building, have you not?—Yes; an anonymous donor gave 10,000 £. to the erection of this present hospital.

20014. That was how you got the funds for the improved building you now possess?—Yes, an anonymous donation of 10,000 £.

20015. Is there anything else you wish to say?—No.

The Witness is directed to withdraw.

MR. ARTHUR LUCAS is called in; and, having been sworn, is Examined, as follows:

Chairman.

20016. YOU are the Vice-chairman of the hospital that is known as the Hospital for Sick Children in Great Ormond-street?—I am.

20017. And how long have you been connected with that hospital?—I have been a member of the managing committee since 1875; I was elected vice-chairman in 1884; I have been a member of the house committee since 1876, and I was elected chairman of the house committee in 1879.

20018. With regard to your position as vice-

Chairman—continued.

chairman, that is an unpaid post, I suppose?—Most certainly; I may add that Lord Aberdare is the chairman.

20019. When was the hospital founded?—The hospital was founded in 1852. It was the first hospital for children only in London; there had been a small hospital in the Waterloo-road where they took women and children, but this was the first hospital for children only in London.

20020. This would be termed, I presume, a special hospital, would it not?—I suppose so, but,

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[Continued.]

Chairman—continued.

but, if I may be allowed to object to the term "special hospital," it seems to me this is a general hospital with a limit of age.

20021. In fact a general hospital for children?—It is a general hospital for children; no special disease only is treated there.

20022. How many beds have you?—We have at present 127 beds, and the wing now being erected will contain 90 more beds, making a total of 217.

20023. What at present is your working average?—Our working average at present is 100.

20024. Would you tell us what your constitution and system of management is?—The hospital is managed by a general committee, a house committee, a medical committee, and a finance committee.

20025. How is the general committee constituted; are they governors?—It "consists of the patron, president, vice presidents, the treasurer, the physicians, and the surgeon or surgeons *ex officio*, of 20 other governors not being officers of the hospital, and of one member chosen by themselves out of the body of assistant physicians and assistant surgeons; and three members of such committee shall be a quorum."

20026. How often does it meet?—The general managing committee meets once a month.

20027. And they delegate to the house committee that you have named certain business?—Yes.

20028. And how often does that house committee meet?—Once a month.

20029. Then, is there no authoritative body which meets oftener than once a month; any sub-committee?—No, but they meet more often. When necessary a special meeting is called.

20030. What are the duties of the general committee?—They receive all statements of finance and the general correspondence of the hospital; they make all the appointments and they take means to levy funds.

20031. That last is probably the most arduous of their duties?—No doubt.

20032. But who is in charge, then, during the remainder of the month when no committee is sitting; who is the responsible officer?—There is no resident responsible officer, except the house surgeons and house physicians. There is a lady superintendent, who has charge of all the patients, and she is responsible for them.

20033. Then, when are all the various account books and small books of the establishment checked?—The housekeeping books are checked in the office; they are made up by the home sister, who is the housekeeper, and then they are checked in the office.

20034. Checked by whom?—By the secretary or his clerk.

20035. Is the secretary a resident officer?—He does not live in the hospital.

20036. He is a salaried officer, I presume?—He is a salaried officer.

20037. Do you think that is a sufficient check for a large establishment like that?—The whole of the accounts are submitted to the finance committee afterwards.

20038. And how often does it meet?—About once a month.

(24.)

Chairman—continued.

20039. But at any rate you consider that is a sufficient check of the expenditure of a large establishment?—My previous answer does not quite convey what I wish to state: There is a treble check; because the accounts are ultimately presented in detail to the managing committee who examine the cost of every article and compare it with the previous year or years; so that there really is a treble check, and I consider that that is sufficient.

20040. And is your audit done by professional men, accountants?—It is done by chartered accountants, who report four times a year to the committee. The accounts are also audited by the finance committee.

20041. Do you have to turn away a great number of patients from your hospital for want of accommodation?—Not in-patients, a certain number of out-patients.

20042. But at the same time, you are building an extra wing, I think you said, just now?—That is so.

20043. And therefore, I presume, you consider your accommodation is not sufficient?—That is so; we are obliged to turn away certain classes of infectious cases; for instance, whooping cough and other kindred diseases. Would your Lordship like me now, or later on, to give our reasons for adding to the number of beds?

20044. I think, as we are on the number of beds, you might give them now?—The reasons why we are extending the hospital, are many; one reason I have stated, that at present if we have whooping cough cases, we cannot take them in, and we are very much handicapped at present, because, if infection breaks out in a ward, and if, we have one case of, say measles or scarlet fever, we send it away, and we are obliged to send away about 18 or 19 other cases in that ward out of the hospital altogether. We propose, not to fill these 90 new beds at once, but to move the cases from one ward to another; that is to say, we shall have a "fallow ward;" a ward when it gets infected should be allowed to lie "fallow" for a time. There were other reasons for completing the building, that the accommodation in the new out-patient department was totally insufficient, and also that at present the majority of the sisters and nurses live outside the hospital altogether, in other buildings; the secretary and clerks work outside the hospital in another building, where the committee meets in other rooms; there are no retiring rooms for the surgeons; and nearly all the administrative offices are outside the building.

20045. Therefore the present construction of the hospital is extremely inconvenient; that is one reason for increasing your number of beds?—Yes.

20046. And then, owing to the want of accommodation for infectious cases and so forth, you considered that the hospital fell short of its possible usefulness?—That is so.

20047. And therefore you decided to make provision for an additional number of these beds?—Yes, carrying out the original scheme of the hospital when it was rebuilt in 1874.

20048. Are there a very great number of beds provided for children in London hospitals?

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Mr. LUCAS.

[Continued.]

Chairman—continued.

—There are now in London 14 hospitals for children only.

20049. Are those of recent growth; since 1852?—Those are since 1852.

20050. Then taking the general hospitals, do all the general hospitals have a children's ward, as a rule?—The majority have now, but they had not previous to the founding of this hospital; its example was followed.

20051. And is it the experience of your medical men that children interfere with adult patients in general hospitals?—I think that that is a question I would sooner leave to the physician to answer, as it is purely medical.

20052. Have you, as a children's hospital administrator, heard great complaints of the want of children's hospitals; the necessity for increasing the number of them?—I think the supply is equal to the demand, so that I can answer that question in the negative.

20053. Now you have told us about the in-patients; who grants the admission to the in-patients?—When a patient is brought to the hospital with a letter from a subscriber, it is seen by the resident medical officers. If it is a bad case it is passed on to the wards. A good many cases are admitted, and the majority from the out-patient department, and are passed on by the assistant medical and surgical officers.

20054. Is it a necessity to have a subscriber's letter?—No, not a necessity.

20055. Then, as a matter of fact, the reason of admission is the disease, not the subscriber's letter?—Most certainly.

20056. It practically is like other general hospitals, a free hospital, in fact?—That is so.

20057. Then have you a large number of out-patients?—A very large number.

20058. Could you give us any figures; perhaps you will tell us at the same time how many in-patients you treated last year?—Yes; the number of in-patients treated in 1890 was 1,157; the number of out-patients treated in 1890 was 20,604.

20059. Are those all new cases?—Those are all new cases.

20060. Therefore, the attendances in the department would be that number multiplied at least by three?—Yes.

20061. And those are all free of payment?—All.

20062. You do not take any money, or rather you do not ask for any from your patients?—No.

20063. Now, as regards your finances, what was your expenditure last year?—In 1890 the expenditure was 12,045 *l*.

20064. And your income?—Our income was 12,074 *l*.

20065. Then you have a very trifling balance on the right side?—That is so.

20066. Would you tell us what your sources of income are?—Subscriptions and donations.

20067. How much were they last year?—In 1890 they were 2,997 *l*. from subscriptions; 3,501 *l*. from donations.

20068. Any investments?—There were no investments.

20069. You have no funded property?—Yes, we have funded property. There was 2,160 *l*.

Chairman—continued

from legacies; from the Hospital Sunday Fund, 781 *l*.; from the Hospital Saturday Fund, 154 *l*.; balance, 770 *l*.

20070. From the previous year do you mean?—From the previous year. Dividends, 430 *l*. and from sundries, 1,281 *l*.

20071. What are those; church collections?—Various items; they are stated in the report, a large number of items of different kinds.

20072. From sale of kitchen stuff, for instance?—Yes, and from nursing and other sources.

20073. Do you mean sending out private nurses?—A certain amount.

20074. I will ask a question about that presently; is any of that endowment?—Yes, we have an endowment fund amounting to 11,642 *l*.

20075. Of which you can only spend the interest?—Of which we can only spend the interest. To that you must add a general endowment fund, 4,590 *l*.; which makes a total of 16,232 *l*.

20076. What do you get a-year from that?—It gives an income of 431 *l*. a-year.

20077. Who advises about the investment of that money?—We have several very strong financial men on our committee; and, I am sorry to say, the question of investment is one that very seldom occurs.

20078. Still, at the same time, could you invest, under that Act of three or four years ago, the Trust Investment Act, or are you obliged only to invest in Consols, the 2½ per cents.?—I am not acquainted with the Trust Investment Act. We have generally invested in Consols, but not always.

20079. Now do you find that you ever have a difficulty in getting money?—Yes. If we did not hold an annual dinner, we should be unable to keep our income up to the requirements.

20080. How much, as a rule, does your annual dinner bring in?—Net, about 3,500 *l*.

20081. I do not remember your mentioning it in the receipts?—That is included in the "donations and subscriptions."

20082. And then you appeal to the public?—We appeal to the public.

20083. As often as you possibly can, I suppose; or do you only appeal at Christmas time?—As a rule, only at the dinner; and we do not appeal besides, except in the form of an advertisement.

20084. What does your advertising cost you?—In 1889, 271 *l*.

20085. And with regard to that amount received from legacies, 2,160 *l*., is it about the average, or was it a good or a bad year?—I find it a little difficult to answer that question, because it varies so; I should say a bad year, on the whole.

20086. But I suppose that the difficulty of procuring funds causes you, like other managers of hospitals, great anxiety, does it not?—At times it does.

20087. Have you ever had to shut up any of your beds for want of funds?—Some years ago we did; the exact date I am afraid I cannot remember.

20088. How do you collect your subscriptions?—By post.

20089. You

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[Continued.]

Chairman—continued.

20089. You have not got a collector?—No.

20090. Are there any commissions to come off the subscriptions?—No.

20091. Have you ever considered any means by which hospital managers could get more money out of the public. The Hospital Sunday Fund, of course, does a great deal?—Yes, we have considered the question, but we generally have to fall back on the annual dinner. We have twice abandoned the dinner and issued circulars to all our supporters; the result was an immediate loss of a thousand pounds in our income in both cases.

20092. Now you are employed in building a wing; what amount do you expect you will have to pay for that wing?—The contracts accepted amount to 25,900 *l.* odd.

20093. Have you got that money?—We have at present 22,000 *l.*

20094. Where was that obtained from?—£. 6,000 of it was obtained from the Children's Jubilee Fund, and was presented by Her Majesty to the hospital; 5,000 *l.* was bequeathed by Mr. William Barry for the purpose of rebuilding the hospital; and the remainder was obtained by special appeals.

20095. And how long do you think it will take to complete it?—I trust by next Spring it will be in working order.

20096. And then you also trust you will have got the money to meet the 23,000 *l.*?—To meet the difference we shall want, in order to furnish the hospital, more than that; because the amount I gave you was for the contracts accepted, and I need hardly say that a larger sum will be required for furniture, and so on, before we can open the hospital.

20097. But still, do you hold this opinion which is also held by other hospital financiers, that as long as the public believe in the hospital they will always give you money?—Yes, to a certain extent; so long as the public believe that an institution was properly and economically managed, that there was no waste, I think the public would give money provided the accounts were published.

20098. For instance, this extra wing will run you into a larger expenditure than you have at present, of course?—It will involve a larger annual expenditure.

20099. And have you no anxiety about being able to meet it?—To a certain extent, I have, but I trust in a generous public to support us.

20100. Believing it to be a well-managed institution?—Yes.

20101. I sympathise with you there very much, but still that is hardly a business-like way of managing an institution, is it?—I agree with you; but I think one must consider the sentimental as well as the business-like way. This place has many friends, and I have no great anxiety that the extra yearly amount required will be wanting.

20102. I will not say your hospital, particularly, but any hospital might be unfortunate, or some unfounded rumour might get abroad, or from some cause or other its finances might fall short by 2,000 *l.* or 3,000 *l.*; if you were lucky enough to have a large amount of capital, say, 100,000 *l.* which you could sell out and work on, (24.) e.

Chairman—continued.

as a great many of these free hospitals have, you could meet that; but if you had no large amount of capital you must come to an end; must it not?—If we found that our expenditure was too large we should immediately close part of the wards, and limit our expenditure in proportion to our means.

20103. But all the hospitals in London are in very low water?—With the exception of the great endowed hospitals, and a few others.

20104. I think we have had it before us in evidence, that two of the endowed hospitals have not got the whole of their wards open; St. Bartholomew's is the only one that has. Now, in your expenditure, is the expenditure of your dispensary included?—Certainly.

20105. What are your salaried officers?—There is a secretary at 300 *l.* a year, who has one clerk at 100 *l.* a year, and a boy at 26 *l.* a year.

20106. Have you got any remarks to make about the finance?—No.

20107. Then, as regards your nurses, do you train your own nurses?—We do.

20108. And how many have you?—By nurses does your Lordship include sisters?

20109. I mean sisters too; how many are there on the staff altogether?—There is a lady superintendent, eight sisters, 11 staff nurses, 11 probationers, eight lady pupils; and then there are seven nurses who are engaged in private nursing outside the hospital.

20110. That makes a staff of 38, I think, for the hospital?—That makes a staff of 39 for the hospital.

20111. Including the superintendent, you mean?—Including the lady superintendent.

20112. And these other nurses go out to private cases?—They do.

20113. And that money goes to the hospital?—It goes to the hospital.

20114. Do you train them too?—We train them too.

20115. Your nurses do not live on the premises, do they?—Some of them do, and some of them live in houses adjoining the hospital.

20116. Are you extending that private nursing system?—As far as we can, but very slowly.

20117. It is a paying business?—It is a paying business; but we only supply very good nurses, and very good nurses are hard to find.

20118. How long do you keep your nurses before they get a certificate?—The probationers are trained for three years; but six months has to be spent in an adult hospital.

20119. Before they come to you, do you mean?—No; they sign an agreement for three years, and six months out of that three years has to be passed in an adult hospital.

20120. And does that apply to those that you send out to private nursing too?—Yes, as far as practicable.

20121. What is the minimum time after which you send a nurse out to private nursing; what is the minimum experience that qualifies her for it in your opinion?—As a rule, not unless they have been probationers for three years; but there have been exceptions. When we have been pushed, and a woman has shown exceptional ability, I believe she has been sent out after two years' training.

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20122. In

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20122. In a case of necessity, would you employ in the wards those nurses whom you send out?—In case of necessity, yes.

20123. That would be the first call?—Yes.

20124. Do you give these nurses any commission on their earnings?—Yes. The nurses who go out we give 25 *l.* a year, and after the first year an annually-increasing percentage of 10 per cent., 15 per cent., 20 per cent., and 25 per cent. on their individual earnings. We also give them their board, laundry, and indoor and outdoor uniform.

20125. And do you lodge them?—Yes.

20126. Then what are the minimum wages you pay the probationers in your establishment?—The minimum wages is 12 *l.*

20127. And then, after one year, what do they get?—They receive 12 *l.* during the whole time that they are probationers.

20128. How long does that probation last; for three years?—For three years.

20129. And then what is the increase?—As staff nurses they receive 25 *l.* a year, board and laundry, and indoor uniform.

20130. Then they go, at one bound, from 12 *l.* to 25 *l.*?—That is so.

20131. Do you give any pension?—It is very rarely that a nurse would stop long enough now to receive a pension.

20132. In case she did, would it be considered individually by the committee?—That would be considered individually.

20133. Then where do these nurses who live out feed; do they feed in the hospital or in their own homes?—In the hospital.

20134. All the nurses feed in the hospital?—All the nurses feed in the hospital.

20135. Have you female clerks and dressers? We have female clinical clerks.

20136. Is yours the only hospital in London that has female clinical clerks?—I cannot answer that question. We sometimes have men; but we have both men and women.

20137. Do you find that females do the clinical work well?—Very well indeed. The surgeons have reported to me that in many instances they have been more careful in their notes than the male students.

20138. We have been told that at other hospitals the patients' children, I think especially, are roused up very early in the morning; what time do you rouse your patients?—About seven o'clock the day-work begins.

20139. But, then, is it not the case that in your hospital patients are aroused, and a great deal is done before the day-work begins?—No, not to my knowledge; not as far as I know.

20140. Because, what we have been told about other hospitals is that nurses go into the wards, very likely at seven o'clock, and a great deal of washing of patients has been done by the night nurses previous to that. You cannot answer as to that with regard to your hospital?—I cannot answer confidently; it has never been so reported to me.

20141. Could you tell us what the hours of your nurses are?—The staff nurses begin at 7.5 to work.

20142. Do they breakfast before going to the

Chairman—continued.

wards?—They breakfast before they go to the wards, at 6.40.

20143. And then go to the wards at 7.5?—Then they dine at 1.10; wards again at 1.30.

20144. Twenty minutes being allowed for that meal?—Twenty minutes. They have tea at half-past four, and their work is finished at 9 o'clock. They have supper at 6 o'clock.

20145. How long do you allow for tea?—Half-an-hour.

20146. On what principle do they have more time for tea than they do for dinner?—I think that these hours are elastic up to 10 minutes or a quarter-of-an-hour.

20147. And supper takes half-an-hour?—The supper takes half-an-hour.

20148. Do they have any meal between the breakfast at 7 o'clock and the dinner at 1?—No.

20149. Nothing at all?—Nothing at all; not to my knowledge.

20150. That is the day nurses. Then the night nurses?—The night nurse begins at 9.10 o'clock. Do you wish to know the hours of her meals, or when she goes off duty?

20151. I should like to know when there is what is called the breakfast for the night nurses?—The nurse rises in summer-time at half-past four, in winter at 8 o'clock p.m.; she breakfasts at 8.35; she begins her duty at 9.10; she has her tea at 12.30 a.m.

20152. Is that in the ward?—That would be in the ward kitchen, which adjoins; it is practically the same. A second tea at 3.30 a.m., and she goes off duty at 9 o'clock a.m.

20153. And then she has what is termed dinner, I suppose?—Yes, she has dinner at 9.5 a.m., when she goes off duty.

20154. Do your day nurses have any recreation during the day at all?—Most certainly. Twice a week from 2 till 4, and twice a week from 6 till 10. On Saturdays in every third week from 6 in the afternoon to 10 o'clock p.m. on the following day. The nurse is allowed to sleep out provided she can prove to the lady superintendent that she has friends in London with whom she can stay.

20155. Then does she have any annual holiday?—She has three weeks every year.

20156. Does that three weeks' holiday apply alike to probationers and nurses?—That three weeks applies to the probationers and nurses. May I add that these figures I have given you are for the staff nurses; they are practically the same, with a little variation as to time, for the lady pupils and probationers. If you wish it I can give you the details.

20157. I should like you to do so?—For the lady pupils and probationers the hours off duty are from half-past 2 till 5.30, and from 10 till 12; and 7 p.m. till 9 p.m. on alternate week-days. Then they have one day off once a month, subject to ward work; from 6 p.m. to 10 p.m. the next evening, if they have relations in town with whom they can stay. Their Sunday leave is from 10 a.m. to 1 p.m., or 5 p.m. to 10 p.m., to be arranged by the ward sister.

20158. Is the health of your nurses good?—Yes, on the whole.

20159. Is it generally considered that the nursing of children is more anxious and troublesome

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some work than that of nursing adults?—Yes.

20160. What notice is required to terminate an engagement?—One month.

20161. One month in all cases?—Yes.

20162. That is after the three years?—Yes; they sign an engagement for three years. When they are appointed staff nurses they have to give one month's notice.

20163. Then the engagement is terminable, I suppose, before the three years, according to arrangement?—If there are exceptional circumstances. A probationer might be going to be married, or her health might break down; of course, we should consent in each of those cases to forego the agreement.

20164. What are the hours of the sisters?—The hours of duty for the sisters are from half-past 8 in the morning to 10 p.m.

20165. And do they dine with the other nurses?—The sisters dine alone.

20166. Does any high official ever dine with the nurses; the housekeeper, or anybody of that sort?—We have just changed our lady superintendent; her health broke down. The last lady superintendent, I think, sometimes dined with the nurses and probationers.

Earl of Kimberley.

20167. Where do the sisters dine alone; in the housekeeper's room, I suppose?—Yes; there are only eight sisters, and it is more convenient; they dine at their own hour.

Chairman.

20168. A sister is a head nurse?—The sister is a lady, always a lady, by birth and position, who is placed in each ward over the staff nurse and over the probationer.

Earl of Kimberley.

20169. Do you mean that if you had an able and competent staff nurse who did not happen to be a lady you would not promote her to be a head nurse or sister?—Not as a rule.

20170. Have you ever done so?—No; since I have been connected with the hospital I never can remember any nurse who has not been a lady by birth, who has been at the head of a ward.

20170.* Do you think that an encouraging system for other nurses?—I think it a system that works exceedingly well, because it maintains a good tone in the ward.

20171. Is the tone of your staff nurses bad?—The tone of our staff nurses is most excellent.

20172. Then why should not some of these staff nurses be competent to be head nurses or sisters?—I should say they were not, but I can only say what the result of my experience has been, and it is that the system has worked well.

20173. Is this the case in other hospitals?—I think it is the case in many other hospitals. I should be sorry to answer for all the hospitals in London.

Chairman.

20174. Do you ever get any complaints from your nurses about food?—No; there have been

Chairman—continued.

some; I will not say we have never had complaints, but I have not received complaints for a very long time.

20175. You would hear of any complaint that was made?—I hope so.

Earl of Kimberley.

20176. Do your sisters pass through the other grades; have they been staff nurses, or do you procure them elsewhere?—A sister must have had two years' medical and surgical training in a general hospital; that is our rule.

20177. You do not, therefore, train them yourselves?—Not necessarily.

20178. Her training at the general hospital is, of course, apart from you?—Yes, quite so.

20179. Do you, then, give her any special training in your own hospital?—No, not when they come to us as sisters.

20180. After two years' training in a general hospital they are eligible by your rules?—They are eligible by our rules.

Earl Cathcart.

20181. You have a note in your book of rules, which defines that the term "sister" shall not mean a member of any religious association whatever. I see this note on page 43: "That while, as a matter of convenience, and in conformity with the practice of many other hospitals, the head nurses are denominated 'sisters,' it is not thereby implied that they are regarded as members of any religious association, nor does the committee in any way sanction the formation of any such association among those who are engaged in the work of the hospital"?—That is quite correct, and in conformity with the practice.

Chairman.

20182. Do you take nurses of all denominations?—Yes.

20183. The secretary lives out of the hospital, you said?—Yes.

20184. Would any complaint brought by a nurse with regard to food, or anything else, go to him first of all?—Any complaint by a nurse would be made to the lady superintendent, and probably to me, if the house committee was not sitting, when I visit the hospital once a week.

20185. You are continually in the hospital?—I always make an official visit once a week, every Tuesday.

20186. Now, how is your food supply managed; do you make contracts?—We do.

20187. And are those open contracts, by tender?—Yes.

20188. And who makes the contract, the house committee?—The house committee.

20189. Have you a steward?—No, a home sister.

20190. Who takes the food in, then, the home sister?—The home sister has the superintendence of it.

20191. As regards quality and weight, to see that it is the proper weight?—Yes.

20192. Your patients being children, I suppose, do not complain about their food?—No.

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20193. Who

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Chairman—continued.

20193. Who is responsible for the food supplied to them in the ward being of the proper quality?—The sister of the ward.

20194. Are the sisters generally jealous of the quality of the food supplied to them from the kitchen?—I think that if the food were at all inferior they would complain at once.

20195. Have you any opinion as to licences for new hospitals?—I think that all new hospitals ought to be licensed.

20196. Could you give us any idea what the licensing body ought to be?—I certainly think it ought not to be a licensing body composed of doctors, because I think that they would be influenced by professional jealousies; it would be only human for them to be so. I should not like to say, without further consideration, how such a licensing body should be composed.

20197. Is it your opinion, then, that new hospitals spring up in localities where they are not wanted, and having for their object specialities which might frequently be treated in general hospitals?—Most distinctly.

20198. As objects of gain to the promoters?—Yes.

20199. And you see no way of stopping that excepting by a system of licences?—None.

20200. Would you let the Local Government interfere at all?—I would much sooner that the Local Government interfered than any other body. But perhaps I do not quite understand what your Lordship means by "Local Government."

20201. I meant the Municipal Government?—No.

20202. You would like to keep the rate officer out?—Yes, most distinctly.

20203. Have you any experience of provident dispensaries?—Very slight experience; the little experience I have had is most certainly in their favour; I think it is through provident dispensaries that a good deal of the strain that is now put upon the out-patient departments of hospitals will in the future be lessened, if provident dispensaries are helped as they should be helped.

20204. How do you mean "helped"?—Financially, because they could not start without means of their own. Once started I believe they can go on; but with the development of that system I think a great deal of the abuse (if I may use the term) of the out-patient department would be lessened.

20205. Do you think that there is much abuse of the out-patient department?—I think it has been exaggerated. That there is abuse I have little doubt, but I think a great deal of that abuse comes from ignorance. Now there was a man who came to our hospital last winter; the doctor in attendance suspected that he was a man of means; he saw the child, and I believe diagnosed the disease, but refused to prescribe, that is to say, to let him take away medicine, and asked him if he was a man of independent means; he said "yes," and he immediately offered to pay the doctor. It was a case of ignorance; and there is no doubt that a great deal of the abuse arises from ignorance and want of thought.

20206. Then might that be checked by the hospital authorities, by making inquiries?—We have taken various steps in that matter, which,

Chairman—continued.

with your Lordship's permission, I will state to you.

20207. If you please?—I will read some extracts from the reports of 1876 and of 1877: "In 1875 the attention of the committee was called to the fact that the out-patient department has been much abused by persons in a superior position availing themselves of its benefits. The committee have adopted measures to remedy the evil. The following rules were then passed: 'The register and also the letter shall bear a record of the name and residence of the patient, as also of the occupation and weekly earnings of the parent on whom the patient is dependent, and no patient whose parent is in the receipt of more than 30 s. per week shall be considered eligible for permanent treatment as an out-patient of the hospital. No patient shall be considered eligible for permanent relief as an out-patient, unless the letter with which the parent has been furnished shall have been submitted to the secretary or other officer of the Charity Organization Society's branch for the district in which the patient dwells, and unless such letter bears the stamp of the society, in proof of the verification of the facts stated in the letter.'" The result of these rules was, that in 1876 the number of out-patients was 3,841 less than in 1875; but the rules did not work, as they caused much friction with parents and subscribers, and for many other reasons. Then in the 1877 report I find: "The committee, with the cordial co-operation of the Charity Organization Society, have in a great measure obviated this evil, but they have grave doubts whether this advantage has not been gained at the expense of diminishing the utility of the hospital as a great centre for the treatment of severe and complicated cases." Then in 1887 the following new rules were passed: "No patient whose parent is in the receipt of more than 40 s. per week shall, except in special circumstances, be considered eligible for permanent treatment as an out-patient of the hospital. Patients shall be attended to once as of course, but every parent or person bringing a child a second time, may, unless furnished with a governor's letter, be required to make a statement as to the circumstances of the family, and submit to have such statement investigated." The 40 s. rule has had to be abandoned, and inquiries are now only made when the case is a suspected one. That is practically a history of our efforts since 1875 to cope with the difficulty.

Earl of Kimberley.

20208. Then I am afraid the result is that you have almost abandoned the practice of trying to prevent the charity from being abused?—That is not quite so, because, with your Lordship's permission, I will give you figures from 1879 up to date of cases that have been refused treatment, because they would have been an abuse of the charity.

20209. Yes?—Sixty in 1879; then in the following years, 128, 139, 171, 227, 153, 145, 213, 134, 109, 218, and 118.

20210. The number of out-patients you told us was 20,000 in round numbers?—That is so.

20211. Do you think that such an infinitesimal per

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percentage as you have mentioned, especially in the later years, at all represents the number of persons who were not really entitled to charitable assistance?—I should think that there was a large number that were not entitled, but we use our efforts to the utmost to find out the people who abuse the advantages of the charity.

20212. Did I gather rightly, that where there is a governor's letter no inquiry is made?—Not necessarily; not unless there is strong suspicion that the governor's kindness has been abused.

20213. As a rule, you presume that the governor sends you a proper case?—I take it that the house surgeon would think, if it was properly signed, that it was a good case.

20214. If anything came to his knowledge to make him suspect the contrary, he would probably inform the governor of it?—Yes, probably; it is practically in the house surgeon's hands; I have nothing to do with it.

20215. You mentioned you thought it would be desirable that there should be some licensing body, without whose sanction no new hospital should be opened; have you at all considered what kind of rules should be laid down for the guidance of such a body?—No; but I take it that such a body would inquire, whether there was a necessity for the hospital in the district where it was proposed to be placed; that would be the first thing to inquire about; then as to the means of such an institution, whether they were self-supporting, and whether they had any chance of maintaining such a charity without appealing to the public, or without lessening the resources of other kindred charities in the neighbourhood.

20216. Would not a system of that kind, for what I may term the protection of existing charities, be open to very great abuse?—Not if it were in the hands of a properly constituted body.

20217. Would it not, in point of fact, give a strong *locus standi* to the jealousies of existing institutions which would not wish to have what they term their ground poached upon; might not that counteract a good many useful schemes for hospital extension?—I think not, because the funds that would be devoted to these young institutions, if I may say so, would be devoted to existing institutions, and so really be for the benefit of the poor.

20218. But is not that (pardon me for saying so) rather an assumption; does it at all follow, that those who would be willing to contribute to the establishment of some new hospital would take an interest in some existing hospital; would it not be likely to result in the contrary?—For the moment, yes; in the future, no; because the generous founders of a new hospital pass away, and in all probability that institution has to go for help to the public, either if their funds fail or if they wish to extend what was originally a small institution.

20219. Upon what principle would it be right to refuse to any one the permission to spend their own money upon the establishment of a hospital?—May I give your Lordship an exaggerated case; a hypothetical case?

20220. Yes?—Supposing somebody were to leave 20,000 *l.* for another hospital for sick children in Great Ormond-street, and that hospital

(24.)

Earl of Kimberley—continued.

were then to be started with a secretary, perhaps an assistant secretary, and a regular staff, with all the expenses; that person dies, and he does not endow the hospital, and the committee, if there is a committee, have to go to the public to support the hospital; and of course, to that extent, they would injure the existing hospital for children, which is an old-established institution doing a great deal of work; and the rate per head for the small hospital would be much larger than it would be for the older institution. I am merely putting a hypothetical case in order to answer your question.

20221. Then that assumes that we ought not to put anything in competition with old-established institutions?—I do not think it is a question of competition between the hospitals, but of living.

20222. Is not that saying, in other terms, that you are wishing to prevent competition?—I take exception to the word "competition"; it seems more like a trade when that word is used. Our only object is to benefit the sick poor.

20223. But it assumes that an established institution has, in some sense or other, a monopoly, does it not?—I must again, with all respect, take exception to the word "monopoly."

20224. Will you substitute some better term, I have no particular affection for that one?—I can only repeat that we do not wish our hands weakened by the annual sum which is given by the generous being distributed among an unknown quantity of hospitals.

20225. The other ground upon which you would wish a license to be refused, I conclude, would be the improper character of the building, or the want of sufficient appliances?—Yes.

20226. That, in point of fact, would really involve what some persons are much in favour of, a general supervision of hospitals, would it not?—Yes.

20227. Would you be in favour of some supervision of the existing hospitals of a general kind?—Yes.

20228. Do you think such a body should have any connection with the Government, or with the municipal authorities, or would you constitute it otherwise; I think I understand you to say you would not connect it with Government or the municipal authorities?—I would not connect it with any local authority.

20229. Would you like to put them under the Charity Commissioners?—No, certainly not. I am not prepared to answer your question exactly at the moment as to what the body should be.

20230. I only asked you for an answer in the negative; I asked you whether you were prepared to exclude those bodies; I think I understand you that you would not be desirous of seeing the municipal bodies or the Charity Commissioners connected with it?—That is so.

Earl Cathcart.

20231. Now, can you, as a matter of fact, grind all the grist that comes to your mill?—With difficulty, yes; in the out-patient department there is a difficulty.

20232. But not in the in-patient department; you can take in all the children who are brought to you?—We can manage it.

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20233. Are

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Lord Saye and Sele.

20233. Are the members of the medical staff on the general committee?—A portion of them.

20234. I think you said that you had no means of isolating infectious diseases?—No very good means; we have a very small room at present which is not fit for the purpose.

20235. I think you said that you send infectious cases away, such as scarlet fever?—We send measles and scarlet fever away whenever we can, but at times they are complicated with other diseases; and they also attack children after very serious surgical operations; then we are unable to send them away.

20236. I suppose some of the children stay a very considerable length of time?—That is so.

20237. What is the average duration of their stay?—I think I would leave that question to our physician, who will, I believe, be called as a witness.

20238. Are the children who are a long time in the hospital instructed in any way?—The children in the hospital are always so seriously ill that it would be impossible to instruct them; immediately they get better they are sent to a convalescent home.

Chairman.

20239. Is that convalescent home part of your property, or do you subscribe to it?—It is part of our property; but we are thinking of giving it up because the place where it is situated, Highgate, now is practically in London. Our medical advisers say that it does not do the good it should; and we do not contemplate building another, but affiliating ourselves to existing institutions.

Lord Monkswell.

20240. To follow up Lord Kimberley's questions, I suppose you would not think it desirable to have that system of licensing unless there was also some system of control of hospitals along with it?—No.

20241. Because it seems to me, that, in the absence of any system of control, it is just as well that there should be some little difficulty in getting subscriptions; it keeps hospitals up to the mark; something in the nature of competition seems to be desirable from that point of view. Of course, if you had not some system of control the effect of a system of licence would be to take away that element of competition?—It is possible. Of course it would give the public more confidence in the necessity for each individual hospital.

20242. You said you preferred to call yours not a special hospital, but a general hospital, with a limit of age. What is the limit of age?—Two till twelve; but with regard to the "two," I am afraid that is a rule that is more honoured in its breach than in its observance, for many children under two are brought to us in a very dangerous state, and we do take them in. When the rule was made it was because the expense of nursing very young children is very great, for obvious reasons.

20243. Did you say you had a medical committee?—That is so.

20244. What does it do?—It discusses the

Lord Monkswell—continued.

various procedures of the doctors; it considers everything that refers to the patients only.

20245. Is it under the jurisdiction of the house committee or of the general committee?—All their minutes are submitted to the managing committee.

20246. Is there an annual meeting?—There is an annual meeting in May.

20247. And what does the annual meeting do; what are its powers?—The annual meeting confirms the acts of the managing committee during the year.

20248. Do I understand that you never ask any money of the parents of the in-patients?—There is a box put downstairs in the hospital, and if they like to put something in they can, but they are never asked.

20249. What do you get in that way?—In the boxes about the hospital about 12*l.* was collected last year.

20250. And that is all you get or have attempted to get from the parents of the in-patients?—Yes.

20251. Is there no inquiry whatever as to the means of the parents of these in-patients?—Cases that come into the hospital are never admitted without inquiry, unless they are of extreme severity; then they are admitted at once; but there is very seldom any abuse. It might be for the advantage of science, if there were a very complicated case which would teach students in advanced science, even although it was the child of well-to-do parents, that it should be admitted; there might be such a case.

20252. Why should you not ask parents who were in a position to pay to do so?—We have often considered the advisability of having a paying ward.

20253. I do not say "a paying ward," that is another thing, but I mean supposing that you have a child that has been suddenly taken ill in the street and comes into your hospital, why should you not ask the parent of that child to contribute to the hospital funds?—Our difficulty is this, that we receive money from the public as a charity, and if it became known that we obtained payment I believe that it would materially affect our receipts.

20254. These would be, of course, only very exceptional cases?—Yes.

20255. Do I understand that you do sometimes promote staff nurses to be sisters?—I think if we thought that the staff nurse was a person of such education and otherwise as to be a fit person for the post we should do so.

20256. But, as a rule, they are not of a class likely to be promoted to be sisters?—Not always.

20257. Do you put them into two classes and say to one set, You will be able to become sisters, and to another set of staff nurses, You cannot rise to be sisters?—We do not tell them anything about that.

20258. Do they understand, by the light of nature, which of them can come to be sisters and which cannot?—I think they pretty well know.

Earl Cathcart.

20259. It has been argued this morning here that hospitals, such as your's, do not bring together

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Mr. LUCAS.

[Continued.]

Earl Cathcart—continued.

gether infectious cases as a rule; but you have a good many; for instance you had 24 males and 27 females from 1st January to 31st December 1889, ill with diphtheria; it is so stated in your return?—I have no doubt the return is correct.

20260. There is, as it seems to me, a feature about your hospital which is very honourable to you, which you have not mentioned, namely, the large number you have of endowed cots. You have a good many endowed cots?—We have.

20261. Can you say how many; it appears to me a creditable feature of your hospital?—There is a list in the beginning of the report. There are two classes of endowed cots, one class at the rate of 1,000*l.*, and those are in perpetuity; there are 10 of them.

20262. And how many of the second class?—The second class is endowed by payment of 300*l.*; there are seven of the 300*l.* class; they last for the life of the donor.

Chairman.

20263. Has the donor of one of the 1,000*l.* or 300*l.* endowed cots any right to keep that bed vacant during his lifetime so as to put his particular patient into it, because he has paid for the maintenance of it?—No.

Earl of Kimberley.

20264. What is the meaning of the arrangement, because it would seem that there is no particular advantage in giving 1,000*l.*, which is attached to one particular cot, but that you really give 1,000*l.* to the hospital expenses; what is the meaning, and what is the result?—It is a sentimental reason; a person gives 1,000*l.* and names that cot after some relative, perhaps a child, that he or she has lost. It is really an *in memoriam* endowment, and that name so long as the hospital lasts will always be kept above the cot.

Lord Saye and Sele.

20265. Had you to purchase the site upon which you are building your new wing?—We had the site; it was part of the original undertaking.

20266. Can you tell me what your ground-rent is?—It is a freehold.

Earl of Kimberley.

20267. In the case of these endowed cots, is the whole of the money expended on the maintenance of the cots; if not, what is done with it?—The money is invested.

20268. Is there any surplus?—We only get these cots at very rare intervals; there is no surplus.

20269. What is the meaning of this 1,000*l.*, what does it go to?—A person gives 1,000*l.* to the hospital, that money is immediately invested under the head of endowment, and the income is used for the general purposes of the hospital.

20270. It is merely a name attached to the donation?—That is so.

(After a short adjournment.)

(24.)

Chairman.

20271. Have you ever made any calculation as to the cost of your beds in the hospital?—Yes.

20272. Could you tell us what you put your beds as costing per annum?—Shall I give your Lordship the amount for 1890?

20273. Yes; what do you estimate the cost of a bed at for 1890?—At 70*l.* 18*s.*

20274. Then about the out-patients?—It is almost impossible to answer that question, it is so difficult to assess the cost of out-patients; it is so mixed up with the general undertaking.

20275. You can only do it by estimate?—Yes; and I do not think myself that if I gave you the figures they would be very reliable.

20276. But how do you arrive at your calculation regarding the in-patients?—The calculation regarding the in-patients is arrived at by eliminating as far as possible the cost of the out-patients, and dividing the remaining total expenditure by the number of beds.

20277. You say you subtract first of all the amount you estimate for the out-patients?—Yes; the average cost I have here, that will be during a period of 12 years, is 1*s.* 8½*d.*, but I must give that figure as only an approximate one; I do not think it can be arrived at with perfect accuracy.

20278. But at the same time the estimate that you make of the cost of in-patients depends upon the amount that you subtract for the cost of the out-patients?—No doubt.

20279. So that unless you can form some reliable estimate of the cost of the out-patients, your calculation as regards the in-patients is hardly more reliable, is it?—I think that it is reliable, with this qualification, that it is so difficult to assess the salaries; for instance, take the salary of the secretary, you might say that he was doing some out-patients' work as well as in-patients' work. So that for salaries we take a certain sum, which we consider fair, and assign it to the cost of the out-patient department; and then we subtract that (we take care to be on the safe side) from the total cost of the hospital, and divide the figure by the number of beds; so that the estimate is pretty accurate.

20280. Have you ever considered whether it would be advisable to have one system of hospital accounts all through?—I think it would be an excellent system.

20281. It would be a very small matter, would it not?—Yes; but if your Lordship wishes for information about that, I should ask leave to refer you to our secretary, who has taken rather a lead in the matter and is discussing with the secretaries of other hospitals the advantage of such a system as you refer to.

20282. The idea of having a general system of accounts is under discussion among the secretaries of hospitals?—Yes.

20283. And they have not yet arrived at any conclusion?—They have not, I believe.

20284. Then I think you want to correct a statement you made just now. You said something to this effect, that no nurse in the hospital could become a sister by promotion, because all your sisters were ladies?—May I correct that statement; that was so many years ago. Many years ago the class of staff nurses and of nurses generally, was far inferior to what it is now: they

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Mr. LUCAS.

[Continued.]

Chairman—continued.

they were more ignorant, and we could not do it; but that is not the case now, and as a matter of fact, our acting matron (who is taking the duty *pro tem* whilst the lady superintendent is ill) was a nurse in the hospital, and two of our sisters were nurses in the hospital, and were promoted to be sisters; and a great many of the nurses that are now employed would be quite fit for the post of sister in the hospital.

20285. Were these nurses who were promoted ladies or not?—Yes, they were.

20286. So that, practically, the old rule is

Chairman—continued.

observed?—The old rule is observed, but it comes from the superior class of the nurses.

20287. Did you say whether you take any male students at your hospital?—A few students attend lectures.

20288. Not in the wards?—I believe they go round the wards; but the physician would answer that question as regards the students.

20289. Is there anything else you wish to say?—Nothing.

The Witness is directed to withdraw.

W. B. CHEADLE, M.D., F.R.C.P., is called in; and, having been sworn, is Examined, as follows:

Chairman.

20290. You are the Senior Physician to the Great Ormond-street Hospital for Children?—I am.

20291. May I ask what qualifications you hold?—I am doctor of medicine in the University of Cambridge and I am a fellow of the College of Physicians.

20292. Has this hospital any connection with St. Mary's?—No direct connection.

20293. What is its connection?—Nothing more than the fact that several of the members of the staff of this hospital in Great Ormond-street are also members of the staff of St. Mary's Hospital, but there is no other connection beyond that.

20294. As regards the medical school I mean?—There is no direct connection between the medical school at St. Mary's and the Children's Hospital.

20295. Are you distinctly in favour of a separate hospital for children as opposed to children being mixed up with adults?—I think there are certain advantages in having separate hospitals for children; some of the special hospitals have done very great service in drawing attention to and acquiring knowledge upon special classes of disease. I think the same good might, perhaps, be attained now by very large special departments connected with general hospitals, but one or two important conditions would have to be observed in order to make them efficient.

20296. What would those conditions be?—In the first place, I think the departments would have to be sufficiently large to ensure an ample number of cases, and then, I think, they should be under the charge of some special officers who would give their chief attention to that particular branch, for the time being, at all events; and also that there should be special instruction given in connection with the departments.

20297. Do you know anything as to the mortality of children between the years 1842 and 1852?—I cannot give you any information on that point. It is still some eight or ten times more than the mortality amongst grown persons, I believe; but whether it has decreased, I cannot tell you.

20298. You do not know whether these special children's hospitals have had any influence at all on the mortality?—I cannot tell you by statistics; I am afraid I have no statistics to give on

Chairman—continued.

that point. I have not the least doubt, however, that they have done a great deal to lessen it.

20299. Now, do you train students at your hospital?—Yes, there are a certain number of students admitted.

20300. How do they come, by the favour of the physician or surgeon?—No, it is open to all students to come, on payment of a small fee.

20301. And have you as many as you could accommodate?—No, there are not a large number of paying or regular students; there were about 56 last year.

20302. To whom do the fees go?—To the lecturers, the people who give the instruction.

20303. The fees go direct to the lecturers?—Yes, direct to the lecturers; they are divided, according to the work done.

20304. You have female clinical clerks, we have been told?—A certain number, I think one-half of the total number are allowed; but the proportions of course vary, according to the demand for them.

20305. Do you always have as many as you have room for?—I think always as many clinical clerks as we have room for; the appointments are much sought after.

20306. Is that with a view to further instruction in medicine?—Yes, with a view of improving the knowledge of students and practitioner in the diseases of children.

20307. Have you any of your staff on the staff of other general hospitals besides St. Mary's?—They are all, with two exceptions, I think, viz., the ophthalmic surgeon and the dental surgeon,—members of the staff of some other general hospital; and that, I think, is of great importance, because it brings us into close communication with all the medical schools.

20308. You mean to say that you think that is a good thing for your hospital?—I think it is good for our hospital, and also for the general hospitals.

20309. But it attracts students to your hospital, does it not?—It attracts students to ours. And there is another reason; it keeps the hospital in the hands of men of the highest standing in the profession.

20310. You have no paying wards in your hospital?—No, there are none. I should hope that a paying ward may be added. I think that is really very important. If you will allow me to say what

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[Continued.]

Chairman—continued.

what I think on that matter, I should be glad to do so.

20311. Will you please do so?—I think it is very important that there should be provision for the lower middle class. They are very badly off for the best medical advice. Poor people can go to the hospital and get it free. Rich people, of course, can get the best medical advice, and have space to nurse the patients, and ample accommodation; but the lower middle class are almost shut out from these advantages. I think that is one reason why the hospitals are to some extent abused, because people of the class I refer to have no means of getting hold of the best medical and surgical advice. The payment of the necessary fees is rather beyond their means; and yet, on the other hand, their means are supposed to be too good to make them fair objects of charity; and so they are very much left out in the cold; I think that is a thing that requires to be amended.

20312. You think the very poor are all right, and the very rich are all right, but the lower middle class are not?—Yes.

20313. Have you ever considered the possible application of provident dispensaries and hospitals?—Yes, I have thought that matter over, and if it could be carried out satisfactorily, of course it would be a very desirable thing; but there are some difficulties about it which seem to me not to have been yet overcome. One of them is that it would imply the abolition of the out-patient departments in the hospitals.

20314. Would that be a very great evil?—I think they are very necessary for the instruction of students. If the out-patients were all relegated to provident dispensaries, and only cases received at the hospital for consultation, I am afraid very few students would go there unless the dispensaries were made, as it were, part of the hospital, officered from the hospital, and attendance made compulsory.

20315. Why should not the instruction which now takes place at the general hospital be transferred to the dispensary?—That would be making the dispensaries an actual department of the general hospitals. That might be feasible; but not to leave them in the hands of local practitioners with the expectation that the best cases would be sent to the hospital for consultation. I think human nature is human nature, and the best cases would naturally be retained.

Earl Cathcart.

20316. With your great experience, do you find that in successive generations of children there is any tendency to deteriorate or otherwise; rickets and that sort of thing?—It is very difficult to answer that question generally. Some diseases, no doubt, are hereditary, but a thing like rickets is simply the result of bad feeding and neglect.

20317. As compared with 20 or 10 years' ago, do you think that the children are equal in stamina now to what they were?—I think there is an improvement. The knowledge of feeding children has advanced very much among the poor, and the sanitary conditions have improved.

20318. It is in a great measure the bad feeding that causes the great diseases among children, and that is owing to want of know-

(24.) e.

Earl Cathcart—continued.

ledge, you say?—That is one very important element.

20319. Have you many lady students; you did not mention them?—Yes; among our students we have five or six lady clinical clerks. Lady students do attend; it is open to both women and men to attend.

20320. Attending children would be specially adapted for lady students?—In my judgment it is a very proper department for them to take up.

20321. As to these lower middle-class people you speak of, if they were admitted to the hospital they might put money into the poor-box, if they felt inclined?—Yes.

20322. But they do not to any large extent?—It is done.

20323. Twelve pounds we were told was received from the boxes?—It is not very largely done.

20324. To affiliate a dispensary with a hospital would really be to make it a paying department of the hospital, you consider?—It would be very much the same thing, and there are, of course, objections to that.

Earl of Lauderdale.

20325. In connection with the question Lord Cathcart put to you about the deterioration, or otherwise, of children, do you think a larger number are brought up by hand now than used to be?—I cannot say that I have made any observation upon that point.

20326. You do not know that that would have anything to do with their improved condition now, compared with some years back?—I should think it would rather tell against it.

Lord Monkswell.

20327. We have been told by the vice-chairman of your hospital that the nursing of children is especially trying, and he also gave the hours of nursing; it appears that the staff nurses work about 12 and a-half hours a day in a full day; what is your opinion; do not you think that that is rather long?—I think it is a long time. I think, I will not say especially in this hospital, but in all hospitals, there is rather a tendency to give too long hours.

20328. But these hours, I think I may say, are somewhat longer than those which prevail in many other hospitals; would you agree with him that nursing children is especially trying?—I think it is; we have to have a larger number of nurses in proportion to the patients.

20329. But should you say that 12 and a-half hours of nursing children was more work than 12 and a-half hours in an ordinary hospital?—I do not think the work is heavier, but there is, perhaps, rather more wear and tear in the way of incessant attention. The work is not nearly so heavy in the way of physical labour, but there is more worry about it.

20330. Should you say then that in children's hospitals the hours of labour ought to be shorter than in other hospitals?—I think they should certainly be shorter rather than longer; I should quite think that. I have not gone into the question as to the service of nurses very carefully.

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20331. You

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[Continued.]

Lord Monkswell—continued.

20331. You said that although you had not the statistics you believed that the mortality among children was eight or ten times greater than that among adults?—I believe so.

20332. Between what ages would that be?—Between two and 10, I think it is.

20333. You do not count children under two in that calculation?—I must correct myself; I

Lord Monkswell—continued.

think that includes all children up to 10 years of age.

Chairman.

20334. Is there anything else you wish to say to the Committee?—I do not think so.

The Witness is directed to withdraw.

MR. RICHARD JAMES GILBERT, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

20335. You are the secretary of the West London Hospital, are you not?—Yes.

20336. That is at Hammersmith, is it not?—It is.

20337. Are you pretty well alone there as a hospital, or in the midst of a hospital district?—We are alone.

20338. What is your nearest hospital going east?—The nearest hospitals would be St. George's and St. Mary's, exclusive of special hospitals.

20339. But those also are some distance, are they not?—Yes, they are ; Chelsea and Brompton are some of the nearest ; that would be about $2\frac{1}{2}$ miles

20340. Is there any hospital further west than you?—No general hospital ; I believe there are some cottage hospitals.

20341. Is yours a general hospital?—It is a general hospital.

20342. Without a school?—Without a school.

20343. Are there any students ; do any students come at all?—We have had students. There are none that are appointed by the committee now. We have had some who have been appointed by the committee. Occasionally the staff bring their pupils with them.

20344. Are pupils at other hospitals admitted?—Yes.

20345. Is your hospital a free hospital?—The letter system obtains. Every patient is required to bring a letter of recommendation. As regards out-patients, if they happen to come without a letter of recommendation they are examined, and if their cases are found urgent they are treated at once, and then they are sent away to get a letter of recommendation, in order that they may come under a member of the visiting staff. At their first visit they are treated by the resident medical officers.

20346. But no patient can become an in-patient without a letter of recommendation by a governor?—Oh yes. There are very few, as a matter of fact, of the in-patients who are admitted, simply because they come with a letter of recommendation from a governor.

20347. Then it practically amounts to this, that the test of admission is the severity of the disease?—Yes, as regards in-patients.

20348. And supposing you had two patients applying simultaneously, one with a governor's letter and the other without, but with a worse disease, which would have priority, the one with the governor's letter?—The one that was very ill would certainly have priority.

Chairman—continued.

20349. Are you a salaried officer?—Yes.

20350. And may I ask what salary you receive?—At the present time 250*l.* with house, rates, and taxes ; but some few years ago that arrangement as regards house, rates, and taxes was somewhat amended in this way, that I was granted 50*l.* a year on the condition that it was expended in the payment of rent, rates, and taxes, and the house to be approved by the committee.

20351. The object of that being that it should be close to the hospital?—Yes.

20352. And do you live in such a house now or in the hospital?—Within less than 100 yards.

20353. How many beds have you?—We have 101 ; that includes about 10 in special wards.

20354. When was this hospital founded?—It was first started as a dispensary for the districts of Fulham and Hammersmith, in the year 1856. In the year 1860 a mansion was taken at a rental of 100*l.* a year, and then they commenced receiving in-patients, and the institution went under the name of the West London Hospital and Dispensary, for certain districts, which were named. A few years subsequently that definition of places was withdrawn, so that now patients are received from anywhere.

20355. How long, may I ask, have you been secretary of the hospital?—Since August 1880.

20356. And previously to that had you any hospital experience?—No.

20357. What was your line of business?—I was in the secretary's office of the London and North Western Railway.

20358. You have had, then, what I may call a business training?—Yes.

20359. You say you have 101 beds, and certain wards with 10 of those beds set apart?—We have several special wards ; we isolate erysipelas and diphtheria, and objectionable cases, and cases that make noises and would disturb the general wards are removed if there is any prospect of their behaving in an objectionable manner for any lengthened period.

20360. You do not take infectious cases?—Not such as scarlet fever, or measles, or small-pox, or typhus ; there are very few other cases that we do not admit.

20361. Who admits to the wards, one of the medical men?—Yes ; in fact, the medical men and the house committee.

20362. Have you got a resident medical officer?—We have four ; two house physicians and two house surgeons.

20363. Are

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Mr. GILBERT.

[Continued.]

Chairman—continued.

20363. Are those under the authority of the hospital?—Yes, under the committee.

20364. Now, will you explain to us about your various committees; what is the highest body in the hospital?—The highest body would be the committee of management; they appoint out of their body finance and house committees. We have also a medical council, consisting of the honorary medical staff of the hospital.

20365. But how often does this first committee meet, the committee of management?—Once a month and when specially summoned.

20366. And how many members are there on it?—Including the *ex officio* members there are between 50 and 60; these are summoned by notice every month.

20367. And then, as to these committees to which they delegate certain portions of the work, how often do they meet?—The finance and house committees meet weekly.

20368. And what is the business of the managing committee?—The managing committee receives the reports and proceedings of the lower committees and also of the medical council; and, in fact, the sub-committees and the medical council have to report all that they do to the committee of management.

20369. At the same time the house committee, as I think you called it, is practically the administrative body of the hospital?—Yes.

20370. Without final responsibility?—Yes, without final responsibility.

20371. Now, what are the duties of that committee; do they go into all the small accounts and the various pass books, and various petty cash books and stock books, and so forth?—The finance committee does the financial portion of the work, and the house committee looks into all the orders that are given and examines the requisitions.

20372. You told us that the number of your beds was 101; what is your average working number of beds?—If you will allow me I will refer to my notes. The average number of beds occupied daily during the last three years has been 88·69; last year there were 94·45 occupied.

20373. Do you take a large number of out-patients too?—Yes, we have a very large out-patient department, because the hospital serves the parishes of Fulham, Hammersmith, Chiswick, Acton, and Brentford almost exclusively. Then a very large proportion of our cases comes from Kensington and from Barnes; so that the number of our out-patients, individual patients, has averaged during the last three years, 21,000 odd.

20374. Are those new cases?—Yes, those are new cases, and their attendances averaged 60,700 odd.

20375. Now, do you have complaints from your medical men as to a tremendous crowd in the out patient department?—We have had complaints from some medical men as to the extraordinary number of cases that they have to see.

20376. There is no limit of number?—No, it is unlimited.

20377. Or is there any limit of hours; is your door only open at a certain hour, and then closed again?—We have various times for opening;

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Chairman—continued.

but with regard to the general work, when the visiting staff attend, for that the gates are open at half-past one and closed at half-past two.

20378. You say that you furnish medical relief to this enormous district you have mentioned; are there no dispensaries there that you know of?—I believe there are some paying dispensaries.

20379. Part-pay or whole-pay?—I fancy they are supported by subscriptions as well.

20380. You have mentioned that the nearest hospitals are about two and a-half miles from you. What sort of area would be included in the circuit of your hospital?—I should think it would cover an area of very nearly 40 square miles; somewhere about that.

20381. And what population?—Taking it from the middle of Kensington, say Church-street, Kensington, I should think the population would now number about 500,000.

20382. Do you make any inquiry as to the circumstances of your patients?—I have done so; it is no part of my duty to do so, but I have done so.

20383. I mean at your hospital, does any one in authority make any inquiry at all?—It is nobody's duty to do so; I believe that occasionally independent inquiries have been made of the patients themselves, not beyond; I have myself done so, and I have generally found that I have been rather unfortunate in the cases that I have happened to select, in the cases that I happened to make inquiry into.

20384. Do you mean that they were really worse off than they seemed to be?—I mean, that from their appearance, I might have thought they ought not to have come to the hospital for treatment, and on inquiry, if one should rest contented with their own explanations, they were certainly eligible. For instance; I remember on one occasion, I noticed a very well-dressed woman indeed get out of a hansom cab at the out-patients' gate, and I thought to myself, "Well, this appears to be clearly a case that should not come to the hospital," and I inquired of her what her circumstances were; she lived in a house at 40*l.* a year rental, she said. "But," I said, "should you come to a hospital"; "Well, I consider I am eligible"; "How do you get your living"; "I let lodgings." "You drove up in a cab just now"; "Quite so, that cabman happens to be my own lodger, and he drove me up, as he was on his way here." I have on several occasions been defeated in realising my suspicions, and that was one of the instances which more particularly has fastened itself on my memory.

20385. Now, do you ever have to turn people away from your hospital, in-patients I mean?—Yes, occasionally, I have had to do so for misbehaviour.

20386. I did not mean that, I mean because your hospital was so crowded that you could not take them in?—Yes; last year, for instance, many days I have known the medical officers of the out-patient department wanting to admit cases, frequently eight in a day, and we have been unable to admit them for want of accommodation.

20387. What are you assessed at?—£. 300; and lately an adjoining house has been taken for

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the nurses, the rateable value of which is 60*l.*; this would make a rateable value in all of 360*l.*

20388. And what amount of land does the hospital stand on. Have you any land besides that?—Yes, we have. If I may make a little calculation I think I can tell you; it approaches four acres, we have a good square block. If you will allow me, I will place in your hands a few copies of our report; I am sorry to say it is only the report for the year 1889; for some reasons we have thought it advisable to keep the present one in hand for a short time.

20389. Are you prepared to speak about the funds of your establishment?—Yes.

20390. Could you tell us what your expenditure and income were last year, and the sources of income?—At the commencement of that report you will see a plan. You were asking about the extent of our land. We practically spread our monies over two accounts, the one called "Estate Account" and the other "Maintenance and Management Account." The estate account is set apart for the purposes of extending the hospital, for investments; the management and maintenance account speaks for itself. Last year for instance, the income on our estate account amounted to 3,176*l.* 3*s.* 3*d.* That was made up of donations, 14*l.* 16*s.*; dividends on 2,952*l.* 0*s.* 7*d.*, India 3½ per cent. stock 100*l.* 15*s.*; legacies, 1,314*l.* 10*s.* (I should mention, that by a resolution of our committee legacies are appropriated to this account.) That would make a total of 1,430*l.* 1*s.* Then we have an estate which we call the Hammersmith-road and Wolverton-gardens Estate. I should explain that that is property which we have recently purchased, and the expenditure in completing the purchase of that property last year amounted to 1,399*l.* We received rents on that property amounting to 109*l.* 15*s.* 6*d.* That would yield a total of 1,508*l.* 15*s.* 6*d.* Then we have a small leasehold estate called the Elm Grove estate, the rent from which amounted to 237*l.* 6*s.* 9*d.*, making a total income for the year of 3,176*l.* 3*s.* 3*d.* On the expenditure side we have: Interest on loans, 107*l.* 15*s.* 1*d.*; cost of fencing to back areas, less sale of old material, 7*l.* 15*s.* 6*d.*; stamps, fees, &c., *re* enfranchisement of hospital site and four cottages in rear, 10*l.* 2*s.* 6*d.*; total, 125*l.* 13*s.* 1*d.* Then expenses on the Hammersmith-road and Wolverton-gardens Estate: By purchase of freehold of lots 5, 6, and 7, Wolverton-gardens, 1,368*l.* 15*s.*; less deposit paid during 1889 of one year's ground-rent returned during the year, 36*l.* 10*s.*; nett, 1,332*l.* 5*s.*; stamps, fees, &c., in connection therewith, 13*l.* 14*s.* 6*d.*; stamps, *re* loan, 3*l.* 10*s.*; stamps for fees, &c., *re* purchase of 198, 200, and 202, Hammersmith-road, 32*l.* 12*s.*; agents' fee *re* purchase of those houses, and Wolverton-gardens, 10*l.* 10*s.*; repairs and alterations to the houses in Hammersmith-road, 294*l.* 1*s.*; less sale of old material, 3*l.*, leaving 291*l.* 1*s.*; architect's commission thereon, 9*l.* 11*s.* 6*d.*; railings, &c., on frontage of Hammersmith-road, 215*l.* 17*s.*; architect's commission thereon, 10*l.* 16*s.*; total, 226*l.* 13*s.* Insurance on 189, 200, and 202, Hammersmith-road, 2*l.* 1*s.* 3*d.*; water rate on 202, Hammersmith-road, 1*l.* 0*s.* 8*d.*; labour and plants in garden, Wolverton-gardens,

Chairman—continued.

21*l.* 17*s.* 3*d.*; total, 1,944*l.* 16*s.* 2*d.* Then there was expenditure on the Elm Grove estate.

20391. Give us the total of that?—£.105. 1*s.* 3*d.*, making a total expenditure of 2,175*l.* 10*s.* 6*d.*

20392. Then there is a surplus in your favour because the receipts were 3,176*l.* you said?—That is so.

20393. Now will you give us the details of the receipts on the maintenance and management account?—Annual subscriptions, 2,411*l.* 13*s.* 9*d.* nett; donations, 994*l.* 10*s.* 4*d.*; alms-boxes nett, 314*l.* 3*s.* 6*d.*; Metropolitan Hospital Sunday Fund award, 572*l.* 18*s.* 4*d.*; Hospital Saturday Fund award, 175*l.* Congregational collections: Church of England, 122*l.* 19*s.* 8*d.*; Nonconformist, 46*l.* 19*s.* 6*d.*; Friendly Societies' demonstrations, 242*l.* 0*s.* 9*d.*; entertainments, 14*l.* 4*s.* 5*d.*; fees, 43*l.* 1*s.*; miscellaneous, 34*l.* 8*s.* 5*d.* Total income, 4,971*l.* 19*s.* 8*d.* Samaritan fund, donation 10*s.*

20394. Now what is the management expenditure?—The management expenditure consists first of the salaries of officials.

20395. What is the total?—£. 648. 7*s.* 6*d.*, that includes besides salaries, printing, stationery, advertising, postage, and incidental expenses.

20396. I want the total expenditure?—For management 648*l.* 7*s.* 6*d.*, for what we call maintenance (that means provisions, wines, and drugs, &c.) 5,436*l.* 11*s.* 4*d.*

20397. What is the total?—The total expenditure, that would be for management and maintenance together, 6,084*l.* 18*s.* 10*d.* On the Samaritan fund, 1*l.* 18*s.*

20398. So that you have a large deficit on that maintenance and management account?—Yes.

20399. Do you bring in the surplus on the other account to meet it?—No, we have borrowed 1,900*l.*

20400. Had you a deficit the year before also?—If I remember aright we had a deficit on this particular account the year before also.

20401. Then are you in a continual state of deficit?—It has been so for the last two years.

20402. Are you gradually getting to the end of your resources?—We have four acres of property that is very valuable; we could realise a very large amount of money from that.

20403. You have no fear of foreclosure?—No.

20404. And do you appeal and have a dinner?—We have not had any dinner since the year 1888.

20405. Did you find that it did not answer?—Yes, it did answer. The net result of that dinner, I think, was 2,000*l.*, rather more.

20406. Do you appeal very frequently?—Yes, we are in a constant condition of appeal; indeed, that is the only way we get our funds.

20407. I think you said you had 1,314*l.* from legacies, which you put to the other account?—Yes; under a subsidiary heading in that account there is also a legacy of 90*l.*, which would therefore bring up the total to 1,404*l.* for the year 1890.

20408. Is that a very small amount for legacies, or is it about the average?—I consider that our hospital is very unfortunate with regard to legacies, as, during the whole period during which it has been in existence, that is to say, 35 years,

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35 years, we have only received 25,609 l., which would yield an annual average of 731 l.

20409. You mentioned an item of your receipts just now, fees, 43 l.; I did not understand what that was?—Those fees are probationers'; those nurses have to pay a fee of 2 l. 2 s. on admission; the item also includes the fees paid by some ladies who have attended the hospital for the purpose of gaining experience in nursing for district work.

20410. Do those ladies reside in the hospital when learning?—Not as a rule; occasionally we make arrangements for them to do so; but they are treated on the same footing as the other nurses as regards food and so on.

20411. Are the medical men members of your committee?—The consulting staff are members of the committee of management, and also the senior physician and senior surgeon.

20412. Where does the Samaritan fund come from?—Only some trifling donations which we receive from time to time for the purpose of assisting the poor patients who leave the hospital.

20413. Are grants made sometimes, then, to the Samaritan fund from the general fund?—No.

20414. Do you train your own nurses?—Yes.

20415. Can you tell us what the nursing staff is?—The nursing staff consists at the present time of 26 nurses.

20416. Exclusive of the matron?—Exclusive of the matron, or, as we call her, lady superintendent.

20417. What salary does she get?—At present, 60 l. a year.

20418. And she is under one of these committees?—She is under the committee of management, and the sub-committees, and also myself.

20419. Then, in the absence of the committee, are you supreme in the hospital?—I am responsible.

20420. Would you tell us what the hours of these nurses are in their various grades?—As regards the grades, we have three. There are four head nurses, 10 assistants, and 12 probationers. As regards duty, those of the head nurses are from 8 to 8; the day assistant nurses from 6.30 to 8, and probationers the same. Would it be right for me to mention now when they have off hours?

20421. If you please?—The day nurses every evening from 8 to 9.30; one evening a week from 5 to 9.30, with generally an extension to 10 o'clock; on Sunday three hours off, but including half-an-hour for dinner, or whatever meal it may be. As a rule they are off daily one hour. Once a month they have a clear day, never entering the wards. They have an annual holiday of 14 days; but the lady superintendent always grants private leave of one day extra. Then they have their special leave at the lady superintendent's discretion. The night nurses have full two hours daily, and a night off once a month.

20422. When do the day nurses have their meals?—They have a half-hour for each meal.

20423. What time do you say they are in the wards?—At 6.30 they come on duty, then prayers, and so on; they do not get in till a quarter to 7.

20424. When do they have their breakfast?—On entering the ward they are served with (24.)

Chairman—continued.

a cup of tea and a little bread. I will give you details as to what they have later on if you wish it, and I will answer the question now as to the hours for their meals. The first, breakfast, is for the day nurses at half-past 7, the first dinner is at 12, the second dinner at half-past 12, the first tea at 4.30, the second tea at 5; the dinner for night nurses at 7.30 p.m., their breakfast at 8.30 a.m., and their lunch from 11 till 11.45 p.m., tea at any time during the day. The day nurses have supper from 8 to 9.30. Breakfast consists of bacon, hot or cold, or sausages, or fish, or eggs, bread and butter, tea or coffee. Dinner consists of hot joint and two vegetables, and bread and cheese. When there is cold dinner, always two courses with pickles or salad to season, soup, or pie, or pudding; the soup, or pie, or pudding generally twice a week. One day a week they have fish dinner, and a second course of pie or pudding. On Sundays, with hot joints, a Yorkshire pudding is often given in addition. Beer or milk to choice. Tea consists of bread and butter and tea. On Sundays, as a rule, jam or marmalade is given in addition. Supper consists of meat or pudding, with bread and cheese, milk or beer to choice.

20425. Who dines with the nurses?—With the day nurses, the housekeeper.

20426. And do the head nurses dine with the staff nurses?—Yes.

20427. They all dine together?—They all dine together. And might I mention that we have only one class of food throughout the hospital; officers, patients, and nurses and servants are all fed from the same joints.

20428. In the case of any complaints by the nurses, would they be brought to you?—Yes.

20429. Do you find that the nurses complain much?—No, not of late years.

20430. As regards the food, who makes the contracts?—The committee.

20431. Is it done by open tender?—No, by invitation.

20432. Who makes those invitations?—I do.

23433. And then do you compare these tenders one with another?—Yes, and then the committee make a choice.

20434. Who takes the food in?—The housekeeper.

20435. And then does she weigh it and inspect it?—Yes, she has to see to its being weighed.

20436. Have you any steward?—No.

20437. All the food is served from the same joints, you say; have the nurses got a separate kitchen?—They have what we call their dining-hall.

20438. But where is their food cooked, in the hospital kitchen?—In the hospital kitchen.

20439. Is the health of your nurses pretty good?—I believe it is as good as it is in any hospital.

20440. Have you any idea what your average of sick nurses is?—No.

20441. You could ascertain that I suppose?—I daresay we could.

20442. At this weekly meeting of this committee is there not a return of nurses produced showing who are off duty from illness?—No.

20443. But if a nurse is ill, is it not reported

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Chairman—continued.

to the committee?—No, not necessarily; sometimes we report it, sometimes not. I may mention that, at the house committee meetings a list of the admissions is read over, and this would include the name and complaint of any sick member of the household taken off duty and warded. In this way the committee would have cognizance.

20444. There is no nursing committee?—No.

20445. Then a nurse might be ill, and the board of management know nothing about it?—It is hardly likely; our chairman visits the hospital daily, and we tell him everything that happens.

20446. That is the chairman of the committee?—Yes.

20447. Is that a business-like method, do you think?—I should think so.

20448. Do your nurses have any menial work to do besides nursing; scrubbing and cleaning?—Well, our rules say that they have to clean their own rooms, but that is not carried out. They do nothing in the wards.

20449. Have you what are called ward maids?—We have what are called ward maids, but they have, in a small hospital like ours, other duties to do besides; the ward maids are not permanently in the wards. In a small hospital like ours there would be no occasion to keep them in the wards.

20450. Do they sleep in the place?—Yes.

20451. Do you send any nurses out to private nursing?—No.

20452. Do your nurses sleep on the premises?—We have none sleeping in the hospital; we have two houses in which the dormitories for the nurses are.

20453. Are they quite close to the hospital?—Quite close.

20454. Have you got any collector?—My assistant bears that title.

20455. And does he get any commission on the subscriptions?—No; nobody receives a commission.

20456. Then what was your meaning when you said that the subscriptions were 2,411/10 "net"?—Attached to the church of St. Mary Abbott's, Kensington, they have some people who are called treasurers of the charities of Kensington, and our hospital is included in their list of charities, and the subscribers send their contributions to these treasurers, who remit to the hospital; and they deduct a small charge to cover their expenses.

20457. Now does this finance committee you spoke of check all the small books?—Yes.

20458. And do they check the account books of the hospital: that is to say, as regards the amount of provisions in the hospital daily; have you a book of that description placed before them?—Do you mean a stock book?

20459. Yes?—No, we have an order book; we have no stock book; our provisions are ordered in daily.

20460. Have you no means, then, of comparing whether the expenditure is going up or down?—Yes, I should be on the look out for that, and point it out.

20461. But do you think it is satisfactory that the responsibility as to that should rest with the secretary alone?—The committee sees that the books are placed before them at every meeting.

20462. But, as far as I can understand, there

Chairman—continued.

is no book which shows the different items, and the way they might go up or down?—Yes, I put before the committee an abstract, for instance, of the tradesmen's weekly account books; so that if provisions were going up or down it would be noticed at once.

20463. And that, in your opinion, takes the place of a stock book?—It would not be on all fours, in my opinion, with a stock book.

20464. But would it not be better to have a stock book?—It would entail so much extra labour, and I do not think any advantage would accrue to the hospital; if there is extra labour it will mean extra expense.

20465. Is there a system of vouchers for all expenditure?—Oh, yes; we have a receipt for every payment.

20466. Are those looked out and checked by the finance committee?—Those are checked by the finance committee.

20467. And when do you pay your bills?—Practically, quarterly.

20468. What do you mean by "practically," quarterly?—There are some few accounts that we pay monthly.

20469. And if you want money, you borrow it from your banker?—Yes.

20470. Have you got a professional auditor?—Yes.

20471. A chartered accountant?—Yes. Our auditors are Messrs. Broads, Paterson, & Co.

Earl Cathcart.

20472. How far are you from Charing Cross?—We are just outside the radius.

20473. Do your physicians and senior staff complain of the distance?—They have made no real complaint; I have heard them remark occasionally upon the distance.

20474. But some of your principal medical officers live at a considerable distance from the hospital?—They all live about Harley-street, and Hanover-square, and Grosvenor-square.

20475. It is more or less a tax upon the medical officers having to go so far as you are; three or four miles?—It is a tax upon his time, certainly.

20476. Do your out-patients ever stand out in the rain?—If they choose to come, as many do, half-an-hour before the gates are open.

20477. But on a wet day are they sometimes kept huddled together in the rain?—Our gates have for years been opened at half-past one for the afternoon attendances, and we open the outer gates at one o'clock, so that any one who will persist in coming so long before the doors are open, can get under shelter, should it come on to rain.

20478. Then, in that respect, they are more fortunate than the out-patients of many hospitals?—I am afraid I have not much knowledge of other hospitals.

20479. Have you what they call a monthly book; that is a book whereby you know at a glance that the patient has been in the hospital for a month, and you report that to the committee?—Yes, of the in-patients; we have a book that shows that weekly.

20480. But is there anything particularly to call the attention of the committee to each case that has been in the hospital at least a month?—This weekly return.

20481. And

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20481. And practically, is that made out with a view to check the too long continuance in the hospital of a patient?—Yes, that is often inquired into, the length of stay of patients.

20482. You mentioned prayers for the nurses; have you any religious test of any kind whatever?—None.

20483. Or anything in the nature of a religious test for the nurses?—No, we simply ask of what religion they are when they enter; but it is immaterial whether they are Roman Catholics, Protestants, Dissenters, or Church of England.

20484. Can they attend prayers, or not, as they think proper?—No; all attend prayers.

20485. They are bound to attend prayers?—They are all called in the first thing in the morning.

20486. And there is no objection made on the part of any of your nurses, within your experience, to having to attend prayers?—No, they have never made any objection to it.

Lord Monkswell.

20487. How long have the nurses for their meals?—Half-an-hour.

20488. Three half-hours in the course of the day?—Yes.

20489. What time do they go off duty; I gathered at 8 o'clock?—Yes.

20490. Their hours are, then, from 6.45 to 8, with an hour-and-a-half interval?—Yes.

20491. That is 12 hours a day?—Yes; I also mentioned other hours they were off duty.

20492. But that is 12 hours in a full day?—Yes.

20493. Can you tell us how many members attend the weekly committees generally, and how many is the quorum?—Three form a quorum for the sub-committees and for the medical council, and five form a quorum for the committee of management.

20494. That meets weekly?—No; once a month.

20495. And the smaller committees meet once a week?—Once a week.

20496. How many are members of the sub-committee?—Eight.

20497. Are the sub-committee composed of different members, or are they the same?—No; the management and house committees are the same members.

20498. You do not advertise for tenders, but you issue invitations, you say; on what principle do you issue invitations?—I make a selection of those whom I think likely to serve us best; I only get my ideas from looking at the outside of the establishment.

20499. Is that a very sufficient test?—Well, we could not have better food.

20500. How far do your walks extend for that purpose?—Our butcher is in Church-street, Kensington, and our grocer is in St. Paul's Churchyard.

20501. Do you ever change your tradesmen?—Yes; but we were so well treated the last time we went into a contract that it was renewed then for this year with the same individuals.

20502. What objection might you have to advertising for tenders; have you ever put it
(24.)

Lord Monkswell—continued.

before the committee, or they before you, whether it would not be advisable to advertise for tenders?—No; I originally put before them the names of certain people whom I recommended that they should make a selection from, and the selection was made.

20503. The only reason you gave was that you had looked at the shop windows, and thought that the shop looked suitable?—One gets a little idea of the people from conversation, and so forth.

20504. You ask your neighbours, you mean?—Yes.

20505. Then you do not go more than a mile away?—Yes; I mentioned that we went to St. Paul's Churchyard for our grocer.

20506. Apparently, then, when you take your walks ever so far away, you look into shop windows with a view to seeing whether you can find a better shop than the one you are employing; but would you really go so far as St. Paul's Churchyard?—For instance, Messrs. Dakin & Co. are pretty well known.

20507. Do you supply patients with tea, butter, and sugar?—Our in-patients are supplied, with regard to food, with everything except butter.

20508. How do they get butter?—They purchase it themselves. In any case where the patient should be so poor that he could not purchase it, if the medical officer thought it necessary and ordered it for him, it would be provided for him.

20509. If he wants to buy it on his own account, do you keep it on store and sell it to him, or how does he get it?—His friends bring it to him; or if a person happens to come to the hospital and no friends visit him, he gives money to our porter or nurse to purchase it for him.

Earl of Kimberley.

20510. Why do you make this exception of the butter?—I cannot tell; it is an old exception that was in existence before I joined the hospital; indeed some few years before I joined it, I believe tea and coffee were also exceptions.

20511. If tea and coffee are given, is there any reason why butter should be excepted?—No, I do not know why it should be excepted, but no harm has been found to arise from it. The truth is it seems to point to the fact that the patients are well able to provide themselves with it, and they certainly get it fresh and fresh.

20512. Then the same principles might be extended to a number of articles?—It might be extended.

20513. With regard to the woman whose case you have mentioned, who appeared to inhabit a house rented at 40*l.* and let lodgings, how did you satisfy yourself that she had not means to pay for the treatment; the mere fact that she came in a cab was not sufficient to convince you?—No, I did not satisfy myself further than by the answers to the questions I put to her; I did not go beyond the woman herself; but then she came with a letter of recommendation from a governor; and that we look upon as a guard to some extent against the abuse of the charity.

20514. What information did she give you
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which made you think she was a proper object of charity?—It was only on her own statement given to me that she was not in a position to pay for medical advice.

20515. Did you ask her what sort of income she had?—Well, as she claimed this particular cabman to be one of her lodgers, I imagined that she was not doing a very high class business, and therefore the profits would be very small.

20516. Now, amongst the large number of out-patients that you have, do not you think that there must be a good many who are perfectly well able to pay for their own medical treatment?—I believe a very considerable number might pay a small amount; that is my own belief; I do not know.

20517. Do you think that there are many of them who could pay for the whole of their medical treatment; not a contribution towards it merely?—Oh, no. Two or three of our medical staff have expressed a certain amount of astonishment at the poverty of the patients who come to the hospital.

20518. Do you think that a great many of them come to the hospital who would get relief at a poor law infirmary?—Undoubtedly, some would.

20519. Have you a poor law infirmary near you?—Quite close to us.

Chairman.

20520. I do not think you told us what the salaries of your nurses were?—I will take the probationers first of all; they start at 12*l.* a year for 17 months; at the end of that time, if approved, they are appointed assistant nurses, and start at 20*l.*, rising by annual increments of 2*l.* to 30*l.* With regard to the assistant nurses, where we do not train them ourselves, after we have investigated their qualifications, if we are satisfied with them, they start at 24*l.*, rising by annual increments to 30*l.* Our head nurses start at 28*l.*, rising by annual increments of 2*l.* to 36*l.*

20521. Do you give any pensions?—No, the case has not arisen.

20522. Is Dr. Seymour Taylor one of your staff?—He is at present a member of the staff.

20523. He has made representations as to the crowding of your out-patient department, has he not?—Yes, he has.

20524. Have you lately reorganised your out-patient department?—No, all that has been done has been to engage a fourth resident medical officer, whose time is chiefly devoted to assisting in the treatment of the out-patients during the hours that the visiting staff are also at work.

20525. Have you had complaints from him of this kind that so many people have come to the hospital, to the out-patient department, with the most trivial complaints?—Yes, I believe that a considerable number come with trifling complaints; and I look upon the letter system as operating to prevent a very great extension of this attendance of trivial cases, because there is a certain amount of difficulty in getting a letter.

20526. Have you any officer whose duty it is to sift cases when they first come to the out-patient department?—Yes, that is the duty of the resident medical officers.

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20527. Are those paid?—They do not receive a salary; they are boarded and lodged.

20528. Will you explain what you mean by “sifting”?—What I thought you meant was that, as the patients attend *en masse*, the resident medical officer examines each of them, and directs them as to whether they are to go under a surgeon or physician, or a physician for the diseases of women, or the eye surgeon, and so forth.

20529. Would it be possible to have an officer whose business it was to sift these cases, with a view to seeing if they were fit recipients of medical relief from the charity?—It would be possible, certainly.

20530. Or do you think that the expense of such a man would hardly be commensurate with the advantage to be gained?—I have no means of judging, but my own opinion is that it would not materially affect the attendance at the hospital.

20531. You do not think that the fact of your having such a man, and its being known that a man was there whose business it was to inquire into their circumstances, would keep people away who were not fit recipients of relief from the charity?—It might tend, to a certain extent, to do so; I should think it would most certainly have that effect, but I should think in our hospital only to a limited extent.

Earl of Kimberley.

20532. Reverting rather to what I asked you before, I suppose you would hold that your hospital supplies charitable assistance to those who are not so poor that they ought to go to the poor law infirmary, and yet are so poor that they could not pay for their medical relief; is that so?—Yes.

20533. Do you think that that is a considerable class?—Yes, I do.

20534. Therefore that the poor law infirmary could not supply the want consistently with the ordinary principles of poor law administration?—No.

Earl Cathcart.

20535. What do you calculate the weekly cost of an out-patient at?—We do not work it out weekly; but the average during the last three years is, I think, a trifle over 1*s.* 1*d.* per patient. We do not work it out per week; but we make it 1*s.* 1*d.* per out-patient; but the cost of each attendance would be a trifle over 4*d.*

20536. You may take it on an average as about 1*s.* 6*d.* a week?—No, not so much as that; the cost for an out-patient at our hospital during the last three years has averaged 1*s.* 1·82*d.*, and the cost per attendance during the same three years has been 4·76*d.*

20537. We have been told that it averaged from 1*s.* to 1*s.* 6*d.*, and that the number of attendances averaged about three?—Yes, that is so at our hospital.

20538. What is your annual cost per bed?—You can get it in this way: our average cost per in-patient per week for the last three years has been 19*s.* 11*d.*; so it is under 52*l.*

20539. Have

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Mr. GILBERT.

[*Continued.*]*Chairman.*

20539. Have you got any honorary architect?
—No.

20540. Or any architect or expert as regards sanitary matters?—We have no architect who is attached to our hospital as an officer.

20541. Do you have any sanitary inspection of the drains?—Not by any specialist. Our drains were re-organised about five years ago; the old system was entirely done away with, and a new one, brought up to date, put in.

20542. But how do you know that it is still all right if there is not a regular examination of it?—Of course that is not known.

20543. You do not know in your hospital whether the drains are in good order or not?—I believe they are in perfect order.

20544. But would you like to take a house on an understanding that it was probable that the drains were in perfect order, not making yourself quite certain of it?—Well, as a matter of fact, I have just recently done so.

Earl of Kimberley.

20545. Would it not be a good thing to have an inspection yearly by an independent authority, in order that you might be satisfied that nothing was wrong?—I feel so satisfied that everything is right that the idea has never occurred to me.

Earl Cathcart.

20546. Have you a plan which is kept up to date?—We have a plan of the drains. It seems to me that if there were anything wrong with our drains, the first people to discover it or to feel the effects would be the patients, and our patients seem to get on very well indeed; in fact we are able to reduce the number of days' residence to a trifle over 22 days.

Earl of Kimberley.

20547. Would it not be as well not to leave it for the patients to suffer in order that you might discover that the drains were out of order, but to ensure that they were in good order by having an independent inspection, which would prevent the occurrence of anything wrong?—It might be an advantage.

20548. Especially as after a time it must be almost certain that something would require a re-adjustment?—It might be an advantage.

20549. Could it not be done at a small cost; it would be a security, would it not?—Yes.

Chairman.

20550. Is the health of your nurses good?—I was asked that question a little while ago, and I think I replied that I believed the health of our nurses would compare with that of those at other institutions.

20551. But the reason why I asked you the question was, that I understand that you do not keep any return, so that you could refer and really ascertain what was the state of your

Chairman—continued.

nurses' health?—Our lady superintendent, I know, keeps a book in which she makes a record of every time a nurse becomes ill; and of course nurses who become ill become patients of the hospital, and are recorded as patients of the hospital; and with a little labour I could extract the number and the days that they are recorded as sick persons.

20552. So that a record is kept up by the lady superintendent?—Yes. When I answered just now, I did not think of her private memoranda on that subject.

20553. You have no paid resident medical officer?—No.

Earl Cathcart.

20554. Have you had a case of diphtheria amongst the nurses?—Yes.

20555. Recently?—I cannot call to mind that we have had one recently; that is to say, this year.

Chairman.

20556. Perhaps you will furnish us with that information?—I will take a note of it.

Earl Cathcart.

20557. Not as to diphtheria only but any cases of illness among the nurses during the last three years?—During the last three years I know we have had cases of diphtheria.

20558. Cases of all diseases during the last three years among the nurses; it will not give you much trouble to make it out?—You want to know generally the cases of illness among the nurses during the last three years?

20559. Yes; a return of any illness, illness of all kinds, amongst the nurses during the last three years?—I will furnish that.

Chairman.

20560. Do you isolate diphtheria?—We do.

20561. All cases?—All cases.

20562. Is there anything else that you wish to mention to the Committee?—No, I am not aware of anything; I presume you would not like me to make an appeal.

20563. I should like you to do this: to put in a return of all the employés that you have at the hospital, all the servants and officers, and so forth?—Do you mean as to their names or the numbers?

20564. The numbers. Will you communicate with the Clerk of the Committee, and send it on?—Yes.

20565. And also their salaries?—You do not want me to individualise them; merely to give the numbers?

20566. Merely the numbers and their scale of pay?—I will furnish that.

The Witness is directed to withdraw.

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W. B. CHEADLE, M.D., F.R.C.P., is re-called ; and further Examined, as follows :

Chairman.

20567. I BELIEVE you desire to make a correction in your evidence?—I should be glad to correct a misapprehension which has arisen. I was asked a question about the hours of the nurses, and it was assumed in the question asked me that they were 12 hours. There is an error in that ; it is only 12 hours twice a week. On two other days it is eight hours only, and on two other days 10 hours. So that it is only twice a week really that they have 12 hours. And then those hours include the time for meals, so that there is about an hour further to be taken off. I think our nurses are certainly not over-

Chairman—continued.

worked, and their health keeps up remarkably well.

20568. Can you tell us what the matron's salary is?—I think it is 100*l.* a year, but it really is not in my department.

20569. You cannot tell us, I suppose, what the assessment of the hospital is?—No ; the secretary would, of course, have all that information.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 27^o Aprilis, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.

Earl SPENCER.

Earl CATHCART.

Earl of KIMBERLEY.

Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.

Lord SANDHURST.

Lord SUDELEY (*Earl of Arran*).

Lord MONKSWELL.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. DAVID CANNON, is called in; and, having been sworn, is Examined, as follows:

Chairman.

20570. YOU are the Secretary of the Soho Hospital for Women, are you not?—I am.

20571. How long have you occupied that position?—Fifteen years last Christmas.

20572. What was your business before you became Secretary of the Soho Hospital?—I was in business in Liverpool.

20573. Do you mean that you were in a commercial house in Liverpool?—On my own account as a tea merchant.

20574. Therefore you had had a business training before you became secretary of this hospital?—Well, I think so.

20575. Is this hospital of yours a free hospital?—Both free and paying.

20576. And who are free; the out-patients?—Yes, and we have free in-patients; we have 40 beds reserved for the free patients, and the other beds, about 20, are for paying patients. We had a new wing built for paying patients.

20577. And how far does that payment extend; is it whole payment?—Twenty-five shillings a week is the customary payment; we have payment as high as two guineas a week; that payment covers everything; the patient who pays that sum has everything provided, medical attendance, operations, or anything necessary, for that fee; but we require a form to be filled up by her own medical adviser, a proper form approved by both committees, medical and general.

20578. What is the form?—It is simply this: that when the new wing was started in 1869, there was an idea that it might be drawing patients in from the doctors. Now, the form provides for the patient's own doctor filling it up; he sends her in. That was the object of the form.

20579. You mean that, owing to that system being pursued, therefore the practitioners cannot be robbed by the hospital?—That was the notion at the time, I imagine. It was started before I was there. The new wing was opened in 1869; I joined in 1875.

(24.)

Chairman—continued.

20580. Therefore a woman goes into your hospital as a free or paying patient on the recommendation of her own medical adviser?—Yes.

20581. And he sends her to the hospital, knowing the circumstances, and whether she is able to pay?—Yes.

20582. How are the patients admitted who are admitted free; are there any governors' letters?—They are not required for the out-patients, only for the in-patients, they attend daily on 10 in the morning, and the doctor of the day sends them to me, saying "such-and-such a case should come into the hospital. They are told they can get a governor's letter by applying to those on the list, and a list is provided for them by myself; I give a list to every patient, and they are told to ask for a governor's letter; if they do not get it from one, they ask from another, until they do get it. If the case is very urgent, and the doctor certifies that the woman ought to come in without delay, she is taken in without waiting for that governor's letter; because, as you are aware, delay might be dangerous in some cases, so that we do not require a letter for urgent cases.

20583. That is with regard to cases taken into the hospital?—Yes.

20584. In the 40 free beds?—Yes.

20585. Have you ever been in this position, that you have sent patients away to other hospitals. General hospitals?—I think only once or twice in my experience, when a patient has driven up in a dangerous state, applying at a wrong time of the day, and all the beds were occupied, we have simply told her to drive on to the Middlesex, which is our nearest hospital.

20586. You have not done this during the time that you have filled the office of secretary, sent away a patient so as to leave room for a paying patient?—Oh, no, because I have discretion from my committee even to put a free patient into a paying ward if necessary, in a severe case of urgency. I have that discretion, but

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Mr. CANNON.

[Continued.]

Chairman—continued.

but I do not know that it has ever been done more than twice in the whole of my time.

20587. Therefore if there is any change of beds you err rather on the side of putting free patients into paying beds than of sending away poor patients, so as to keep paying beds empty?—Certainly; we have never had to send what I call an urgent case away. Of course many of our cases are able to wait two or three weeks. We do not take accident cases, you see, in our hospital; it is not like a general hospital in that sense.

20588. You call your hospital a special hospital?—Yes; we claim it to be the first of the kind. It was founded in 1842 exclusively for diseases of women.

20589. You would not call it a general hospital for women?—No, because we do not take all cases that might be treated in general hospitals.

20590. In fact, they are all special cases that you take?—Entirely so, peculiar to women's diseases only.

20591. At the same time this is a different hospital from a lying-in-hospital?—Yes, we do not take that branch.

20592. What salary do you receive?—£. 300 a year.

20593. And could you tell us what the constitution of your hospital is as regards board and court, and so on?—Yes. We have recently been incorporated by a Royal Charter.

50594. First of all, when was it founded?—In 1842. It was then founded in Red Lion-square; the building was opened there; it was removed to Soho-square in 1851, and the new wing that I referred to just now for paying patients was opened in 1869. We obtained our Royal Charter of incorporation in 1887. All the buildings we have are freehold; but unfortunately we have a large mortgage debt. That we are trying to get rid of as fast as we can.

20595. I will come to that afterwards. Then have you an annual meeting of governors?—Yes; the committee of management are appointed by the governors, and so are all the honorary medical officers appointed by the governors; all paid servants, and officers, and so on, are appointed by the committee of management.

20596. How often do the committee of management meet?—Twice a month; the first and third Thursdays of the month.

20597. As well as that, have you got a finance committee, and so on?—No; the one committee takes the whole.

29598. They do all the checking of the small books, and that sort of thing. do they?—That is done by myself. I am practically steward in a measure,

20599. And are these books laid upon the table?—Yes; the matron, of course, sees to all the detail of the housekeeping bills; she brings them to me; I make up all the figuring and put them into the housekeeping book, which is laid on the table at each meeting of the committee.

20600. But are these books ever looked at by the members of the committee?—Yes.

20601. And initialled?—Not initialled. But in addition to that we have a ladies committee, who have all these tradesmen's bills before them,

Chairman—continued.

and they sometimes draw the attention of the general executive committee to the fact that the articles are somewhat excessive, and so on.

20602. Are those ladies governors?—All governors of the hospital. By our constitution every member of the committee of management, or of the ladies' committee, must be a governor.

20603. Then are these ladies elected by one of these annual courts?—Not the ladies' committee, elected as a body; the general committee can appoint the ladies' committee.

20604. How many members of the general committee are there?—There are 15. The constitution allows us to have 21, but 15 is the usual number.

20605. And the quorum is what?—The quorum is three.

20606. And do the ladies perform other functions than looking into the small accounts; do they visit the wards, and so on?—Yes, constantly; and they frequently have the matron before them; in fact, I think they have her at every meeting before them; and they advise with her as to anything they think necessary for the wards; they consult her, and they represent to the general committee what they think is desirable in the way of getting an extra quantity of bedding or linen, beyond the ordinary things she would get herself.

20607. Are these ladies continually round the wards?—Yes.

20608. Then with regard to the wards, how many beds have you in the wards?—We have 66 in the house, in the whole of the hospital; we cannot put up more than 66. For that number of beds we have 15 wards; and that I think will explain why our expenditure is excessive, compared with that of other hospitals, because our wards are so much cut up. Small wards are much more expensive to work than larger ones; at any rate, in my estimation, we require more nurses proportionately to the number of patients.

20609. But the work you do requires more careful nursing than most cases, does it not?—I would suggest that that is a medical question. I am not a medical man myself. I do not know exactly on that point. I am only speaking of the difficulty of so many nurses managing so many different rooms as compared with the larger wards, where you have twenty or thirty beds in a ward.

20610. I will come to the nurses in a moment. Then your out-patients, with this restriction, that they must have a governor's letter, are free?—They have no restriction when they come to the hospital; out-patients are seen entirely free; we make a great point of that.

20611. You have practically an unlimited out-patient department, then?—Yes.

20612. Are there any other hospitals or dispensaries in your immediate vicinity?—The Middlesex is the nearest; then Charing Cross is not much further off; those are both general hospitals. There is no other women's hospital near us, not what I should call a hospital. One is a private institution, which we do not recognise, of course, as a hospital; it is Dr. Somebody's Home

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Mr. CANNON.

[Continued.]

Chairman—continued.

Home Hospital; that is close to us. I have been constantly annoyed with applications about it.

20613. But did not your hospital begin in something like the same way when first founded?—That I cannot tell you. All I know is it was founded after due consultation with many noted medical men. I have a list of the medical men here, if you care to look at them, with regard to that.

20614. Have you got a balance sheet with you?—Yes.

20615. What was your expenditure last year?—Including a deficit carried over from the previous year, we had 6,568 *l.* 16 *s.* 11 *d.*, and there was a special bequest to the mortgage debt, which was put to the mortgage debt sinking fund, which makes a grand total of 8,368 *l.* I have a spare copy if you would like to have this (*handing a report to the Chairman*). On the back of that there are certain figures.

20616. Your expenditure was about 8,368 *l.*, you say?—If you take the average ordinary expenditure it is 6,800 *l.* a year.

20617. And your receipts were, what?—£. 7,122. 9 *s.* 7 *d.* There is a slight difference in our favour, I think, on 15 years; I have taken it all there for 15 years. We have managed to put away so much towards our mortgage debt. Since I was secretary, after my third year of office, we have kept all our beds open and have managed to reduce our debt, which originally stood at 18,300 *l.* to 10,800 *l.*, and that I hope next year will be cleared off entirely, besides keeping all our beds going.

20618. You hope to clear off the whole 10,800 *l.*?—I hope so, by next year.

20619. How do you propose to do it?—We have been reducing it as we get legacies in. Those accounts show that we have a deficit of 1,246 *l.* on the ordinary account; but on the page just immediately before that, namely, on page 27, there is a mortgage sinking fund, 3,435 *l.* 10 *s.* We have added on to that during the current year, so that we have every reason to hope that next year will clear the whole of our debt, and we shall stand freehold.

20620. But now your annual subscriptions come to how much?—Unfortunately, I cannot get them over 1,500 *l.* a year; we have had them as high but never much over that.

20621. Last year it was what?—1,466 *l.*

20622. And then donations?—Last year 1,022 *l.*

20623. Then that includes monies from the Hospital Sunday Fund, does it not?—No, the Hospital Sunday Fund grant was 364 *l.* 11 *s.* 8 *d.* and the Saturday Fund 87 *l.* 10 *s.* in addition.

20624. Then legacies?—£. 2,852. 6 *s.* 6 *d.*

20625. And then "Mr. Daniel Proctor's Executors. Discretionary"?—That is included in the legacies that I have named of 2,852 *l.* 6 *s.* 6 *d.*

20626. Then I see "Nursing Fees"; what is that?—Those are small fees we have received from probationers who came in to be trained.

20627. Where do you get the principal part of your support from; what class of subscribers?—I have not taken out any details to show that.

20628. I mean, are you supported in the neighbourhood at all?—We have a few supporters in the neighbourhood, but not very many. We

(24.)

Chairman—continued.

get a fair amount of our support from the City by grants from the Livery Companies, and from the Corporation; and before the Charity Commissioners made some alterations we used to get support from some of those parish estates in the City.

20629. And as to your legacies, do you always put them to a sinking fund?—Not the whole of them; but as far as we are able to do so.

20630. What has been the average the last 10 years of your legacies?—I think it is on that report I have given you, at page 32. I think you will find there the average in pencil at the bottom. We have had them as low as 30 *l.* and 100 *l.* The last two years the average has been rather better, over 2,000 *l.*; but taking the average of the 15 years it is 1,200 *l.* or 1,300 *l.*

20631. Is 1,123 *l.* the figure?—I think that will be about the average of the legacies for the 15 years.

20632. Then really you are well off in your legacies; what keeps you going is the legacies?—We consider that we are very badly off for legacies as compared with other institutions. We are now only beginning to get what we call a fair proportion.

20633. Do you appeal a great deal?—Every now and then we have an appeal.

20634. Only once a year?—At Christmas; a Christmas appeal, that is our usual course; we have had a dinner and concert, and so on, occasionally.

20635. Did you at one time appeal very frequently?—No, not in my time; in fact it was rather the opposite way. When I took up office we had to shut up a floor for want of funds, but I do not think the present members of the committee were all on the board then, and I fancy the policy was to shut up the wards rather than go to any expense of appealing (I am only giving my own opinion), and since we started a constant appealing we have managed to keep all our beds in use. But it is expensive, as is recognised by the Hospital Sunday Fund. They are constantly drawing my attention to our expenditure as compared with that of other hospitals.

20636. In that particular, or in others, do you mean?—In the management expenditure. I have been before the council of the Sunday Hospital Fund two or three times, pointing out that unless we appealed we might as well close a lot of our wards, as far as my experience goes.

20637. You go on the principle of an advertising firm, in fact?—Something like it; but we cannot afford to do as much advertising as business firms do.

20638. Have you had money from the Hospital Sunday Fund ever since it started?—Yes.

20639. Has the grant decreased or increased?—This year it has rather decreased; they thought that our expenditure was so excessive. But I consider that the council were great benefactors to this hospital. Prior to its institution we received little or nothing from congregational collections; now it is an average of 400 *l.* a year. Of course, we render the same accounts as all other hospitals, and give the balance sheet for three years.

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20640. The

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Mr. CANNON.

[Continued.]

Chairman—continued.

20640. The Sunday Fund you mean?—I am speaking of the Sunday Fund.

20641. The Hospital Sunday Fund and the Hospital Saturday Fund act on different principles in making their grants?—The Sunday Fund gave us a reduced grant, which is due to our expenditure. The Saturday Fund gave us a largely increased grant, which, I presume, is on account of the number attending. I do not know that; it is only my opinion; because they do not give us reasons.

20642. Do you train your own nurses?—Our matron is present, and will give you full particulars about the nursing. I think we train most of them.

20643. I will ask her about that. Are the medical men members of this committee of management?—Only one, the senior physician.

20644. Have they a committee of their own?—Yes.

20645. How often does that meet?—Once a month.

20646. Who makes the contracts for the food of the hospital?—I do, under the committee's supervision.

20647. Is it done by open tender?—We generally invite two or three to tender, but we do not do it regularly every year, as some of the larger hospitals do.

20648. It is done by invitation, not by advertisement?—That is all.

20649. And who invites the tradesmen, do you invite them?—I do; we generally try to keep them close to us, as close as possible; but we have not made many changes of late; we have been very well satisfied with our supply.

20650. Who takes the food into the hospital?—It is taken straight to the housekeeper downstairs; she is what you would call a cook house-keeper.

20651. Do the ladies ever go round at dinner-time?—Yes, constantly.

20652. Have you felt any appreciable falling off in funds this year owing to other charities which have been started?—I cannot trace it in any way to that; I have no reason to believe that at present.

20653. For instance, General Booth's fund has not affected you?—The question has been asked me several times privately, and I could not say that I know it for a fact; I cannot prove it in any way.

20654. But have your subscriptions or donations fallen off this year?—My donations are not as good as I might have had in response to the appeal.

Earl Spencer.

20655. Do your patients come from the immediate neighbourhood of the hospital?—A large number of our patients came from the east end of London; a very large proportion of them.

20656. Those are all poor people?—Yes.

20657. People who would be unable to pay for medical attendance?—Yes.

20658. Would they be people who could pay for a medical dispensary?—Well, I do not know; I have never taken out any list of their occupations or the occupations of their husbands; not to go through the cases in detail.

Earl Spencer—continued.

20659. Have you ever considered whether the existence of your hospital prevents the establishment of dispensaries near you?—No, we have not considered that question.

20660. Do you have medical students visiting the hospital?—We have what is called a school of gynaecology; they are medical men who attend in the out-patient department; they take out a ticket for attending for three months.

20661. Do these medical students who come belong to some of the general hospitals?—They may do; there is no reason why they should not; I do not register them, therefore I cannot say.

20662. How are they admitted to the out-patient department?—They have to apply to the dean, and he registers their name and qualification and gives them a ticket to attend on certain days, Mondays and Thursdays, or Tuesdays and Fridays, as the case may be.

20663. And do the medical men give them instruction?—Yes, the medical man of the day.

20664. On that particular branch of medicine?—Only our particular treatment.

20665. Are there many other hospitals of the same kind as yours in London?—I should think now about six or eight, but some are joint with children, *i.e.* for both women and children.

20666. Is yours the largest; can you give us figures which will show what proportion yours bears to the others?—I think the Chelsea, which is a new one, has 63 beds; we have 66; it is very nearly the same, because there are always some beds not occupied, used for operation beds.

20667. Do you have to turn many away?—No, I do not know that we ever turn any away.

20668. There is no demand then for a greater supply of beds in hospitals of this character?—We could fill many more beds; there are always 20 or 30 women waiting to come in; they generally have to wait two or three weeks.

20669. To all the free beds are patients admitted by letter?—Yes; excepting those I mentioned just now that the doctors say are so urgent that they ought to have no delay whatever.

20670. Then what are the class who pay?—Well, we have patients who come up from the country, Eastbourne, Brighton, and so on; they are sent up by their private medical men very often.

20671. Are those medical men who have been themselves connected with the hospital?—No, perfect strangers.

20672. They wish their patients to undergo certain treatment?—They recommend them to come into our hospital because they think they will get the rest and the attendance which they think necessary for them, and the special treatment.

20673. Would cases such as those which come into your hospital be treated in a general hospital?—I believe now the general hospitals have reserved departments for the purpose.

20674. Do you think there is any very great advantage in having a special women's hospital instead of their being patients in one of these departments of a general hospital?—I believe the

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[Continued.]

Earl Spencer—continued.

the reason of its being founded was that the general hospitals did not make that special provision at that time, and it is since the establishment of all these special hospitals that the general hospitals have set departments aside specially for the purpose.

20675. Then you would not consider that under the new arrangements any new hospitals of the kind are wanted?—Well, as a layman, I do not know that I am quite qualified to say that there is much material difference if the cases are properly isolated from the others. I believe there are certain medical reasons why we wish to keep our cases apart from general medical cases; but whether that would refer to keeping up special buildings I do not know. St. Thomas's Hospital, I take it, would be very well adapted for the treatment of such cases, because one of their blocks would answer the purpose.

20676. Are many of your medical men who attend generally on the out-patients connected with a general hospital as well?—That I cannot answer at present. We have many Americans attending who come over for instruction.

20677. Medical men?—Yes.

20678. Medical students?—No; qualified medical men in practice.

20679. And how do they attend at the hospital?—They come and make application for the purpose of instruction, and they are dealt with by the dean in rotation, according to their applications.

20680. Are they treated like medical students?—No; we have no young students in our place, in the sense of the students attached to general hospitals; they are mostly qualified men who come, who want special instruction in our particular branch.

20681. Then are they treated in the wards like medical students?—It is not in the wards; it is only for instruction in the out-patient department that they come.

20682. What sort of number have you of these?—I think they average somewhere between 25 and 30 in the year. There is a list of them in this report, at page 25 (*handing in the report*).

20683. Is this rather a peculiarity of your hospital, which is not to be found in other hospitals; I mean these qualified practitioners who come to study?—I believe it is; but I have understood that some of the others are going to do the same; I have heard it said that Chelsea is now going to open the teaching in the same way; but in saying that of course I am mainly speaking from hearsay.

20684. Could you say why the Americans come?—I do not mean to say that they are all Americans. You asked me whether they were students, and I mentioned that sometimes we have American medical men.

20685. Do you train many nurses for the country, for nursing in villages, and so on, in the country?—No, I do not know that we do; but our matron is present who will give you full information, I think, on that head.

Lord Clifford of Chudleigh.

20686. You mentioned that there was a private hospital near you; is that a paying hospital?—
(24.)

Lord Clifford of Chudleigh—continued.

I think it is called Dr. David Jones' Private Home Hospital.

20687. And does it appeal to the public?—I do not think so; I think it is only a private institution.

20688. You mentioned that it was an annoyance to you, or you led us to infer that it was so, from the trouble which it gave you in answering letters?—That is all, and from the friends of patients asking for permission to see their friends, and it turned out that their friends are in this small home to which I have referred.

Lord Monkswell.

20689. Did you say that you have 66 beds altogether, or 66 paying beds?—Sixty-six altogether.

20690. About 26 paying and 40 free?—Yes; but the 26 are not all paying; we have a few reserved for operation cases, that might be either free or paying.

20691. What is the form of the governor's letter; you say that the admission depends upon the patient being recommended by a doctor?—Unfortunately I did not think to bring one with me as a specimen.

20692. Is the doctor's signature required for the letter?—Not for the free patients. If a doctor from the country wishes to send a free patient up I write and tell him that the usual course is to send a governor's letter and a certificate of the case. It is merely a printed form, that I, so-and-so, recommend so-and-so.

20693. You say that the printed form makes mention of the recommendation of the doctor?—That is referring to the paying patients.

20694. Only the paying patients?—Yes.

20695. Not the free patients at all?—No.

20696. Do the paying patients pay the full amount?—They pay a weekly fee which covers everything; and I believe the reason of that form was the notion that we should draw patients away from doctors.

20697. Do you mean that they pay the whole expense?—No, it does not cover the expense. Twenty-five shillings is what they pay, and our estimate is 2*l.* 2*s.* 6*d.* as the total cost of each patient on the occupied beds.

20698. Some of the patients pay 2*l.* 2*s.*, you have told us?—Yes; they are sent the form and are told that there are beds for 25*s.* and for 2*l.* 2*s.* The only object of their paying the higher sum is that they think, perhaps, they will get better company or different company.

20699. In point of fact they get the same?—Yes.

20700. So that you have beds where patients pay the whole of the expense, and other beds where they only pay part, and others completely free?—Yes.

20701. Why was this hospital divided into such small wards?—When they started it I presume the idea was that the patients would be better treated and more comfortable by being not so many together. Our largest ward consists of 10 beds.

20702. Could you throw one ward into another if it were thought desirable?—If it was reconstructed I think we could.

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20703. That

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Mr. CANNON.

[Continued.]

Lord Monkswell--continued.

20703. That question has never come up since you have been secretary?—No.

20704. You say that your contracts are not made by open tender, in fact, generally speaking, not by tender at all, but that you employ those whom you have invited to supply the hospital?—Yes.

20705. What was your employment before you came to this hospital?—I was a merchant in Liverpool.

20706. Would you, as a merchant, know the prices of various things that would be expected to be required in a hospital?—I had nothing to do with a hospital when I was in business in Liverpool.

20707. You came up from business in Liverpool, and you say that ever since you have been secretary, as a general rule, tenders are not sent out, and if tenders are sent out for the supply of goods to the hospital, they are only to a limited number of tradesmen?—Quite so; we invite a half-dozen whom we think suitable to supply the hospital.

20708. You came to the hospital without knowing anything about the prices of these things?—Yes, but I have revised them since I have been there, with the assistance of my chairman.

20709. When you first went there you had no knowledge of the prices of these things that had to be got for a hospital; whose advice did you take as to the tradesmen you should employ?—I simply acted entirely under the advice of the committee.

20710. Did the chairman of the committee or the committee tell you what tradesmen to employ, or was it left to you?—I took up the work from my predecessor, who had been secretary for some two years, and he simply said, These are the tradesmen according to the books. But it was my own doing that I ascertained that some of these prices might be reduced as I thought, and I consulted my chairman, and we had tenders in and got the prices reduced to what they are standing at.

20711. And have you had tenders since that time?—That is three years ago.

20712. And you have been at the hospital for 15 years, so that for 12 years you went on without alteration?—Yes.

20713. You have only once asked for tenders during that time?—Yes.

20714. I understand that you make no inquiry as to the poverty of the patients, either in or out-patients?—No, we have no special arrangement for asking them.

20715. You have no inquiry officer?—No.

20716. And you never go round making such inquiries yourself?—No.

20717. And you do not know that any of the doctors do?—No, I cannot say that they do.

Earl Cathcart.

20718. In reference to your small wards for gynaecological cases, you are aware that in the general hospitals they always reserve a private room for ovariectomy cases, and cases of that nature?—That cases are sent up to a special room for that operation, do you mean?

20719. You are aware that they have private

Earl Cathcart--continued.

wards specially for that in a general hospital?—That I understand.

20720. Do your paying patients object to the publicity of operations?—I have had the question asked me whether they would be subjected to publicity, and that has been the means of keeping patients from coming in.

20721. Are you not aware that all the special hospitals, so far as your information extends, admit medical men to study?—I did not know that all did.

20722. The majority, at all events?—For the operations in the theatre, certainly.

20723. But take such hospitals as the throat hospitals, and other hospitals; most medical men are allowed to come and see the operations, are they not?—Yes; I was referring more particularly to the out-patient department, which, I understood, was going to be thrown open in the other hospitals for women.

Earl of Lauderdale.

20724. What is the average number of beds that were occupied last year?—Fifty occupied daily throughout the year.

20725. And what was the average cost?—£. 2. 2 s. 6 d. a week.

20726. Not deducting what you received in fees on account of the treatment?—Deducting nothing.

20727. And with regard to the admission of these medical practitioners for instruction in the hospital, is there any limit to the number thus admitted?—Only so far that there shall not be more than three in a day attending the medical officer of the day.

20728. Is there any discrimination and selection; is there any special qualification required, or can anyone come. You said just now that American doctors are in the habit of sometimes getting instruction at your hospital?—They give their qualification.

20729. But what sort of qualification is required?—A university degree, such as they take out.

20730. Then a student would not be admitted in that case?—A student of a certain number of years is, I think, admitted. I hope to have one of my medical officers present, who will give you full information on these points.

20731. Then, are lady doctors admitted in the same way?—No; they have never been admitted to our hospital.

20732. Do any lady doctors practise in your hospital; are there any on the staff?—None.

Chairman.

20733. Are all your surgeons members of the College of Surgeons of London?—Yes.

20734. As regards this sinking fund, I cannot quite understand what you said just now. You have got a debt now of 10,000 £. or 11,000 £.?—£. 10,800.

20735. And you set aside to this sinking fund a certain portion of the legacies that you receive?—Quite so.

20736. By this account here it appears that you have a balance of 3,435 £.?—Yes.

20737. And

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Mr. CANNON.

[Continued.]

Chairman—continued.

20737. And that leaves about 7,000 l. to be defrayed?—And since that account was made up (it was only made up to the end of December) I had a legacy from Mr. James Nasmyth of nearly 7,000 l., which is appropriated. I only said that I hoped by next year to clear the whole debt.

20738. Do you keep any officer to make inquiries as to people who can pay?—No.

20739. Do you make any inquiry yourselves as to whether they can pay?—The patients who come to me and ask to come in, are asked if they are in a position to pay.

20740. And if they say “No,” you admit them as free patients?—If they get a governor’s letter.

20741. And you think the responsibility ought to rest upon the governor?—We always insist upon the governor sending a letter. Some governors take the trouble to find out if the cases are *bonâ fide*.

20742. Is there anything else that you wish to say to the Committee?—I hoped to have brought before you one of my medical officers to have given you information on some points. My matron is present, who will give you fuller details about the nursing.

20743. In the absence of the committee of management, you are the supreme head of the establishment, I suppose?—Yes.

20744. Have you got any chaplain attached to your hospital?—Yes.

20745. Does he live outside?—Yes.

20746. And does he get any salary?—Yes.

20747. How much?—£. 75 a-year.

20748. And does he come when he is sent for?—Four days a week regularly, and at other times if necessary, if he is called upon.

20749. Is he a curate in the district?—No, he is attached to one or two institutions like the Poor Law Asylum in Cleveland-street.

20750. Have you got any plan of your drains?—I have no plan that I could show you, but I know where the drains are.

20751. Have you no plan in your office?—No, I have no plan.

Chairman—continued.

20752. But would it not be very much more for the benefit of the establishment if you had a definite plan kept up to date?—Well, our drains are so simple that I do not know that there is any necessity to have a special plan prepared for them. We have examination chambers, and the man who does all the repairs can always attend to anything. I could show any stranger myself what it was necessary to do.

20753. Who is responsible for the sanitary condition of the hospital?—Anything that is out of order is reported to me at once.

20754. You look upon yourself as being responsible?—I should be responsible to my committee, of course.

20755. Is there any sanitary officer employed?—No special sanitary officer.

20756. Have you any inspection of the building by an outside authority?—No.

20757. Do not you think it would be a convenient thing if you had?—The question has never been raised.

20758. But yours is a hospital in which there is a great deal of operating, is it not?—Yes; but the operations are conducted quite at the top of the building, as far away as we can get from any drains.

20759. Is there any resident medical officer?—Always.

20760. Is he a salaried officer?—Yes.

20761. He is under the committee of management entirely?—Yes; he takes of course all his instructions from the visiting medical officers; the committee appoint him on the recommendation of the medical committee.

20762. But he is a salaried officer; he is an officer of the committee of management?—Certainly.

20763. Is he a member of that medical committee that you spoke of?—No.

20764. He is quite independent of the medical committee?—Yes.

The Witness is directed to withdraw.

MISS MARIAN SQUIER, is called in; and, having been sworn, is Examined, as follows:

Chairman.

20765. You are the Matron of the Soho Hospital for Women, are you not?—Yes.

20766. How long have you been in that position?—Fourteen months.

20767. And before that, had you experience as a matron?—No, not as a matron.

20768. Were you nurse before that?—I was sister at St. Thomas’s for five years.

20769. And that is where you had your nursing training?—Yes, I was trained there.

20770. Would you tell us what your staff of nurses at this Soho Hospital is?—We have four sisters (three day sisters, and one night sister), three staff nurses, ten ordinary probationers, two paying probationers, sometimes three; one special nurse, and one out-patient nurse.

20771. Now, how do you divide these wards amongst your four sisters?—“A Sister” means a head nurse?—Yes.

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Chairman—continued.

20772. It does not mean a religious denomination?—No. The wards are on floors; there is a Sister to each floor; we have three floors.

20773. And how do you place your nurses about in the wards?—The sister arranges that. We have a sister and a staff nurse for each floor, and three probationers on two floors; two on the other, because there are not so many patients on that floor.

20774. And how many beds do you average on a floor where you have five people to do the nursing?—There are twenty-three beds on the two floors.

20775. Is not that rather a large number of nurses per bed?—Yes, it is rather; but they are small wards, and we want more nurses on account of that.

20776. And these cases, as a rule, require, do they not, more careful nursing than the ordinary

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accident

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Miss SQUIER.

[Continued.]

Chairman—continued.

accident cases found in general hospitals?—Than some accident cases.

20777. Would you not say that the cases you take in at your hospital do require more careful nursing than the ordinary cases found in a general hospital?—Some of them do, I think; not all.

20778. Have you got enough nurses?—Yes; that staff is large enough.

20779. I see you have got one special nurse; what is exactly her work?—That is a nurse for special cases; cases that are nursed in special wards; operation cases.

20780. Is that one special nurse sufficient; because you may have more than one operation case at a time?—When we have a second operation we take two of our probationers and train them.

20781. But how long have these probationers been trained before you set them to that?—It depends upon the circumstances of the individual case; sometimes a year; sometimes at the end of two years we take them.

20782. In fact you judge, within your own discretion, that they are properly qualified persons, though not legally qualified?—Yes.

20783. Supposing that you require extra nurses, or that some of your nurses are on the sick list and their places have been filled, what do you do; do you get nurses from outside?—I have never had so many on the sick list as to require to get them from outside.

20784. Do you train any nurses to nurse outside in private houses?—Some of them go out to private nursing; but they can only nurse in the special branch.

20785. But have you got room for nurses that you train to go outside?—We do not send them out, only now and again; if our own doctors require a nurse we let them go then.

20786. On the requisition of your own doctors you do send out nurses?—Yes, now and again we send out one if we have one that we can spare; we do not undertake to send them out.

20787. You do not advertise that you will supply them?—No, we do not keep enough nurses for that.

20788. You would only send them out if the wards were empty; something of that sort?—If the wards were light.

20789. You would not denude your own wards for the purpose of sending them out?—Oh, certainly not.

20790. Do you give certificates to nurses?—Yes.

20791. After what time?—After two years' training.

20792. Do they live in the hospital?—Yes, all of them.

20793. And how do they feed; do they feed in the hospital, too?—Yes, in their dining-room.

20794. They have got a special dining-room?—Yes.

20795. And have they got a special kitchen?—No, there is one kitchen for the whole building.

20796. Would you tell us what their hours are?—The staff nurses and probationers come on

Chairman—continued.

duty at seven in the morning, and are on duty till half-past eight at night, and they generally average from nearly two-and-a-half hours for probationers to nearly three hours for staff nurses off duty every day.

20797. Out of the 13?—Yes, out of the 13.

20798. And that includes the time for dinner and tea?—They have half-an-hour for dinner, and half-an-hour for tea.

20799. And two hours besides?—Two-and-a-half to three hours besides, as a rule.

20800. Three hours besides the meal times?—Yes.

20801. Do you give them any holiday?—They have one day off duty once a month; and they spend, as a rule, the night away from the hospital.

20802. And any annual holiday besides that?—Yes, they have about 16 days' holiday in the summer.

20803. I do not think you told us what the sisters' hours are?—They go on duty at half-past eight in the morning, and they are on till half-past eight in the evening.

20804. And what holiday do they get?—They get a month every year, and two days every five weeks; from Saturday to Monday.

20805. And the paying probationer, does she get the same work as the others?—The same work as the others.

20806. And the same holiday?—She is only with us for three months.

20807. Is she supposed to be trained at the end of three months?—In this work. As a rule, the paying probationer comes to us after having had training in a general hospital, and comes to us for special training in our work.

20808. What wages do your nurses receive?—The probationers receive, the first year, 10 *l.*, and the second 14 *l.*, and if they stay on a year, the third year, as staff nurse, they get 20 *l.*

20809. And the sisters?—The sisters begin with 35 *l.*, and it is increased annually till it reaches 50 *l.*

20810. Is there any pension given?—No.

20811. Do the sisters dine with the other nurses?—They have luncheon with them in the middle of the day, and they dine with me at six o'clock in the evening.

20812. Where does the housekeeper dine?—She has her meals in the kitchen with the other servants.

20813. Then there is no high official who dines with the nurses?—I dine with the nurses; I carve for them, and have luncheon with them at the same time.

20814. But you dine with the sisters, I understood you to say?—Yes, later, at six in the evening.

20815. Do you get many complaints from the nurses as regards food and so forth?—Very few complaints, I think.

20816. Not more than in any establishment?—No, I think not.

20817. Is there anything else you would like to mention to the Committee?—No.

The Witness is directed to withdraw.

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MR. RICHARD T. SMITH, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

20818. You are on the staff of this Hospital for Women, in Soho?—Yes.

20819. Will you tell us what qualifications you hold?—Doctor of medicine of the University of London, and member of the Royal College of Physicians.

20820. Are you on the staff of any general hospital as well?—No.

20821. Is it generally the case that your colleagues are on the staff of general hospitals?—One of our staff is on a general hospital.

20822. Do you see any reason why members of the staff of a special hospital should not be on the staff of a general hospital?—Not any whatever.

20823. In fact, would it not be rather a good thing than otherwise?—I should think so.

20824. Has it ever occurred to you that special hospitals might co-operate with general hospitals?—Yes, to very great advantage, I think.

20825. But is that done at all, do you know?—I do not think so; I do not remember an instance.

20826. What is the difficulty in the way?—Well, all general hospitals have now special departments attached to them; I should think that is the case in every hospital, and they naturally of course wish the students to remain there.

20827. And also to keep their own interesting cases?—Certainly.

20828. Are you very strongly of opinion that special hospitals for women are very much required, seeing the advance that general hospitals have made?—Yes, certainly.

20829. Quite as much required as before the general hospitals had the special departments?—Yes, I should think so. We have more patients than ever at Soho-square, and I believe that the other special hospitals for women are equally well attended.

20830. But what is the reason; why do you think that special hospitals are still required as much as ever?—Do you mean with respect to women?

20831. With respect to women?—Because there is a difficulty in providing the accommodation for the students in the general hospitals. Women object to be examined by a great many doctors; so that of course a number of students who can take a deep interest in the cases is rather limited.

20832. Is that in special hospitals?—In general hospitals. For instance, I might illustrate it in this way: we have a very large out-patient practice and we have a good many students who wish to come to us; but we limit the number of students who can come on any one day to four.

20833. Is it not out of feeling for the patients that you do that?—To some extent it is due to that.

20834. And also want of space?—Yes, and also to want of space. We have three what we call cubicles in the patients' room, three little beds which are all screened off by curtains where
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Chairman—continued.

the patients can be examined. Of course, if we had larger room we could have six or seven of these, and then we could also have six or seven students.

20835. Is that the only reason that you think that a special hospital is necessary: is the treatment, or rather the opportunities, better in a special hospital than in a general hospital?—I would not like to say that the treatment is better.

20836. I did not mean to put it in that way; I meant, are the facilities greater?—I think the facilities are greater, and I think it must be admitted that with regard to the serious operations in our department the mortality is very much better in the special hospitals than in the general, with regard to ovariotomy and things of that sort. Even in the general hospital they find it advisable to separate the work of that kind from the general hospital itself.

20837. To set apart separate wards for the operation, you mean?—Yes; and where they can, even a special building.

20838. Then you do not think, I gather, that the work of the special hospital now-a-days is coming to an end?—We do not find it so at all; it is rather increasing constantly every year.

20839. But you would not like to see the work undertaken by the general hospitals entirely?—Well, I do not know that I should object to it if it were as well done. It is a question of providing accommodation for patients.

20840. Supposing that the accommodation in the general hospitals could be so increased so as to provide for every demand for these cases, would you still think that these special hospitals would be required?—If these cases of operative abdominal work could be done in special rooms or special parts of the hospital, separated from the rest, everything else considered, I do not see a reason against it; it is a question of expediency and providing accommodation for patients.

20841. Do you term yourself a specialist?—Yes. Of course, I have been through all other departments of the hospital where I was trained, and eventually landed in this way.

20842. Special hospitals have sprung up very rapidly in the last few years, have they not?—I believe there have been several. The one I am associated with is the very oldest of the kind for women.

20843. But are you generally in favour of special hospitals?—Oh, yes.

20844. In various diseases?—In various diseases.

20845. Are you in favour of special hospitals for children?—I should think, in some respects, there is the least need of a special hospital for children, because that is a thing that every medical student ought to learn soon. I suppose the answer would have to be taken from other points of view. Children require special attendants, and require special wards, special knowledge, special food.

20846. Then to go to another branch, as regards ophthalmia, do you prefer a special hospital for
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that?

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Mr. SMITH, M.D.

[Continued]

Chairman—continued.

that?—Yes, I think the eye is worthy of a special hospital.

20847. And cancer, for instance?—I do not see any reason why there should be a special hospital for cancer simply for the sake of treating the disease. But there are a great number of persons who suffer from that disease; and, again, the way in which they poison wards where they lie furnishes a reason why there should be a special provision for cancer.

Earl Spencer.

20848. Do you consider a special hospital for consumption and diseases of the chest necessary?—I should say so. I might answer that by saying that when I was at University as house physician we were constantly turning away cases of consumption.

20849. As regards the argument in favour of special hospitals, does it refer to the students in the hospitals, and also to the patients themselves, or are you in favour of having special hospitals rather on account of the patients than on account of the students?—Well, with regard to women.

20850. But I mean generally. You have been answering the Chairman lately on general questions as well as questions about women?—Yes, but perhaps I do not quite understand your question.

20851. You think it is desirable on account of the patients being better treated that there should be special hospitals for cancer and other diseases?—I do, certainly.

30852. Do you also think it desirable for medical science generally and for students of medical science that there should be special hospitals, or is medical science better promoted by merely having general hospitals?—I think that now, of course, special attention is given to these diseases even in the general hospitals, and special departments are made for them, and therefore there is not the demand for special hospitals that there was formerly.

20853. It turns greatly on whether they can have accommodation enough?—Yes.

20854. And as the accommodation is larger, there is less need for the special hospitals?—Certainly.

20855. There was evidence given just now about certain medical men as I understood, qualified practitioners, attending particularly the out-patient department for the purpose of instruction?—Yes.

20856. Is that peculiar to the women's hospital?—Not exactly peculiar. We have a rule that a man who comes to Soho-square must be completely qualified, and be in practice.

20857. Do they take any part in the treatment of cases, or merely come for instruction?—They come partly for instruction; or if they come to the out-patients' department they might help the doctor and probably would in seeing some of the patients on their second or third visit.

20858. Then do they come to your hospital because they see cases there that they would not see elsewhere?—To some extent; of course that is only partial.

20859. And the medical men of the hospital practically teach them and explain the cases to them?—Yes.

Earl Spencer—continued.

20860. Do you consider this branch of your practice important?—Exceedingly important.

20861. Is it the case in other hospitals as well, that practitioners come to see cases?—Do you mean in the special hospitals generally?

20862. In special hospitals?—I should think so.

20863. It would not be the case in general hospitals?—In general hospitals they are chiefly students.

Earl of Kimberley.

20864. There are I understand two kinds of special hospitals; first, those which are special as regards the class who go to them, as when a special hospital for children for instance will treat all diseases of that class, and the same with regard to women. There are also special hospitals for special diseases. Now do I understand you to be in favour of special hospitals for special diseases for ophthalmia, or a special hospital for consumption and so forth; is that in your opinion the kind of special hospital that is desirable?—Well, of course it is my opinion that it is so, because they are able to make provision for the treatment of the disease; the general hospitals at present could not possibly make provision for it.

20865. It entirely rests, I understand, on the necessity of accommodation?—Yes, with regard to such things as consumption.

20866. Do you think that there are certain diseases which require to have a special hospital for their treatment; do you make any exception to your view, that if there were enough accommodation in the general hospitals, special hospitals would not be required?—I think there is a strong case for exception in cases where the abdomen is opened; I think it is desirable that that should be done in special hospitals always.

20867. Is that because of the better treatment of the disease in special hospitals?—That is on account of the better health and better results and better safety of the patients.

20868. Do you think, as regards the study of the disease, that special hospitals have an advantage by the staff concentrating their attention entirely on a particular disease, and do you think that that is of importance?—Only in so far as they pay more attention to it.

20869. Do you think it promotes science more?—Yes.

20870. And promotes possible discoveries in new treatment more?—Yes.

20871. And you would be in favour, I presume, of special hospitals in this sense, where they treated diseases such as consumption and cancer, which are of very long duration, which it would be inconvenient to keep in a general hospital for that length of time?—That is one very great reason.

Lord Clifford of Chudleigh.

20872. Supposing it were possible to make a special hospital a part of a general hospital, and put it under the same management without altering the building, if it were simply a question of management; would that be in your opinion an advantage or a disadvantage?—I think it would be an advantage.

20873. You do not think the control of a general hospital might, in some cases, be detrimental

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Mr. SMITH, M.D.

[Continued.]

Lord Clifford of Chudleigh—continued.

mental to the proper working a special hospital?—Well, of course it would depend upon the way in which it was controlled.

20874. You do not think there is anything in the nature of the two managements that makes them antagonistic?—No, if they would provide sufficient medical men.

Lord Monkswell.

20875. You have a great many wards in your hospital in proportion to the number of beds; do you think it is desirable or necessary to have so many wards; we are told that it increases the expense?—I should think on the whole it is an advantage with regard to our cases not to have more than 10 or so together.

20876. Some wards, I believe, contain very much less than 10 beds?—Yes; of course where we have cases of abdominal section, those are always done in isolated wards.

20877. On the whole, you do not think it would be advisable to limit the number of wards and throw two into one?—It would be; but why it is done as it is in our place is because of the way in which the place has grown; it has been enlarged by making other wards.

20878. Could you not alter the structural arrangements without great expense?—If we could pull down the hospital and rebuild it we should certainly have some larger wards.

20879. But short of that, you do not see any way of throwing one ward into another?—I am afraid not.

20880. Why should you not utilize the in-patients for medical instruction?—We do to some extent. Those students willing to come prefer to come and see the out-patients. Of course they witness the operations.

20881. The students can if they like come and see them?—Yes, see the operations.

20882. But without seeing the operations, can they go round the hospitals?—Yes.

20883. And they do sometimes?—Yes, they do sometimes; but the point is this: really that they come to us because they want practical instruction; they do not want simply to go round and hear what the doctor says, but to take a little share in the work, and examine the patients.

20884. Cannot they get any real practical knowledge in the in-patient department of your hospital; cannot you give it them?—They do not get it there; that is why they prefer to come to the out-patient department, where they get the opportunity they wish for.

20885. Would there be any objection to granting them some opportunity to examine the in-patients?—No; there is one of the rules which says that they may see them with the house-doctor in the ward; of course not without his presence.

20886. Do they object to that rule that they must see them with the doctor, is that the usual rule of a hospital?—It is the rule.

20887. Then they do not get practically as much clinical instruction in the in-patient department of this hospital as they do in any other hospital?—Yes.

20888. But you were saying that it was rather difficult for students to get instructions, and for practitioners to get further instruction in diseases of women?—Yes, of the kind where

(24.)

Lord Monkswell—continued.

they take some share in the methods of treatment adopted.

20889. Would it not rather facilitate that instruction if the special hospitals were done away with, and these special hospitals for diseases of women made into departments of general hospitals; because surely it must be a great waste of time for a student who wants to get up the subject of the diseases of women to go to a special hospital?—They would have to make such enormous extensions at the general hospitals,—they would have to almost double them entirely to carry out what you suggest.

20890. Still, supposing your hospital could be shut up, and a corresponding extension made to two or three general hospitals, should you not think that that would be better for the clinical instruction of the students and young practitioners than the present system of having to go to a special hospital?—I do not think so; it is not very far; our hospital is within 10 minutes walk of three other hospitals.

20891. So that if these special hospitals were distributed round London in convenient positions you would see no reason why they should not be just as instrumental in teaching medical students and young practitioners, as if they were wings of general hospitals?—Yes; I think they ought to be utilised for teaching.

20892. More than they are probably?—Yes.

Earl Cathcart.

20893. I was told of the case of a female cook which was one fit for operation, and she was sent for operation to a general hospital, the name of which I know, and she was detained there for a long time without operation; the matron was very kind, and was perpetually making excuses during the whole time for this operation not being performed; the lady interested in this cook took her away to another hospital, and there they operated successfully; then it leaked out that in the first hospital there had been so many cases of erysipelas that they were afraid of performing the operation. Supposing that that case was correctly stated to me as I have told it to you, it would be an argument in favour of your special hospital, would it not?—Yes; it is an argument illustrating the point I mentioned, that all these cases should be separated from the general work of general hospitals.

20894. We live and we learn, and I have learned from this little book of yours a thing which I had not learned before, namely, that you make your patients provide soap; do you know anything about that?—No, I do not know anything about the working in the wards, at least not little details of that kind.

Earl of Arran.

20895. Do you consider that your hospital is conveniently situated and healthily situated—Exceedingly so.

20896. The neighbourhood does not give one the idea of being a particularly healthy part?—But it has been so very much improved of late years; new streets have been made.

20897. Have you had any extensions of your building of late years?—Yes; we have had new bedrooms provided for the nurses.

20898. Were you able to lodge them before

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Mr. SMITH, M.D.

[Continued.]

Earl of Arran—continued.

the new bedrooms were made?—I could not answer that so well as the secretary.

20899. Was not Dr. Protheroe Smith at one time the head?—Yes, he was the founder of it.

20900. Is his son in the hospital?—No, his son is not in it.

Lord Thring.

20901. You do not admit women to learn to be doctors at your hospital?—No, we do not.

20902. Why not?—Because there is difference of opinion on the subject.

20903. Would it not be your opinion that it is the very hospital to which they ought to be admitted?—You ask my opinion personally?

20904. Personally?—I must say that I should not personally object.

20905. I will not press you any more. Then with respect to the question between special hospitals and general hospitals, it is this, if I understand it rightly, doctors object to special hospitals, I daresay rightly, because they subtract from the general hospitals means of learning and attract cases to themselves; in other words, they object professionally, because it injures the schools?—Yes.

20906. Not because it injures the patients?—That I do not know; I do not see any reason why it should.

20907. But is it not the fact that they say, the special hospitals are bad because they prevent our acquiring a knowledge of all diseases; it contracts our knowledge. That is their argument, is it not?—Of course it takes away a certain number of patients from them; there is no denying that.

20908. But apart from the question of medical education, the importance of which I do not at all underrate, it stands to reason, does it not, that the accommodation is better in the special hospital, and, therefore, it is better for the special patient?—Yes.

20909. Then I want to ask you a question, which seems to me to go to the whole thing. Supposing you were choosing yourself a doctor for the purpose of performing ovariectomy, which is a very difficult operation, would you choose a gentleman who was constantly in the practice of performing ovariectomy, or would you choose a gentleman who was in the practice of performing a great number of other operations; for example,

Lord Thring—continued.

cutting off limbs and every operation that a surgeon is accustomed to perform?—I should choose the former, undoubtedly.

20910. Therefore, in your opinion, it stands to reason that practice in a particular operation makes a man more skilful in that operation?—Yes.

20911. And that, on the whole, for the purpose of those operations, constant practice in those particular operations is of more advantage to the patient than general practice?—Yes.

20912. Then, in truth, that is really the whole history of the case, is it not?—And I should like to say that in my opinion the general hospitals have paid very much more attention to these things since the special hospitals have arisen.

20913. Then, as I think it has been put to you before, if a general hospital divides itself into a number of special hospitals *cadit questio*; of course that would be the greatest possible advantage, because you then get the general knowledge and you get the special practice also?—Well, it is of questionable expediency. If I were to take, for instance, my own hospital where I was trained, which is a very good general hospital, and I wanted to go in for all the specialties, that hospital would want to be made more than twice the size that it is now.

20914. I think it is quite clear that you would prefer having a special doctor to perform a special operation; but with regard to the education of a doctor, is it or is it not essential that at all events at some period of his life he should have the most general possible education and not be confined to special subjects?—A young man ought never to cultivate any specialty until he is thoroughly established in every other department of medical work.

20915. Therefore, as I should say is the case in all professions, a man ought to have a general education and then a special education; and then, if he likes, devote himself to a special hospital; and that would reconcile the differences between special hospitals and general hospitals; the special hospital would give the advantage of a special education and the general hospital would give the advantage of a general education?—Yes, and that is the reason that students come to us.

The Witness is directed to withdraw.

CAPTAIN A. S. HINCKS, is called in; and, having been sworn, is Examined, as follows:

Chairman.

20916. You are the Secretary of the Gordon Hospital for Fistula and other diseases of the rectum?—Yes.

20917. Where is that situated?—In the Vauxhall Bridge Road, No. 278, a short distance from Victoria Station.

20918. Is this what is termed a special hospital?—A special hospital for diseases of the rectum.

20919. On what terms are people admitted to it?—Either free or by payment.

20920. Before you go further I will ask you how long have you been secretary?—Four years.

Chairman—continued.

20921. Previous to that, what were you?—Previous to that I was on the committee of the hospital, at the time of its starting.

20922. And before that were you in the army? I was in the army. It is some years since I left the army.

20923. You have been on the committee since it was started?—Since it was started.

20924. How was it started?—It was started in 1884, mainly to meet the wants of people of limited means, who are unable to pay the customary fees in private practice, and yet are not desirous of going to a general hospital and receiving

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Captain HINCKS.

[Continued.]

Chairman—continued.

receiving free treatment. I may say, with reference to the way I came to be connected with the hospital, that it was this: I myself had to undergo an operation for one of these diseases shortly before that, after suffering for many years; and the surgeon who operated upon me, was one of the surgeons who founded the hospital; and, my means being limited, it cost me half my year's income to undergo this operation. Therefore I very readily joined in attempting to establish this hospital. We do not take any well-to-do patients, that is to say, patients who are able to pay the customary fees. As to payment, we have two private rooms with single beds, where the charge is three guineas a week; in the general ward it is two guineas a week, and I have authority from the committee to reduce that amount, according to my discretion, after discussing the matter with the patients, if they are really unable to pay it.

20925. Then have you out-patients too?—We have out-patients too.

20926. Is that free?—That is entirely free.

20927. Without any governor's letter?—Without any governor's letter. We have in-patients' letters, but they are very little used.

20928. I understand that this hospital was in the first instance founded by medical men?—Yes, founded by medical men.

20929. How many beds have you?—We have 11 beds.

20930. And what is the average number occupied?—Last year the average number occupied was 9.3; the year before it was 9.

20931. Are you acquainted with a memorandum known as the Memorandum of the Charity Organization Society?—Yes, I have seen that memorandum.

20932. And you are put down there as having an expenditure per bed of 150 *l.* per annum; is that correct?—Well, that is really rather less than what it was that year; the exact figure was 159 *l.* 9 *s.* 9 *d.* The number of beds occupied was five instead of four; and the cost per in-patient 8 *l.* 2 *s.* 9 *d.*, instead of 9 *l.* I do not quite know how those figures were arrived at that are given in that memorandum.

20933. Have you any idea how many out-patients you have?—We had last year 513.

20934. Then you have got to deduct that expenditure from the total in order to arrive at the cost of the in-patients?—Yes. In taking this year we took the 1 *s.* 6 *d.* of the Charity Organization Society. Of course we think that it costs somewhat more, really, but it is a difficult thing to arrive at the actual cost of an out-patient; and of course it does not very much matter; but taking that in the year 1889, we had 11 beds, nine occupied; the cost per occupied bed was 102 *l.* 10 *s.*; the cost 5 *l.*, 16 *s.* 9 *d.* for each in-patient. In 1890, the year just closed, we had 9.3 occupied beds; the cost per occupied bed 105 *l.* 6 *s.* 8 *d.*; each in-patient 6 *l.* 5 *s.* It is a little more last year, owing partly to a rise in the price of coals and provisions, and the extra cost of drugs.

20935. Then I understood you to say just now that there are different rates of pay, but every in-patient does pay?—Not every in-patient.

(24.)

Chairman—continued.

20936. Do you keep beds set apart as free beds?—No, they are all together.

20937. Then it is within your discretion whether to ask for money or not?—It is in my discretion to fix the rate of pay. Last year 11 patients paid three guineas a week; 20 paid two guineas; two paid 1 *l.* 11 *s.* 6 *d.*; three paid 1 *l.* 10 *s.*; 12 paid one guinea; 11 paid 1 *l.*; five paid 15 *s.*; two paid 14 *s.*; one paid 12 *s.* 6 *d.*; one paid 12 *s.*; six paid 10 *s.* 6 *d.*; 18 paid 10 *s.*; one paid 8 *s.*; three paid 7 *s.* 6 *d.*; one paid 7 *s.*; six paid 6 *s.*; eight paid 5 *s.*; one paid 4 *s.* 6 *d.*; two paid 4 *s.*; two paid 3 *s.* 6 *d.*; two paid 3 *s.*; one paid 2 *s.* 6 *d.*, and 38 were free patients.

20938. In point of fact you have these different scales of charge; but when the patients are in needy circumstances you get what you can?—Yes, I discuss the point and urge them to do what they can, and we practically in most cases take what they themselves offer.

20939. Do you have your hospital so full that you have to send people away from the doors?—We have to keep people waiting sometimes; we never have a great many patients on the books waiting to come in; if they do not get in in a short time, two or three weeks, they go off elsewhere.

20940. Do you recommend them to go to a general hospital if you are full?—Yes; if we see that we should have to keep them a long time; if it is a very urgent case we should say, "You had better go elsewhere."

20941. How many out-patients did you have last year?—Five hundred and thirteen.

20942. Were those all new case?—Those were all new cases, separate cases.

20943. Then the attendances would probably be that number multiplied by three?—The attendances were 2,642.

20944. Have you sufficient accommodation for all these out-patients?—Oh, yes; there is never a very large number on one day; I think, perhaps, 25 is about the highest number.

20945. But was this hospital built as a hospital?—No, it is simply a private house.

20946. It is a private house accommodated for this purpose?—Yes.

20947. Now, as to your funds, what was your expenditure last year?—The expenditure last year was 1,018 *l.* 2 *s.* 4 *d.* In saying that, I am leaving out 400 *l.* repayment of a loan.

20948. £. 1,018, you say, was your expenditure, and your income?—The income was 1,387 *l.*

20949. You had a surplus?—We had a deficiency of 30 *l.* 5 *s.* 4 *d.*, taking into consideration the loans.

20950. But you paid off 300 *l.*?—We paid off 400 *l.* We received a legacy of 500 *l.*, and 400 *l.* of that we devoted to paying off the loan from the banker.

20951. And, notwithstanding that legacy, you had a deficiency of 30 *l.*?—A deficiency of 30 *l.*

20952. Do you generally have a deficiency?—No; we had about paid our way for two or three years previously.

20953. Have you been able to make any calculation as to how far the funds from the payments of people will go towards paying your expenses?

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[Continued.]

Chairman—continued.

expenses?—We calculate that each in-patient costs us about two guineas per week. Since the hospital opened our total receipts were 3,525*l.*, including the 500*l.* of legacy, that is receipts from the public, from subscriptions, and from donations; and from the patients, 2,798*l.* 13*s.* 8*d.*; so that, speaking roughly, they pay very nearly half the cost of the hospital.

20954. And what are your sources of income?—We get a certain sum from subscriptions. The annual subscriptions last year were 208*l.*, and the donations, 278*l.* 15*s.*; the legacy, 500*l.*; that included a grant from the Hospital Sunday Fund of 31*l.* 5*s.*, and from the Hospital Saturday Fund of 43*l.* 16*s.*, and collected by temperance clubs, 46*l.* 8*s.* 1*d.*

20955. And how much did that make for that year?—£. 448. 18*s.* from subscriptions and donations, and 438*l.* 19*s.* from patients.

20956. That is again about half?—Again about half.

20957. Do you appeal to the public for funds?—Well, not now generally; we appeal privately; members of the committee write and ask; but we have no collector, and we do not send out general appeals.

20958. Does anybody get any commission on any subscriptions?—No, not last year. Previously to last year there was a commission paid.

20959. Are you a salaried officer?—I have a salary.

20960. What is your salary?—Fifty guineas a year.

20961. And board and lodging?—No.

20962. Is there any co-operation between your hospital and general hospitals?—None at all.

20963. For instance, are any of your staff on the staff of general hospitals?—One of our surgeons is an administrator of anæsthetics at the Women's Hospital, Soho, and at the Metropolitan Hospital.

20964. I mean your medical staff?—Yes, one of our medical staff.

20965. There is no co-operation between the Metropolitan Hospital and your hospital?—No.

20966. Would it be advantageous if such a state of things could be done away with, and if co-operation could be brought about?—I think it would.

20967. Would any difficulty be placed in the way?—I do not think there would be any difficulty as far as the Gordon Hospital is concerned.

20968. Why is it not done?—I do not know; I do not think, from my experience, that any of the hospitals are disposed to co-operate with a special hospital.

20969. You think that it is a feeling of jealousy that prevents it?—Yes, I think there is a feeling no doubt (indeed, we know it to be so) that special hospitals are unnecessary on the part of a great many people.

20970. But you have never heard the idea started that there should be the co-operation I referred to?—It has never been proposed to us in any way, or by us.

20971. What number is the medical staff of your

Chairman—continued.

hospital?—We have now a consulting physician, two surgeons, and an administrator of anæsthetics.

20972. Have you any other hospital of this description anywhere within range of you?—No, the only other special hospital of this description is in the City Road, St. Mark's.

20973. And have you any general hospital close to you?—We are not very far from the Westminster Hospital.

20974. And have people, after going to the Westminster Hospital, ever come to you, do you know?—Yes, I think we have had patients who have been at the Westminster.

20975. You mean to say that where they have not obtained full relief at the general hospital they have come to you?—Yes, we have had patients come to us in that way.

20976. Would those patients be free patients or paying patients?—Sometimes paying patients, sometimes free.

20977. Do you make any inquiry into the circumstances of patients?—Yes, I do from them, not outside, or only very rarely. Sometimes we ask the Charity Organisation Society to inquire for us; if I thought that the case required it I would ask them to do so; and they sometimes send us patients.

20978. When you do appeal, do you appeal as a free charity, or how do you word that appeal?—We state the facts of the hospital, that we take free patients and paying patients. I think we put more prominently forward that it is for persons of limited means; the intermediate class.

20979. A sort of what they call part-pay hospital?—Part pay.

20980. Do you find that people are anxious to pay, or the reverse?—I think, very ready.

20981. They do not conceal their circumstances?

—I think they are very ready to pay. Of course we are an isolated case; payment is not general. I think if the paying system was general they would pay very readily. We have cases where they go to their friends and make up something more than they offered to pay when they came in, that is to say, they pay more than they had arranged for. We have had several cases of that kind.

20982. When cases come into your hospital, are they sent there by any medical man?—Yes, occasionally; not to any great extent.

20983. Are those patients people coming from London or from the country?—More from the country.

20984. Then as regards your nursing, do you train your own nurses?—Yes, to a considerable extent; our present nurses were both at Stockwell, one for five years, and one for three years, before coming to the hospital.

20985. How many have you, only two?—Yes, the matron and two nurses.

20986. And any probationer as well?—No, no probationer.

20987. You have those three women?—Yes, and a ward maid.

20988. Is there any chance of students obtaining instruction in the hospital in these special diseases?—The practice of the hospital is open to all medical men.

20989. But

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[Continued.]

Chairman—continued.

20989. But I mean students?—No, we do not take students at all there.

20990. Are you quite certain of your answer?—Perhaps Mr. Whitmore will be better able to answer that question.

20991. Then how do you feed your patients; is it by contract?—No, we have no contract; the matron conducts the housekeeping; she buys from week to week.

20992. And, then, who are these people under; have you any committee of any kind?—Yes, we have an executive committee, a finance committee, and a visiting committee.

20993. And how often do these bodies meet?—The executive committee meets once a month; the visiting committee, I am sorry to say, do not visit as often as I should like; some of them come occasionally; but the practical working of the hospital is done by the executive committee, which meets once a month.

20994. But they only meet once a month, you say, then in whose hands is the hospital when the committee is not sitting, in yours?—It is in mine, I suppose, as far as oversight goes. The matron has charge of the hospital and control of the staff.

20995. This hospital is an ordinary house with a few bedrooms in it?—Yes, it is only a private house, not specially built for the purpose of a hospital.

20996. Do these committees exercise any supervision at all?—Yes, everything goes before them at their meetings.

20997. Are the various small books placed upon the table?—All the accounts are laid upon the table; all the accounts pass through the minute books.

20998. Do they ever look at them?—Yes.

20999. And initial them?—No, they do not initial them; they are entered on the minutes.

21000. What is the number of the executive committee?—The number of the executive committee is seven.

21001. And your average number of attendances is about what?—About four.

21002. And what is your quorum?—The quorum is three.

21003. Then you have a visiting committee which, as far as I can make out, does not meet very often?—No, it is not supposed to meet; they are appointed to visit the hospital; they come down individually.

21004. Then you might call them visiting governors?—Yes. They are of course members of the committee.

21005. And then what is the other committee you spoke of?—The finance committee, which is practically the executive committee; they are really the same parties.

21006. Who compose the finance committee is the treasurer on it?—The treasurer is on it.

21007. And in addition to him all the other members of the executive committee?—Yes, all the others. The executive committee are the members of the finance committee; it is practically the same committee. Separate minutes are kept, but they meet on the same day, and one follows the other.

(24.) e

Earl Spencer.

21008. You said that there was a similar hospital in the City-road, I think?—Yes.

21009. Is that a hospital dealing solely with the same diseases as you deal with?—Yes, solely.

21010. What size is that?—That has 36 beds, I think.

21011. It is a larger one than yours?—Yes, very much larger.

21012. Have you ever had any plans for enlarging the scope of your hospital?—Not yet; we have never been in a position to undertake that.

21013. Could you take in a good many more patients if you had more room?—Yes, I think so.

21014. I suppose these cases can be treated well in a general hospital?—I have no doubt they can.

21015. Could you give us the reason why you think these special diseases must be treated in a special hospital and not in a general hospital?—I do not think I should be prepared to say that there is any particular reason; but we get a good many patients who are quite unable to pay the fees customary in private practice.

21016. That would be the same, would it not, in a general hospital?—But they would not be allowed to pay at all in a general hospital.

21017. But all yours are paying patients, are they not?—No, not all.

21018. But I understand, on the contrary, in the general hospitals there are some patients that pay?—I believe in Guy's, and one or two hospitals they have a paying patient at a fixed charge; it does not vary as in ours.

21019. Is that a sufficient reason why you should have a special hospital and not a general hospital for these diseases?—I think there is a great advantage in having a special hospital. I think these diseases are not very much attended to by the ordinary practitioners.

21020. Are they not well known, well recognised diseases?—I can only speak from my own experience. I suffered for many years and got no relief until I happened to go to this gentleman in London, who was one of the surgeons of the Gordon Hospital; he at once said that there must be an operation, and that he could cure me.

21021. Was he in general practice?—He was in general practice.

21022. That would be the case, I suppose, with many people; they might go even to a hospital with a particular disease, and have an operation; they could be attended to in a general hospital?—I did not consider that I was an eligible person for a general hospital.

21023. Not even if you paid?—I should not have liked to go as a free patient.

21024. The reason of the necessity of this special hospital is to treat those who can pay rather than those who cannot?—I think so; I think that is the main object. I think that when I myself joined the hospital I should not have joined it if it had been an entirely free hospital.

21025. The object is to provide treatment in a convenient house for those who can pay?—Yes; and my experience of the hospital leads me to

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Captain HINCKS.

[*Continued.*]*Earl Spencer—continued.*

think that it is very good for persons still poorer than those I first thought of; they cannot get the nursing or the proper attendance at home.

21026. Of course the small size of the hospital necessarily makes it more expensive per bed?—Yes, very much more so; I think that is very noticeable in comparing those two years, 1887 and 1889. In 1887, when the cost was 159 *l.*, we had five beds occupied; and in 1889, when we came to have 11 beds and nine occupied, it fell to 102 *l.* 10 *s.*

21027. Will you say how the hospital was started in the first instance; was it started by yourself?—Not by myself.

21028. Then was it started by a medical man?—Yes, it was started by medical men. Mr. Whitmore would be able to say very exactly about that. Mr. Benton, who was Mr. Whitmore's colleague, wrote to me and asked me whether I would join the committee of the hospital. As I understood, many patients came to him who were unable to pay his usual fees; he could not afford to visit them in various parts of London without fees, and he thought that a hospital which received payment as far as possible to cover the cost of maintenance and nursing would be a very useful thing.

21029. And he received, I suppose, a salary from the new hospital?—No, the medical men receive no salary; they receive no money advantage whatever from the hospital.

21030. Then it was for the good of his patients rather than his own good that he started it?—Well I suppose all medical men expect to get some benefit themselves in the way of experience and reputation from a hospital, but certainly it was not in any way directly for his own benefit.

21031. Do the medical men who usually attend your hospital also belong to other hospitals?—No, with one exception; Mr. Ogle is chloroformist at the Metropolitan Hospital and at the Women's Hospital in Soho.

21032. But with regard to those who perform the operations, do they also belong to any general hospital?—I think not, but Mr. Whitmore would, probably, be able to tell you.

21033. Was there any profit derivable from the hospital when it was first started by the promoters?—None.

Lord Saye and Sele.

21034. This hospital is on a very small scale, is it not?—Yes, it contains 11 beds.

21035. It is hardly worth while, is it, to keep up so small a hospital with such an array of names, 14 members of the committee, a president, and six or eight vice-presidents, and so on. Is your own time taken up by it as secretary?—Not entirely.

21036. It would hardly be necessary to have a secretary at all for a hospital of this size, would it?—I think they would hardly be able to carry it on without a secretary.

21037. You spoke of 25 out-patients in one day; would not that be rather an outside number for any specialist to see himself?—No.

Earl Cathcart.

21038. Could you tell us why it is called the Gordon Hospital?—It was called after General Gordon.

21039. The famous General Gordon?—Yes.

21040. An was that done out of compliment to him after his death?—Yes, after his death, with the consent of his family.

Chairman.

21041. How did you first accumulate funds so as to put the hospital in a state of efficiency to be started as a hospital?—I think that money was advanced by the surgeons.

21042. Trusting to luck to get the money back in subscriptions, and so forth?—Trusting to having it established. They never have received the money back.

21043. And trusting to the public to support it?—Yes.

21044. I think you told me that you are not supported by the Saturday and Sunday Funds?—We are helped by both the Saturday and the Sunday Funds. I would like, as you refer to the Sunday Fund, to make one remark. There was a misapprehension about the hospital. Sir Sydney Waterlow named the hospital as one that was invited to send a deputation and did not attend. It is, perhaps, my fault from not knowing the rules of the Sunday Fund; but we did not know that we had a right to attend, and we had no invitation. The letter was not worded so. We had an intimation that they would give us the grant, but not the full grant; but we were not asked to send a deputation, and we were not aware that we could do so. Had we been aware of it we certainly should have done so.

21045. You do not know the reason why you had a reduced grant?—They considered the management expenses too great, it was intimated. I do not think we were disposed to complain very much about it. It was felt that, in fact, they had been very heavy.

21046. Do you go through the usual form of having a dinner, a fête, and so forth?—No.

21047. You just get your money out of appeals?—Out of appeals.

21048. Have you a large debt at this moment?—£. 200.

21049. And how long have you been in debt?—The foundation of that 200 *l.* is the money advanced for furnishing to start the hospital.

21050. Was this money advanced by the surgeons?—Yes.

Earl of Lauderdale.

21051. I see you pay 106 *l.* 10 *s.* for "rent, rates, taxes, and insurance;" that is at page 24 of your seventh annual report?—Yes.

21052. Have you got the house on lease?—It is on the ordinary 21 years' lease.

21053. In whose name was it originally taken?—In the names of the surgeons.

21054. Who were the men who signed that lease; can you give us their names?—Mr. Benton and Mr. Whitmore.

21055. Mr.

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Captain HINCKS.

[Continued.]

Earl of *Lauderdale*—continued.

21055. Mr. Benton's name is not on this list?—He is dead.

21056. Then Mr. Whitmore is really responsible for the rent; is that so?—That is so.

21057. Is the name of the Gordon Hospital inserted in the lease, or is it taken entirely in the name of Mr. Whitmore?—I have not seen the lease; it was done before I became secretary.

21058. How many rooms has the house got?—Eight rooms above the basement.

Earl of *Arran*.

21059. Is there any arrangement made of a kind to secure the repayment of the money that was advanced to start the hospital?—I think not.

21060. So that, in fact, it was almost, you might say, a gift upon the part of those who started it. Has the money been repaid in any way?—Not in any way.

21061. Up to the present none of the money advanced by these gentlemen has been repaid?—No.

21062. And there is no bond or any security for the repayment?—No, no bond or security.

Earl of *Lauderdale*.

21063. That amount stands as a liability against the hospitals?—Yes, it is shown as a liability.

Chairman.

21064. What was the amount advanced in the first instance?—£. 200.

21065. Have you anything else you would like to say to the Committee?—I think not. I have some figures here; I do not know whether the Committee would care to have them. I have put down the districts where the in-patients came from last year; it might be interesting, perhaps, to the Committee to know that.

Earl *Cathcart*.

21066. But they seem to have come from all over the world; from India, and from every parish in England?—We get them from very far abroad. The numbers of each district are not down in the report. From the South West district we had 51, the South East district 37, the West district 11, the East 13, the North 19, the East City 2, the West City 4, and country places 20.

Chairman.

21067. Have you got a matron?—Yes.

21068. How much do you pay her?—£. 45 a year.

21069. Do you think that as a general principle it is a useful thing to have a hospital with an average of only nine working beds, which employs the services of a paid secretary, a paid matron, and a staff of nurses, and so forth, when the same work very likely could be done by a much smaller staff in a larger hospital?—I should very much like to see it larger; but I think the hospital is doing very useful work, and that we do meet the wants of patients who would not go to the general hospitals, that is to say, not as free patients.

21070. You mean to say that their pride would interfere with their undergoing treatment by a charity?—Yes.

21071. Is there anything further you wish to say to the Committee?—I think not.

Earl of *Lauderdale*.

21072. The bulk of your subscriptions and donations appear to have been realised between 1884 and 1885; can you give us a statement of your subscriptions and donations in the years from the time the hospital was built?—In 1884, the first year, the amount was 488 *l.* 17 *s.* 4 *d.*

21073. In subscriptions and donations?—In subscriptions and donations. In 1885 it was 402 *l.* 6 *s.* 2 *d.*; in 1886, 306 *l.*; in 1887, 397 *l.*; in 1888, 426 *l.*; in 1889, 556 *l.*; and in 1890 948 *l.*, including a legacy of 500 *l.*

The Witness is directed to withdraw.

MR. W. T. WHITMORE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

21074. You are the Surgeon of the Gordon Hospital for Fistula?—Yes.

21075. Were you one of the gentlemen who originally started the hospital?—Yes.

21076. What was your object in starting the hospital?—My object in starting it was this: It seemed to me that there was a great want for such a hospital. There was not another hospital like this in London, not on the same principles.

21077. Are you on the staff yourself of any general hospital?—No.

21078. But would not all these cases be treated equally well at a general hospital?—Well, anticipating that question, I have brought a letter from an old patient that might interest the Committee. That letter is dated February 1891, and is addressed to the Secretary, and, without mentioning names, which would be somewhat invidious, I will read the substance of it:—"I beg through
(24.)

Chairman—continued.

you to bring my case under the notice of the Gordon Hospital Committee, and to bear testimony to the very efficient manner in which I was treated at that hospital. In September 1890 I became ill shortly after I entered the hospital here" (that is, where he is living), "where I underwent an operation, and remained six weeks. In January 1890 I went into a hospital" (somewhere else; it is just as well not to mention names), "where I was again operated upon, and detained nearly 12 weeks, but without receiving any benefit whatever. In May 1890 I obtained admission to the Gordon Hospital, where I was operated on for fistula, and where I was, under Providence, cured." Then he goes on to praise up the hospital, and so on. Now, that is the sort of letter that we are constantly in the habit of receiving. Therefore, that would answer your Lordship's question as to whether these cases are

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Mr. WHITMORE.

[Continued.]

Chairman—continued.

as well treated in a general hospital as in a special hospital.

21079. At the same time, the professional advice which is given to patients in the big London general hospitals is certainly not inferior to the advice they would receive at your hospital?—I am not at all in a position to criticise the treatment of the general hospitals, and should not like to do so.

21080. I do not know whether the hospital referred to in that letter was in the country or in London. But it is a fact, is it not, that the most distinguished surgeons are on the staff of the London general hospitals?—I have always believed so; I have always supposed so.

21081. Therefore, that being the case, in a London general hospital the advice and operating would be as good as it is in a special hospital?—I cannot offer an opinion on the treatment of the general hospitals. As a matter of fact, in answer to your Lordship's question, I may repeat that the letter which I just now read is a letter similar to many that we get in cases where patients go to a general hospital, where they have been treated for months and years by general practitioners and general surgeons. They come to the specialists and they are cured.

21082. Your average of beds is nine, I think, occupied?—I am not prepared to go into the figures of the hospital; I leave that to Captain Hincks.

21083. I will just put a question to you which I put to him. Do you think it is worth while having a hospital with a salaried staff, the expenses of secretary and matron, and so forth, for a small number of beds like yours?—These expenses of the paid officials, Captain Hincks and the matron, I take it, as compared with other hospitals are merely nominal; just in the same way as the hospital itself is in embryo.

21084. The matron's full time is taken up, is it?—Very much taken up.

21085. And she lives in the hospital?—She lives in the hospital.

21086. So that although with regard to the secretary's time, that is more a nominal occupation?—No, I beg your pardon, it is not a nominal occupation. His time is taken up a very great deal by interviewing these patients. I think he was very modest in giving the Committee an account of what he does. The amount of work is enormous; he has to interview all these people, and it takes up a lot of his time. It is not "nominal" at all, I assure you.

21087. Yet at the same time, though your salaries are lower than they are at the general hospitals, your expenses are very much larger per bed?—These calculations, I must admit, I am not prepared to go into; I leave them to the committee and the secretary, and I avoid them. I am not very good at figures myself, I have quite enough to attend to by attending certainly three times a week, and I cannot be bothered with the figures.

21088. Were you one of the gentlemen who advanced a sum of money to start this hospital?—I was.

21089. Do you see your way to getting it back?—Well I should never bother the com-

Chairman—continued.

mittee for the money unless I saw that they were in funds. I think that it is money well spent, if I did not get it back; it has done a great deal of good. I should be very pleased to receive it back, I must say. I expect to receive it back some day.

21090. Then your object in starting this thing was more philanthropic than anything else?—Certainly.

21091. Do you term yourself a specialist?—Yes, I term myself a specialist.

21092. A specialist, I mean, as opposed to a general practitioner; or are you a general practitioner as well?—No, I am not a general practitioner as well.

21093. And are you in favour of other branches of the medical profession having their special hospitals?—Certainly I am.

21094. For the reason that you think the work would be better done there than in the general hospitals?—No, not to compare them at all. I think that for the good of the public and the good of everybody the special hospitals ought to be supported; not because the work is worse done, or not so well done, in the general hospitals. If you get a specialist in the general hospital you find that his cases will succeed and do succeed.

21095. Is it not the case now that the large general hospitals with schools all have their various departments for these various diseases?—No, indeed they have not; not for these rectal cases, certainly.

21096. But are not rectal cases treated in general hospitals?—Yes, they are; with the result that my unfortunate patient mentions.

21097. Do you have any students at your hospital?—Yes, the more the better; we encourage them to come all we can; we advertise to that effect.

21098. And do they come from other hospitals to see your work?—Well, if they are students they must be attached to other hospitals, because ours is not a school.

21099. Do you ever have from a general hospital, or from any other medical men, cases of this description sent to you for treatment?—No, not directly from other hospitals. It is difficult to know how they come. The committee of another hospital have never sent them, but I have had cases sent me by hospital surgeons.

21100. That is a sort of co-operation between the other medical men and your hospital?—No, not co-operation. They know that these cases are treated by the surgeons attached to the Gordon, and they send them on, saying to the patient, "Well, you can be treated there."

21101. Do you think it has ever occurred that they have been sent to you in that way by a surgeon who is on the staff of a general hospital?—Yes, I know it has.

Earl Spencer.

21102. Did you start the hospital in order to supply a place where you could operate on paying patients, or to benefit people who could not afford to pay the expenses of a surgeon?—Do I understand your Lordship to mean to pay me or to pay the hospital, when you say "paying?"

21103. To pay the hospital, I mean. I understood

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MR. WHITMORE.

[Continued.]

Earl Spencer—continued.

stood from the previous witness that it was in order to found a place where paying-patients could go for the purpose of operations; not in order wholly to afford free admission to those who could not afford to pay?—There was a slight misunderstanding, as I understand it, on the part of Captain Hincks, in the answer which he gave on that subject.

21104. Will you explain your view?—From what I understood of his answer, I think Captain Hincks led the Committee to suppose that he was treated at the Gordon Hospital himself; which was not the case. He was treated elsewhere as a paying patient by my late colleague.

21105. But was the hospital established for the sake of being a more convenient place for paying-patients, or for free-patients?—For paying; for patients who could pay something, but who could not afford to pay for an operation at home, and who did not like to go into a general hospital. People we find are very willing to pay something so that they may not be considered paupers. And this particular class of case is very delicate; they do not like to talk about it, and they will go anywhere to avoid that; they will say, "We will pay a few shillings, and we will be treated at the Gordon Hospital," or, "We will pay more; we will be very pleased to pay more."

21106. Are these cases cases that can be treated in ordinary houses quite safely by a surgeon, or must he have particular appliances, such as your hospital affords, in order for them to be successfully treated?—The question embraces such a wide field that in my answer it may appear as though I avoided it. The cases can be treated anywhere, as long as it is a nice clean room.

21107. They do not require a special hospital for treating them?—They require special treatment.

21108. But you can give that special treatment at home?—Of course you can give it anywhere; you can give special treatment anywhere.

21109. Then, according to you, the hospital was established in order that people who could not afford to pay for a surgeon at home might have the operation performed in a hospital?—Certainly.

21110. At a moderate rate?—At a moderate rate. The whole of the money that they pay goes to the hospital; it does not go to the surgeon; because if they could afford to pay a surgeon they would not be operated on in the hospital.

21111. I do not want to know the name of your patient who was treated before he came to you; but he was not in London, I understand you?—No, he was not in London; he was in Dublin. I could have brought a lot of other letters, if I had known they would have been received, from patients living in London.

Earl of Kimberley.

21112. I think you spoke of the hospital as being in embryo?—I consider it so; it has been in existence now for seven years.

21113. That shows that you are looking forward to its having a larger scope and being

(24.)

Earl of Kimberley—continued.

extended?—There is not the slightest doubt at all about that.

21114. And with regard to some of the expenses that are necessarily incurred, and that may now seem large in proportion to the small number of beds, you look forward to having a larger hospital, and then of course they will bear a less proportion to the whole expenditure. I mean the expenses of the matron and secretary, and so forth; you look forward to an extension of the hospital, and when the hospital is extended the expenses of such officers as the matron and secretary will bear a much smaller proportion than they now do to the whole expenditure of the hospital?—Certainly, when it is larger.

21115. Therefore you do not consider that that is a valid objection to a hospital which is in this embryo state?—When we come to splitting straws like that, I must say that I do not think that there is anything to be considered but the advantages that are to be obtained to the public, to the patients.

21116. Do you consider finance "splitting straws"?—I do in those amounts.

21117. You do not think, therefore, that it is important that the establishment expenses should not bear a large proportion to the whole expenses?—You must take into consideration the amount of good that an institution does. One man is willing to give a great deal more for relief than another; and therefore I am speaking in that view as a man who relieves the patient, not as a financier.

21118. Therefore you would see no objection to a hospital being established, however small?—A hospital must be started; you must have a commencement somewhere or somehow.

21119. That is the very question I asked you?—I did not gather the question.

21120. Then perhaps you will gather it now. I said that at the commencement of a hospital the expenses were necessarily large for the establishment in proportion to the whole expenditure; and I asked you whether that would diminish when the hospital had a larger extension?—I have answered that as far as I understand the question.

21121. You spoke of "splitting straws"; why is that "splitting straws"?—It was afterwards that I introduced that question of the proportion it bore to the amount of good that the patients obtain.

21122. I again ask whether you think it is a desirable thing that hospitals should be established in which the expenses for the establishment are very large in proportion to the total expenditure, is it or is it not desirable?—It appears to me that it is desirable in proportion to the amount of good that is obtained. A hospital must be started somehow or somewhere, it must have a beginning, and the expenses appear large in a small hospital.

21123. Quite so. Therefore I understand that your answer is "Yes"; that the defence of a large expenditure here is, that the hospital is at the beginning, and you look forward to its having a further extension; and then the expenses being smaller in proportion; is that so?—Yes.

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21124. Now

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Mr. WHITMORE.

[Continued.]

Earl of Kimberley—continued.

21124. Now, are you in favour generally, of special hospitals?—Yes.

21125. For all diseases?—Yes.

21126. Has it ever occurred to you that these special hospitals established for all diseases would interfere very much with the teaching in the general hospitals?—No.

21127. Would it not detract from its efficiency?—Certainly not; it would not detract in the least; it would do good.

21128. Why would it not detract in the least?—Because the education of the students would be concentrated; the students could go to the head centres, so to speak, of specialism, and they could study the subject much better, much more easily, than at the general hospitals, if the theory were carried out thoroughly.

21129. Would you have any general hospitals?—Well, I would not have these colossal hospitals that are running to seed, so to speak.

21130. You look upon the general hospitals with a great deal of suspicion?—No; I was very well taught in my student days in one of them, but in my particular line I never learnt anything there: in this particular specialism to which I am now attached.

21131. But if these institutions are going to seed, as you say, does not that imply rather a censure upon them?—I did not say they were going to seed; I said that in my opinion they were.

21132. Perhaps that distinction would be considered “splitting straws.” If in your opinion these general hospitals are going to seed, that is pretty strong condemnation of them, is it not?—No, I do not think because they are going to seed that that is any reason why they are not useful.

21133. Would your idea be that you could have a whole network of special hospitals, each for a special disease, and that you could conduct the education of students by that means as well as now?—Yes, better.

21134. And I suppose you would wish these special hospitals to be of a certain size, of course, not to be too small?—Well, it would depend upon the speciality treated.

21135. You think that there would be some that would be very small?—No, I do not; if they had all arrived at a certain time when the size was established; if you would let the hospitals run on to a certain size I should think myself that they would get a considerable number of beds.

21136. Pending the establishment of that system, you would tolerate the general hospitals?—You must “tolerate” them apparently; there is nothing else.

Lord Clifford of Chudleigh.

21137. You were connected with the original founders of the hospital?—I was.

21138. What was the number of your staff when you commenced; was it the same as it is at present?—The same.

21139. Then you had 21 patients to begin with, I see?—Yes.

21140. Was it only for part of the year, that 21 in 1884. There is a list here, and I see that in 1884 there were 21 in-patients under treatment; and in 1885, 97?—We had two surgeons, and then we elected an assistant surgeon.

Lord Clifford of Chudleigh—continued.

21141. I was not speaking so much of the surgical staff as of the staff of the matron, and so forth?—We had a matron and a nurse, I think, who used to come in often; we used to get nurses from King’s College; we used to get nurses from different parts, according to the number of cases we had in, to save expense.

21142. Then in 1888 the number rose from 98, which it had been the year before, to 130, and there were last year 157; does that increase necessitate any enlargement of the establishment?—It depends on the case. You may have one case that requires a nurse night and day, and you may have another case that requires the attention of one nurse in the daytime. It depends on the severity of the case. It may be that we have severe cases on or we have not; it depends upon the cases, not so much upon the number.

21143. Do you suppose that the hospital is increasing in usefulness, so far as increasing its numbers is on evidence of that?—Yes, I think the numbers themselves will show that. We have brought the reports ever since it was started, and you will find that they have increased from year to year.

21144. The last three years they have not increased; that is the reason I asked the question?—Because we have not increased in beds; we cannot get any more beds in the house.

21145. If you wished to increase them now, you must have a new house?—A new house, or add to that one; and if I might be permitted to do so, I should like to say this: that we have always gone on the principle of not running into debt, after the establishment of the hospital. We try to pay our way, but we do not run into debt and then appeal to the public to help us out. It will be seen that in the statement of the report of 1889, we make a special point of that; we would rather keep it within our limits than run into debt.

21146. The particular point I want to arrive at is this, that if you had the opportunity of enlarging your house it would be possible to increase the amount of work done by your hospital, the number of patients treated, to a very great extent?—Yes, certainly.

Lord Saye and Sele.

21147. As it is, do you not think the personnel of the hospital is out of proportion to the number of cases treated?—No, I do not, and I do not think that you would if you were to see the cases and see the attention they require. These cases require a great deal of attention. I could go into particulars, but I will only say that each patient absolutely requires, I suppose, until after the fourth or fifth day after the operation, attention for the length of half-an-hour at the very least.

21148. The fact remains that there are only nine beds occupied, and there are only 25 out-patients seen in a day?—But to answer your Lordship’s question, I do not think that the personnel is in excess at all. I think the staff, really and truly, are overworked. I think we ought to have had more, and I certainly would advise

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Mr. WHITMORE.

[Continued.]

Lord Saye and Sele—continued.

advise the committee to have more if we had more money.

Earl Cathcart.

21149. Did you select yourself the honoured name of Gordon?—It was originally called the Western Hospital, and it was thought that the name "Western Hospital" rather too much localised it, as we found our patients coming from all over the world, and it was suggested by the committee, not by myself, that the name should be changed; the subject was discussed, and several names were suggested, amongst others that of Gordon; I was acquainted with the family of the late General Gordon, and I wrote to them and asked their permission, and I have their letter now where they said that they gave their permission and wished us all success.

21150. It was not so much to do honour to General Gordon, probably, as that you thought it was a name to fetch the public?—I do not know. I did not want to "fetch" anybody; only to do the most good I could for the hospital.

21151. At the same time it was a good name for the purpose to attract public attention?—Undoubtedly it was a good name, but it was not obtained with that object, because there were several other names suggested.

Earl of Arran.

21152. How many times in a week are you yourself obliged to attend at this hospital?—I am obliged to attend three days a week, unfortunately, and when I have bad cases there I make it my business to go very much oftener, to see to the after treatment. It is essential that the after treatment should be very thorough, and as we have no house surgeon there I go myself and dress the cases with the nurse and look after them; sometimes I go every day in the week, Sunday and all.

21153. I presume that, looking at your other engagement, although these cases, or a good many of them, could be treated in their own homes, if you had to go all round the town to treat them, you could not afford the time to do so?—I should make it my business to afford the time if they paid me.

21154. But I mean on the terms that you attend them at the hospital, you could not afford the time to go all round the town to attend them?—Certainly not.

21155. And that is one of the objects of a concentration of these cases, where the patients can pay something, in one spot?—Yes, for their good

Earl of Lauderdale.

21156. Did I rightly understand you just now to say, that these special cases could be treated in general hospitals, provided that there were a sufficient number of specialists to treat them, as in a special hospital?—They could be treated there. I cannot go into that comparison; I cannot compare our treatment with their treatment.

21157. Now, is the secret in the individual or in the place, that they are so much better treated in a special hospital?—There is no "secret" about it. They are not treated in the general

Earl of Lauderdale—continued.

hospitals, or they do not get well; not all of them at any rate.

21158. Then you attribute the better treatment of these cases in the special hospital to the place or the locality, do you?—No, I attribute their better treatment more to the fact that they are treated by a man who is always operating on these cases; the surgeons know how to treat a case. You may tell a man how to swim, and yet when you throw him into the river he cannot swim; and so lots of people operate on these cases, but they do not cure them.

21159. We will put it in another way. Supposing you were treating a special rectal case in a general hospital, would not that case be as effectively treated by you as it would be treated by you in your own hospital?—Certainly.

21160. Then what is the advantage of a special hospital for these cases?—Because you get men attached to the hospital who are constantly treating one special class of case.

21161. But if you had the same men who treat these cases in special hospitals treating them in general hospitals, would not the treatment be as effective in the general hospitals?—If they devoted their time as much to the special cases in the general hospital as they do to the special cases in the special hospitals.

21162. Then the result would be exactly the same?—The result would be exactly the same.

Chairman.

21163. We were told just now that the average of your beds occupied was nine?—If the secretary said so it is correct.

21164. And that you have one matron and two nurses?—And a ward-maid.

21165. But the ward-maid does nothing in the way of nursing, does she?—Yes, she does a great deal in the way of nursing; she sits up all night, sometimes.

21166. Then, is she the night nurse?—No, she is the ward-maid.

21167. But does she act as night nurse?—Certainly, on an emergency; if the nurses are knocked up she is told to sit up, and if there is the least alarm she rings the bell, and the matron goes up; but that is the exception.

21168. Somebody sits up all night with the patients, I suppose?—No, nobody sits up all night, unless it is necessary. If there is an important case, one that has been recently operated on, and there is a danger from bleeding, then someone sits up; we occasionally get in outside help in such a case.

21169. Then, you have to get in an outside nurse occasionally?—If necessary, and pay her.

21170. I was leading up to that; that number of two is a small number of nurses for the number of patients if a night nurse is required?—But I have just said that what extra assistance is required is brought in.

21171. Is there anything else you would like to state?—No.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, at Twelve o'clock.

Die Jovis, 30^o Aprilis, 1891.

LORDS PRESENT:

Earl WINCHILSEA AND NOTTINGHAM.
Earl of LAUDERDALE.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.
Lord SANDHURST.
Lord LAMINGTON.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. FREDERICK WALLACE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

21172. YOU are a general practitioner, are you not?—Yes.

21173. And will you tell us what qualifications you hold?—I am a Licentiate of the College of Physicians and a member of the College of Surgeons also. I am a Licentiate of the Society of Apothecaries as well.

21174. Where does your practice lie?—In the north-east of London, in Hackney and Shoreditch.

21175. Is that a very poor district?—Well, of course Shoreditch is a poor district. The part of Hackney in which I am now residing is not so very poor.

21176. How are you off for hospitals in that district?—In the Hackney-road we have a children's hospital, the North-East London Children's Hospital.

21177. Is that a large building?—It is a good sized building.

21178. And is there any general hospital in that district?—The nearest general hospital would be the London Hospital in the White-chapel-road.

21179. That would be some distance, would it not?—About a mile and a-half from my Hackney-road address. I might, perhaps, state that I have been in practice in the Hackney-road till about 19 years ago, when I moved to Upper Clapton, which is part of Hackney Parish; but I still keep up my connection with the Hackney-road by a partner there, and I have been nowhere else in practice; in fact, I was born in that neighbourhood, so I know the neighbourhood well.

21180. Let me follow up my previous question: are there any dispensaries besides these general hospitals?—There is no public dispensary in the neighbourhood of the Hackney-road; there is the Stoke Newington Dispensary.

21181. Is that a poor law institution or a provident one?—That Stoke Newington Dispensary (24.) e.

Chairman—continued.

sary is a subscription dispensary, kept up by voluntary subscriptions.

21182. That is a charity, in fact?—Yes, it is.

21183. And then is there a poor law dispensary?—There is the Shoreditch Union Dispensary in Hoxton-street.

21184. Then is the Metropolitan Hospital anywhere near?—The Metropolitan Hospital is in the Kingsland-road; it is within my radius.

21185. And all these places, I think we have been told (certainly we have as to two of them) take free patients, do they not?—The Metropolitan Hospital attends, I believe, the out-patients for a first time gratis; then, I think, they insist upon their joining a provident dispensary in connection with the hospital.

21186. Now do you find that these free charitable institutions interfere with your practice?—I do not think there is any doubt about it at all, that they do very much interfere with the practice of the general practitioners in the neighbourhood. Some 25 years ago when the Children's Hospital was established in the Hackney-road, and I (being then of course a young man) was in practice with my brother, there is not the least doubt that we felt a great falling off in our work in consequence of the establishment of that hospital.

21187. In fact, that hospital is a provident institution, I think, now?—No; they do pay a trifle, I believe, now at the Children's Hospital.

21188. In fact these free charities, to use a term which we have heard a great deal lately, "sweated" you?—Undoubtedly.

21189. Are you on the staff of any of these dispensaries or hospitals?—No.

21190. Where did you get your medical education?—At Guy's.

21191. Have you ever considered the question of the indiscriminate admission of out-patients?—Well I have not considered it, not thoroughly. I have my opinion that it is very much abused,

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although

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Mr. WALLACE.

[Continued.]

Chairman—continued.

although not so much abused now as it used to be both at the London and at Guy's.

21192. Speaking generally, you consider that the out-patient department is abused?—I should not like to say so, at the London or at Guy's.

21193. At any rate there is a very large mass of out-patients taken gratis?—Yes, I think, of course in all large establishments like that there must be a certain amount of abuse, but I do not think that either of those out-patient departments, as they at present exist, is very grossly abused.

21194. But then do you think that a large number of those people go to these free out-patient departments who, were there no free out-patient departments, would go to private practitioners?—A large number must, would be obliged to, go to practitioners in the neighbourhood under those circumstances.

21195. Or else the poor law?—Yes.

21196. And in your experience are the poor law institutions very much disliked by the poor?—No, I think not. I have been parish doctor myself for 10 years, and I think since the introduction of Mr. Gathorne-Hardy's Act, and the establishment of the poor law dispensary system, there is no question that there has been a great alteration in the feelings of the poor with reference to the parish infirmaries.

21197. You were a parish doctor yourself at one time, you have said?—Yes.

21198. Have you ever had any opportunity of seeing what goes on in an out-patient department?—Well, my time has been so fully occupied since I left Guy's that I have not been there for 25 years.

21199. So that you cannot speak as to the overcrowding of out-patient departments?—No, I cannot really speak as to what is going on now.

21200. Do you think that by any amount of organisation we could check this large number of out-patients?—I think the London Hospital has rather proved that; I think they have some inquiry officers, and since that inquiry officer has been appointed the number of out-patients has been considerably less, and we have not heard of the abuse amongst ourselves so much.

21201. So that things do tend to improve?—Certainly at the London.

21202. Has the provident hospital, the Metropolitan Hospital, affected you?—It has affected us very greatly, and I think it is the Metropolitan Hospital upon which I have more to say perhaps.

21203. The Committee will be glad to hear anything you wish to say?—The Metropolitan Hospital was removed from the City into the Kingsland-road. They say that they moved it into a very poor neighbourhood; I dispute that. The situation of the hospital is not in the poorest part of Shoreditch or Dalston. After they had been there for some little time, it seemed that they found matters did not go on very well; they wanted more money; and so they started this idea of the provident scheme to make the thing pay, as we have heard. There was a meeting called, I believe, of the medical men of the neighbourhood (I believe I was invited, but I was unable to attend) to consider this matter. Some six or seven attended; but the rate of pay-

Chairman—continued.

ment that was proposed at that time was so low that most of the men declined to have anything to do with it, and no further meeting was called. We consider that it was in no way intended that the hospital should have attached to it this provident scheme, and so almost cut out the general practitioners in the neighbourhood from getting a living, I was going to say, in some cases.

21204. And the effect that it has produced is as serious as that, is it?—Undoubtedly. The outcome of it was that there was a round-robin signed by nearly all the medical men in the neighbourhood, protesting against the provident scheme.

21205. Then they take in their patients on reduced fees as it were?—On reduced fees. You pay so much a week; I think 6*d.* a week is the maximum for a family.

21206. And you think that that is unfair upon the general practitioner?—Because we find that people are joining this provident scheme who have been in the habit for years of paying the local practitioners not large amounts, but still fair amounts, fair accounts.

21207. You speak for a large number of medical men, do you not?—Well, the gentlemen who signed this round-robin, I think nearly all of them, are personal friends of mine, and I know their feelings very well on the point. I think I may speak without exception. There are one or two men in the neighbourhood of the hospital who have joined the staff, but I think with these exceptions the men in the neighbourhood are very much opposed to the provident scheme of the Metropolitan Hospital.

21208. As I understand, the reason you are opposed to it is that it is placed in a neighbourhood where it is not needed?—Not absolutely needed; it is not in an absolutely poor district, not like the London Hospital or the Children's Hospital in the Hackney-road.

21209. You are not prepared to speak as to the crowding in the out-patient department in the matter of diagnosis, and so on, and the inconvenience that is caused by it?—It is so many years since I was in an out-patient room that I do not think I ought to speak about it.

21210. Have you any opinion as to the overlapping of hospitals one with another?—That does not obtain in my neighbourhood at all, so I really could not speak to that point.

21211. Then have you any opinion as to the treatment of lock cases; that is to say, do you think that the free treatment rather encourages disease than otherwise?—I cannot hold that opinion that the free treatment encourages disease; I do not believe that at all.

21212. Have you any opinion as to the pauperising of the public by charitable institutions?—No.

21213. Have you any opinion on special hospitals?—I think the special hospitals are necessary to a certain extent; but one does not like the origin of them. I think that as far as is possible I would encourage special departments of general hospitals in preference to special hospitals.

21214. Will you go so far as to say that there are good special hospitals and bad special hospitals?—Yes, certainly.

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21215. For what nature of disease would you favour special hospitals?—Diseases of the eye, diseases of the bladder, and diseases of the larynx.

21216. And consumption?—I should not say that a special hospital was necessary for consumption, except, of course, as in the case of the Victoria Park Hospital, for the separation of patients from other patients.

21217. Then as regards cancer, would you have a special hospital for cancer?—I do not think that is necessary at all.

21218. And for diseases of women?—I think that is adequately provided for by the special departments at the general hospitals, and better provided for.

21219. Have you ever tried to co-operate as a practitioner with hospitals; that is to say by sending cases in to certain hospitals where they could get much more extensive treatment than you could provide for them in their own homes? Yes, I have, undoubtedly.

21220. Might not that be carried out to a very large extent?—I do not think it could be carried out to a very large extent. Take the Children's Hospital in the Hackney-road, for instance; I have been very pleased to send a child in there with diphtheria or croup, to be operated on for tracheotomy, where it would be utterly impossible that it could be done in its home.

21221. But still, if it can be done in a small degree, it can be done in a large degree, cannot it, by organization?—But these cases do not crop up so frequently; they are very isolated cases. It may not be necessary to co-operate with a hospital more than once a year.

21222. Do you think that general hospitals could co-operate with special hospitals?—That I am not prepared to answer upon.

21223. That you have got no opinion about?—No.

21224. Have you any opinion as to the extravagance of hospitals?—I have none whatever. Having nothing to do with the management of any hospital, I cannot speak to that point at all.

21225. Would you like to see the physicians and surgeons receive pay at the hospitals?—No, certainly not.

21226. You think that the present honorary system is the best?—Yes.

21227. Are you in favour of big general hospitals?—I am afraid that is rather a question that I was not prepared to talk about so much.

21228. If there is any particular branch of our inquiry as to which you have any opinion, we shall be glad to hear your opinion?—With regard to the Metropolitan Hospital I do not know whether it is in the scope of the inquiry to talk about the cheap dispensary system in London.

21229. It is fully within the scope of it. I will ask you a question as to the dispensaries; how do you define a cheap dispensary?—I define a cheap dispensary as an advertising "shilling-a-week" dispensary, where they advertise either by handbills, or by painting on the windows of the shop, or the door, the various prices and charges for attendance either out-door and in-door, and a dispensary, such as is conducted probably by a

(24.)

Chairman—continued.

qualified man acting as assistant to another man, who has, perhaps, several of these places. One man, I believe, has 25 of these dispensaries in London, managed by qualified assistants.

21230. That is a paying business?—I have not the pleasure of knowing the gentleman; I do not know whether he makes it pay; but as it has gone on now for some years probably it must pay.

21231. Then the patients pay for everything they get there?—They pay a shilling a week.

21232. What is your objection to it; that the advice is inferior?—Undoubtedly; and in many cases it leads to an offence in the fact of covering; the covering I mean, of unqualified men by qualified men who never see the cases at all. At some of these dispensaries there is no qualified man at all.

21233. Where is one of these dispensaries, or where are they generally?—All over the East-end of London you find them.

21234. But can you specify any particular place, because your statement at present is rather a general one?—Well, I brought with me a book in which I have collected various handbills referring to these dispensaries.

21235. Perhaps you would read one?—"The Stamford Hill Provident Dispensary, 8, Willow-terrace, eight doors below Stoke Newington Station. Attendance is given at this institution every day at the times mentioned below by a legally qualified and registered physician and surgeon. Fees: consultation and medicine, sixpence; visits with medicine, and within one mile, one shilling and sixpence; midwifery, fifteen shillings; first confinement, one guinea; vaccination, Tuesday morning, one shilling. All fees to be paid in advance. Messages for visiting patients at their own homes should be left at the dispensary by 10 a.m. Urgent cases attended to at any time. Hours of attendance: morning, from 10 till 1; evening, from 6 to 9. Sundays evenings from 6 till 8." That is the style of handbill circulated in the neighbourhood.

21236. Now that advertisement states that the advice is "qualified"?—Yes, it would be in that case.

21237. Have you got any advertisement where you consider that the advice is not qualified?—All the advertisements are issued of course by qualified men; the patients are sometimes left to unqualified men to attend to.

21238. How do you know that they are left to unqualified men; have you ever attended at some of those places?—We have attended inquests where children have been taken to dispensaries and seen by unqualified men, the parents of the children thinking that they were seeing a qualified man. The child has died, sometimes suddenly, and they have sent for me, and I have not been able to give a certificate because I have not seen it before death; then I have sent it to the dispensary for a certificate; then the unqualified man says: "I only saw the child; there will have to be an inquest."

21239. And that has come out in the evidence?—That has come out in the evidence; the qualified man, the covering man, living, perhaps, two miles off. I thought I had with me

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here an account of an inquest I have attended in that way, but I do not seem to have got it.

21240. Can you give us any further indication of this network of cheap dispensaries where you said that one man had 25 under one organisation?—I have not it in this book, but I know that for a fact, that there is a man in London who has 25 dispensaries scattered through London.

21241. Will you give us a list of these 25 dispensaries?—I have not it with me.

21242. Who is the promoter of all these 25 dispensaries?—Shall I be right in mentioning his name?

21243. Yes, you will be quite right in mentioning it?—I believe he is a Dr. Bourke. As far as I know, all Dr. Bourke's dispensaries are properly conducted by qualified men; I have nothing to say to the contrary.

21244. Then what is your objection to them?—That there must be constant changes in the establishment. It is impossible for one man to keep 25 qualified men always in their berths; there must be constant changes, and it is bad for the patients that there should be.

21245. And then also these reduced fees affect the rest of the profession prejudicially in your view?—Undoubtedly.

21246. That is your principal objection?—Yes.

Earl of Arran.

21247. Do I rightly understand that though these assistants who are covered by the man who runs these dispensaries are qualified, the advice they are likely to give is not of the highest character?—It would be impossible for a man to get a thoroughly educated qualified man, a good class man, to attend to these dispensaries at the East-end of London for the salary that is given.

21248. So that, though they may be qualified, their advice is not of the highest description?—Certainly not.

21249. You have no idea what salaries Dr. Bourke pays to any of these assistants?—I think it is a salary and commission on work done. There are other men who have six, five, and four dispensaries. I think I have never heard of anyone else having so many as this particular gentleman.

Lord Zouche of Haryngworth.

21250. Who would be the unqualified practitioners who would attend to these cases?—Probably senior students, third and fourth year men, at the hospital; sometimes chemists' assistants.

21251. Would they ever be absolutely ignorant men?—No; I should not like to say that they would be absolutely ignorant.

21252. You would not go quite so far as that?—No.

21253. But not men who really would be competent to advise in any serious cases?—Men who ought not to be employed certainly in that kind of work; I think I am quite safe in saying that in many cases.

Lord Thring.

21254. Does not the very number of these dispensaries show that they supply a public

Lord Thring—continued.

want?—Well, I think that there is a public want undoubtedly, and that public want is a properly organised provident scheme.

21255. You admit that some of these dispensaries are worked by qualified men; in fact, I think, with reference to that very gentleman you mentioned, who has 25 dispensaries, you have told us that they are all worked by properly qualified men. What more do you want for the benefit of the public?—I say that they cut into the local general practitioner and sweat him; a man who has been there all his life, perhaps, and his father before him.

21256. In other words, it is competition?—It is a competition, but we do not regard it as a fair one.

21257. But why not?—Of course we cannot bring our fees down to theirs.

21258. Why cannot you set up an opposition dispensary?—We could not do that.

21259. Why not?—I should be very sorry to start a shilling a week dispensary in the neighbourhood in which I have lived all my life.

21260. You mean it is *infra dig*?—Certainly. If the patients got the full value for their money, I should not have much to say about it; but I am sure they do not.

21261. But why not; that is the very part I do not understand. The public throng to these dispensaries; therefore, they obviously think that they get full value for their money?—They go for a week or two and then they come to us.

21262. But then dispensaries would not last if that were the case generally?—They go on; they are constantly advertising, and they have changes of assistants.

21263. Does it not amount to this: that it is a professional objection; that there are a certain class of men who advertize in a way which you do not think consistent with the dignity of the medical profession. That is what it amounts to, does it not?—Yes.

Earl of Lauderdale.

21264. Is it the fact that these dispensaries you have been speaking of are only open at certain hours in the day?—From 9 till 1, and again in the evening from 6 till 9.

21265. There is no great hardship, is there, in any man being able to attend to these cases for that number of hours, a duly qualified man?—No.

21266. You said just now that they could not arrange always to have a duly qualified man ready to attend upon these patients. If the place is only open for a few hours like that, there ought to be no difficulty in making an arrangement for a duly qualified man to attend?—But the supply of qualified men ready to take that kind of work must be very limited. They will not go into a shilling a-week dispensary.

21267. What would you suggest in place of these dispensaries; would you abolish them altogether?—Of course I know the poor must be attended to; I am not objecting to that at all; but it is the advertising dispensaries, those advertised by means of these handbills and shop fronts,

21268. But for people of this class who are able to pay their shilling a week and no more, what

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what would you suggest?—I should have a properly constituted provident scheme for them, so that they paid so much a week during health for medical attendance during sickness.

21269. How do you mean “a properly constituted provident scheme”?—The same as there are in provincial towns, medical aid associations.

21270. Under some central authority, you mean?—Under an authority managed by the members themselves.

21271. That is pretty much the same thing as is the case here, where you have one individual setting up these establishments on his own account without any expense to the public, simply for the use of those who choose to go to these establishments; and the fact of their going on so long appears to show that it is a necessity rather; I cannot see that you have suggested anything preferable to this?—I have in my mind the medical aid associations that exist in provincial towns.

Lord Monkswell.

21272. You say you do not know much about the out-patient system now, whether it is abused or not?—Not by observation.

21273. But you have a partner, you say, in the Hackney-road; he probably would have told you if the out-patient system was abused in his neighbourhood?—We have no special grievance as to that at the general hospitals, either the London or Guy's. We have no data to go upon at all.

21274. Then you do not at all agree with some medical practitioners who strongly object to what they call the overcrowded state of the out-patient departments, and to the fact that there is sometimes very little investigation into the means of the patients?—I am not in a position to speak as to that; I have not been to a hospital since I left Guy's.

21275. But probably if there was much brought up against the out-patient department, you would have heard about it from your partner?—Since there has been an inquiry officer at the London Hospital, I am persuaded the out-patient department has not been so much abused.

21276. I suppose your objection to this proposed provident scheme is simply because the payments are too low?—The payments are too low, and they take patients on when they are ill. It is by paying a little extra as a sort of fine that they get on, and they take them on when they are ill.

21277. You object to that as giving them a sort of an unfair advantage, as it were?—Yes.

21278. I suppose you would say that you suffer quite as much from private competition as you do from the competition of the hospitals, in the matter of these dispensaries?—I consider that we suffer very much more from the advertising cheap dispensaries than we do from the hospitals.

21279. Do you suggest any legislation to the effect that doctors should not be allowed to advertise or not?—I could not suggest any legislation on that point.

21280. Do you suggest any legislation at all on any point; have you thought about how it could be done?—My only idea is that of a large provident scheme for each district.

(24.)

Lord Monkswell—continued.

21281. You think that would kill the dispensaries?—If it did not kill them I think it would bring them to work all together, for the public good.

21282. I suppose you would say that the present law as to properly qualified assistants, and only properly assistants, being employed is not duly enforced?—That is the case at the East End, certainly.

21283. And you would like to see it enforced?—Yes. I should like to see the law against the covering of unqualified men by qualified men much more enforced than it is. The General Medical Council do prosecute in some cases.

21284. Why do they not prosecute sufficiently; do they not get evidence or try to get evidence?—If I wanted to bring a case up before the General Medical Council I should get myself into hot water with the people in the neighbourhood. I am the only man who could do it in my own neighbourhood. If I saw that an unqualified man was constantly seeing patients, if I stirred the law up I should get myself into hot water. It is besides a most difficult matter to get evidence.

21285. The fact is, as I understand you, that the public are so well satisfied with these unqualified practitioners that you would have a very bad time of it if you went before the Medical Council to complain of them?—No; I mean that there is a great difficulty in getting up the evidence in all these cases of covering; there is a great deal of trouble.

21286. I thought you told me just now that the public in your neighbourhood strongly object to your endeavouring to get up evidence?—No; I do not think the public would object to it. I do not think it is worth the candle. I think the public or some authority should do it.

21287. I thought you said that you would be very unpopular in your neighbourhood if you tried to do it?—Amongst a certain class of men I should be, certainly.

21288. What classes?—The man who is covering, for instance.

21289. I thought your statement was that you would be very unpopular with the inhabitants of the neighbourhood?—Oh, no.

21290. With the people who go to these dispensaries would you be very unpopular?—It is the covering that I speak of. The people who go to these dispensaries with unqualified men think that they are seeing a qualified man.

21291. You can explain to them, cannot you, that they are not seeing a qualified man?—But I cannot go down to the neighbourhood and explain it to everybody.

21292. If you come across instances of that kind amongst your own patients, you can say, “So-and-so is unqualified”?—But my own patients do not see the unqualified man.

21293. Surely, when an unqualified man is practising it must be perfectly easy for you to get up evidence upon the point; it must be notorious in the neighbourhood?—It seems easy, but it would be a very difficult matter.

21294. Then I understand that the reason that you do not go to the Medical Council in reference to this subject is, not that you are afraid that you would be unpopular for so doing, but simply because

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Lora Monkswell—continued.

because it would be extremely difficult for you to find out the real fact of the case?—To bring it home to the covering individuals. It would be very difficult.

Earl Cathcart.

21295. The real hold over an unqualified man is, is it not, when he signs a certificate; if he chooses to sign a certificate they can be down upon him immediately?—Yes.

21295*. Therefore you would not be surprised to hear of this case which happened in my own experience: that a practitioner was employed in the neighbourhood, and it came out at petty sessions when he was asked for a certificate that he dared not sign it?—Just so.

Lord Saye and Sele.

21296. You mentioned a case where a girl lost her life through seeking advice at a dispensary, did you not?—I mentioned a case where a child was taken to a dispensary and seen by an unqualified man. I do not say that the child lost her life through going there. They were unable to get a certificate from the dispensary when she died.

Lord Clifford of Chudleigh.

21297. I think you mentioned that it came out at the inquest that the child had been seen by an unqualified person?—I did not mention that it came out at the inquest. I sent the parents of the child to the dispensary to get a certificate; I said I could not give a certificate as I had not attended the child; and then they came back and said that they could not get a certificate at the dispensary; the gentleman refused to give it. The fact was he could not give it.

21298. Did you give evidence at the inquest?—I gave evidence that it was a case of sudden death through convulsions from teething.

21299. Did the unqualified practitioner who saw the child give evidence?—No.

21300. Why was he not called?—I do not know at all; he was not called.

21301. Would that have been a case in which the General Medical Council might have acted?—I think that case was taken up by the General Medical Council.

21302. You do not know with what result; you say that your remedy for the evil caused by these advertising dispensaries is a well-arranged and thorough system of provident dispensaries?—Yes.

21303. The system of the Metropolitan Hospital, I take it, is that of a provident dispensary?—Yes.

21304. Could you say in what that system differs from what you call the proper system; I understand you to object to that system?—I object to it, because they bring the hospital into a neighbourhood, and they engage medical men

Lord Clifford of Chudleigh—continued.

to work the provident scheme who are not connected with the neighbourhood; that is to say, they put five medical men on to work that scheme, who attend at the hospital and see out-patients, three of whom do not live in the neighbourhood at all. If the Metropolitan Hospital had taken on all the men of the neighbourhood who would have liked to join that scheme, then I do not think there would have been anything unfair about it; that is to say, if they had given us all, or those of us who wished to become surgeons to the scheme, an opportunity to do so.

21305. Is that the fault of the hospital, or is it in any way the fault of the resident medical practitioners?—The resident medical practitioners never had a chance of joining in the matter. They were never asked except that in the first instance, when the hospital first came into the neighbourhood, they had a meeting, to which they say they invited 70 or 80 of the medical men. I was invited myself; I did not go; only six or seven did go. The scheme propounded then to the profession of the neighbourhood was a very crude one; the fees were to be lower than they are now. The midwifery fee was to be a fee of 15 s.; now they have raised it to a guinea; and it was that fee that upset the local practitioners I think a great deal.

21306. Is it not true to say this, that the hospital proposed a plan which did not find favour with the medical practitioners of the neighbourhood, and that, therefore, they were obliged to go outside the neighbourhood?—I think after they had modified their plan, if they had given the neighbouring practitioners the chance again, they would not have had to go out of the neighbourhood.

21307. And you think that the medical practitioners did work with the hospital in the way in which the hospital had a right to expect that they would co-operate?—They do not co-operate now very well with the scheme.

21308. But they do not appear to me to have ever co-operated with the scheme?—No, they never have. We should co-operate with the hospital, but you cannot send a patient there unless he joins the provident scheme.

21309. I mean they do not appear to have co-operated with the hospital in forming this provident scheme?—But we never had a chance, after the first meeting, before they modified the plan.

21310. But have you ever made any representation to them since they modified it?—No, not to the hospital.

Chairman.

21311. Is there anything else you wish to say on this point?—No.

The Witness is directed to withdraw.

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MR. GEORGE OWEN RYAN, is called in; and, having been sworn, is Examined, as follows:

Chairman.

21312. YOU are the secretary, are you not, of the Queen Charlotte's Lying-In Hospital?—I am.

21313. How long have you held that position?—Three years and 10 months.

21314. Previous to that how were you occupied?—Previous to that I was, for three years, steward of the Seamen's Hospital at Greenwich, and before that clerk to the secretary of the Seamen's Hospital at Greenwich.

21315. So that your training has been, in many respects, a training in the administration of a hospital?—Yes.

21316. What salary do they pay you?—£. 250 a year.

21317. And board and lodging?—No, I do not reside in the hospital; I lunch in the hospital.

21318. Who takes charge of the hospital during your absence?—The matron. There is a resident medical officer, and a matron, they would share in the responsibility.

21319. Would you tell us when your hospital was founded?—It was founded in 1752.

21320. Does it now occupy the same site?—No, it was re-built on the present site in 1856.

21321. And where is that?—At the west end of the Marylebone-road, the Edgeware-road end.

21322. Is it a paying hospital or a free hospital?—A free hospital.

21323. Have you anything to do with letters?—Yes, the letter system does prevail; but orders of admission are also granted by the visiting committee, after investigation of the cases.

21324. You mean to say if the case is very urgent?—If it is very urgent or a deserving case, on the recommendation of a clergyman, for instance, or some person of standing; the visiting committee would consider that case, and if it were a deserving case, they would grant an order of admission.

21325. You do not put their names down beforehand for some time?—Not necessarily, but the letter system is this: That a patient gets a letter from a subscriber, and the instructions on that letter are that the patient should attend the hospital at a certain time in the morning to register her name and obtain the order for admission. It is on this occasion, when she attends and registers her name, that the case is investigated over and above the investigation that the subscriber may have made beforehand.

21326. Then have you an out-patient department as well?—Yes.

21327. Is that very fully attended?—Fairly fully attended. The numbers have fallen off a little lately; but the numbers fluctuate. Last year we relieved 1,070 out-patients.

21328. Have you any knowledge how many attendances that would cover?—Seven attendances by the midwife on the out-patient, not seven attendances by the out-patient at the hospital.

21329. You relieve these cases at their own homes?—Yes, at their own homes.

(24.)

Chairman—continued.

21330. Are those midwives trained in your hospital?—Not necessarily. The majority of our out-patient midwives were trained in the hospital, and we prefer our own midwives for the work.

21331. Then, in addition to that, do you have an out-patient department where the women come?—No, it is simply a lying-in hospital for the delivery of patients in the hospital, and at their own houses. If I may quote the words of the charter they are: "For the reception as in-patients of lying-in women from all parts of the kingdom, including deserving single women with their first child, and for the delivery of married women and women giving birth to posthumous children at their own habitations in the metropolis." Those are the words according to the charter.

21332. As regards these single women there are certain, what you call, deserving cases that you say you do receive; is any attempt made to follow them up afterwards?—No, we have nothing whatever to do with that.

21333. How many beds have you got in your hospital?—There are 58 beds.

21334. What is your working number?—Fifty beds are lying-in beds and eight are labour ward beds.

21335. Is there a working average of 50 beds?—No, the average for the year 1890 was 36.

21336. Is not that rather a small working average?—No, I think not. The physician who will follow me will offer a better opinion on that matter than I could; but I think it is considered a very fair working average. We could not work at a full strength of 50 in a lying-in hospital with 58 beds. The evil results of working at such a rate would be very great. We prefer that the wards should have the opportunity of being well ventilated and should remain empty for two or three days before receiving patients again.

21337. How are these 50 beds distributed in the wards?—We have two beds in each ward for the patients, and one for the nurse; but we have four larger wards in the new portion of the building which contain three beds for patients and one for the nurse.

21338. But you occupy 36 beds on the average per annum?—Yes.

21339. Have you kept any beds closed for want of funds?—No.

21340. I do not know about your hospital in particular, but was there not a great deal of fever at these hospitals?—I can only speak for my own hospital. We have not had any outbreaks for many years, and it has not been necessary to close the hospital since the year 1879. I do not think we have had an outbreak since that time.

21341. Have you got any statistics which show the comparison of the mortality of cases relieved in the hospital as compared with those relieved outside?—I have no table.

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21342. Perhaps

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[Continued.]

Chairman—continued.

21342. Perhaps the medical officer could give that?—I could make a statement to you; we have no table of the mortality.

21343. We will have your statement?—The mortality of the in-patients is necessarily a great deal higher than it would be in the out-patient department, on account of these single women entering with their first child, and difficult cases. Difficult cases would be transferred from the out-patient department to the in-patient department, and consequently the mortality would be greater inside than out.

21344. You mean that you take in the more dangerous cases as you find the necessity arise?—Yes, urgent cases would be transferred to the in-patient department.

21345. I do not think you told us how long you reckon the duration of each case to be?—The average stay of each case is 14·8 days. I might state that of patients going out discharged by physician the average stay is 15·9: of those going out at their own request it is 12·6.

21346. Could you give us the mortality of your hospital?—Last year it was 4·48 per thousand.

21347. Does that include every branch, or merely beds in the hospital?—That is inside. In our out-patient department there were no deaths whatever.

21348. Have you any female doctors?—No. We have two in-patient midwives who would deliver the normal cases.

21349. You have no female clinical assistants?—No.

21350. Or clerks?—No.

21351. Are students admitted to your hospital?—Yes, medical students are. Ours is the only Lying-in Hospital in London that does admit medical students.

21352. How do they get there; do they come by nomination; or how is it arranged?—By formal application, and it is necessary for a student to produce a certificate from his medical school to show that he is a fit and proper subject to come into the hospital for training.

21353. Do you have more applications than you can grant?—Yes.

21354. Now how is your hospital managed; is there an annual court?—There is the annual meeting of governors, which takes place every February, and at that meeting the business is to receive the annual report and the audited accounts and balance-sheet and to elect the committee of management and auditors for the ensuing year.

21355. And that meeting is advertised, is it?—It has not been the custom to advertise it; we issue circular notices to all the governors and subscribers of the hospital.

21356. Then they elect a committee of management, and how many does that committee of management consist of?—Of not less than 20, nor more than 30, exclusive of the *ex-officio* members.

21357. Who are the *ex-officio* members?—All the honorary members, president, vice-presidents, treasurer, physicians to the in-patient department and the out-patient department.

21358. Are there any other medical men on the committee of management?—There are three other medical men.

Chairman—continued.

21359. How many of these gentlemen attend; first what is the quorum of this committee of management?—The quorum is five.

21360. And how often do they meet?—Once a month.

21361. And have they any sub-committees?—At that meeting they appoint two or more of their number as visitors to take the control of the hospital in the interval.

21362. And what are the duties of these visitors?—The visitors meet weekly, and they form the finance committee, and they attend weekly and check the receipts and every item of expenditure, including the petty cash; and they see that the money received during the week has been paid into the bank. They inspect the provisions, and they occasionally go round the wards and interview the patients.

21363. Have you any ladies' committee in connection with this hospital?—No.

21364. Or lady visitors?—We have lady visitors.

21365. How many usually attend on the committee of management?—Five or six; six.

21366. Then as to your funds, what was your expenditure last year?—The expenditure last year on the hospital as opposed to the training school (we keep the accounts of the hospital separate from those of the training school) was 3,421 *l.* 19 *s.* 1 *d.*

21367. And your receipts?—Our receipts amounted to 3,056 *l.* 7 *s.* 2 *d.*

21368. That is a deficit?—Yes, a deficit of 365 *l.*

21369. And how did you manage to meet that?—The funds of the training school assist us in that way. Though we keep the accounts separate we have one banking account, and to prevent our selling stock, or borrowing money we use the balance on the training school account.

21370. Have you got any stock that you can sell out?—We have stock to the amount of 9,869 *l.*

21371. Can you sell the whole of that out?—We could sell the whole of that out; but, from that 9,869 *l.* we have, first of all, to pay our midwifery training school account, 4,534 *l.*

21372. Have you any endowment?—No.

21373. Will you give us a list of the different sources of income which produced the 3,000 *l.* odd?—Annual subscriptions, 1,372 *l.* 8 *s.* 6 *d.*; dividends, 277 *l.* 14 *s.* 7 *d.*; Hospital Sunday Fund award, 312 *l.* 10 *s.*; Hospital Saturday Fund award, 96 *l.* 7 *s.*; fees for providing monthly nurses and wet-nurses, 20 *l.* 19 *s.* 6 *d.*; proceeds of the sale of kitchen waste, 16 *l.* 12 *s.* 11 *d.*; discounts and returns, 12 *l.* 11 *s.* 11 *d.*; payments by patients, 41 *l.* 2 *s.*; rent of telegraph poles on roof, 1 *l.* 1 *s.* Then what we term the extraordinary income, consisting of life subscriptions, that is donations of 10 *l.* 10 *s.* and upwards, 701 *l.* 10 *s.*; donations under 10 *l.* 10 *s.*, 202 *l.* 3 *s.*; congregational collections, 1 *l.* 6 *s.* 9 *d.*; making a total income of 3,056 *l.* 7 *s.* 2 *d.*

21374. And have you no legacies?—Yes, we have legacies; the average amount of legacies received in the last 10 years was 338 *l.* per annum.

21375. And what do you do with that?—We invest it.

21376. You keep a legacy account?—Yes; a separate legacy account.

21377. You

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[Continued.]

Chairman—continued.

21377. You said that you received 41 l. in the shape of payments by patients?—Yes.

21378. But I thought you said it was a free hospital?—So it is, but these are voluntary payments made by people.

21379. Put into a box, or something of that kind?—Yes. But I ought to explain that that is not quite correctly worded; it ought to be "Payments by or on behalf of patients." People frequently make a contribution to the hospital on behalf of the maintenance of a patient whom they are particularly interested in. The contributions by patients themselves last year amounted to 6 l. 10 s.

21380. Then do you ever have a dinner?—No, we do not.

21381. Do you appeal?—We appeal pretty constantly.

21382. Have you had a deficit for the last five years?—I could not say for the last five years; I could speak for the last year.

21383. For the last four you have?—Yes; but that deficit fortunately has been decreasing year by year; and I might call attention to the very satisfactory increase in the amount received in annual subscriptions for the hospital. In 1881 they amounted to 849 l. and last year they were 1,372 l.

21384. Who collects them?—A collector.

21385. And what commission does he get?—Five per cent. commission.

21386. Are there any other commissions paid?—No.

21387. You yourself do not receive anything in that way?—No, I receive nothing whatever in the way of commission.

21388. Does the collector get that commission on every subscription paid into the bank?—He gets it on old subscriptions, not on new money at all. Whether the old subscription is paid into the bank direct, or to myself, or whether he collects it, we are bound to give him 5 per cent., because it was the original agreement.

21389. Do you train your own nurses for your wards?—No, we do not.

21390. What nursing staff have you?—We have three day nurses and a night nurse.

21391. And does one night nurse do the whole of the work?—One night nurse, assisted by two advanced pupils does the whole of the work. Perhaps your Lordships know that the pupil nurses on duty have charge of a case and sleep in the same ward as their patient, in the same way as they would do if they were in private practice.

21392. What does the night nurse do?—She superintends the work of nursing throughout the night, and takes in any cases that may come, and sees that they are properly taken into the labour ward and attended to; and in the morning she conducts the washing of infants and attendance on the patients; in fact her work is very important.

21393. What is the number of these probationers or pupil nurses that you have?—We had an average of 30 daily last year.

21394. Then as regards the organisation of this hospital, it appears to me that probationer (24.) c.

Chairman—continued.

nurses are really practically in charge of these cases, because they sleep and live entirely in the ward with the patient?—Yes; the object of that is that they may become perfectly well acquainted with duties as a monthly nurse; they treat a case in our hospital exactly in the same way as if it were treated at home.

Earl of Kimberley.

21395. In the cases of single women, how do you determine who are "deserving" single women?—I see a good many of these cases myself.

21396. How do you interpret "deserving"; what is the meaning of it?—Otherwise respectable, excepting for having fallen in this case; a domestic servant, for instance, who has led a respectable life.

21397. First cases, in short?—Necessarily; we should not think of admitting a second.

21398. What do you pay your midwives; you employ midwives outside, I understand you to say?—We pay them 6 s. per case.

21399. Do they attend the whole case for that, or merely the delivery?—They attend the case ordinarily for nine days, if the case goes on well; but if it does not go on well, they attend it until the case is better.

21400. Then have they anything besides the 6 s.; any food?—No, they live in their own houses; they are permitted to practice privately.

21401. Now, are you satisfied that in this large number of cases which you attend outside, the husband could not pay 6 s.?—They could not get attendance anywhere else for that sum of money; they could not secure the attendance of a midwife privately for 6 s.

21402. Then are your midwives remunerated otherwise, or what is the inducement to them to take as small a sum as that?—First, that they have a large number of cases, and, then again, they are allowed to practise privately.

21403. What do you suppose would be the charge of such a midwife as you employ, if you employed privately?—It depends entirely upon the case they are attending. I may answer your question by saying, 12 s. 6 d.

21404. Now taking it at 12 s. 6 d., are you satisfied that there are not a great many of the cases that you attend gratuitously where the husband could pay 12 s. 6 d.?—I think I may say we are satisfied that we do not attend a case in the out-patient department that is not deserving of assistance.

21405. That is not my question; I ask whether there are not many of the husbands of these women who are attended by your midwives, who could afford to pay 12 s. 6 d.?—I do not think we relieve a case in the out-patient department where they could afford to pay 12 s. 6 d.

21406. What sort of wages do you consider that these husbands earn?—About a guinea a week when they are in work, labouring men.

21407. And you think a man earning a guinea a week, and paying, we will say, 5 s. or 6 s. for his lodgings, could not pay that sum?—I think he could not pay it.

21408. Then how do you explain the fact that they are able to pay in the country, out of London?—Well, I not know in the first place what

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[Continued.]

Earl of Kimberley—continued.

what they would pay for lodgings and rooms in the country.

21409. I have assumed that the man only earns a net amount of 15 s. a week; now of course the charge is less, but are you aware that there are a good many labourers earning less than 15 s. a week net, who pay the whole of the expenses of attendance on their wives?—I am not at all sure that they always do secure professional attendance on them.

21410. They secure the attendance of a midwife?—Not necessarily always that. Cannot they secure parish relief?

21411. But I am speaking of those who do not get parish relief but pay themselves the expense of the attendance on their wives?—I am not prepared to discuss the point. In the first place I do not know that they do it.

21412. You think that a man earning a net sum, over and above the rent of his lodgings, of 15 s. a week, cannot afford to lay by money enough to meet the charge of 12 s. 6 d., having due notice, as of course he has due notice, that his wife is going to be confined?—That is my opinion. Also you must bear in mind that probably half the year he has been out of work; in the majority of my cases that is so.

21413. Then I may take it your answer would rather be that though these men might occasionally earn the sum you have mentioned, that would not represent their average earnings?—Certainly it would not.

21414. Do you make inquiry as to the means of the people?—I make inquiry as to the means of the patient when she attends the hospital to receive her order.

21415. And you are guided by the fact whether they have a very large family and so on?—Certainly.

21416. Do you refuse many applications?—I do not think an out-patient has ever been refused.

21417. Is it unreasonable to suppose, if you have never refused an out-patient, that there must be a good many of these patients who really could pay; because it seems almost impossible that there should not be applications from persons who are not proper objects of charity?—Of course the letter system interferes a little there. If a subscriber gives a letter to a patient, it shows that he considers her deserving of charitable relief. I am afraid I omitted to mention that just now.

21418. You are not afraid, therefore, that such a system as yours has a pauperising effect on the population?—I am not afraid of that.

21419. If it were largely extended, I suppose you think it would?—I think so.

Chairman.

21420. With regard to midwives and nurses, do you have only one description of certificate, or have you two grades?—We have two grades of certificates for monthly nurses; one of eight weeks' training. The nurse of eight weeks' training receives one form of certificate, and the nurse of 12 weeks' training receives of course a certificate of a superior kind.

21421. And then as regards the midwives?—They go through a course of 13 weeks' training; there are no grades of certificates for the midwives.

Chairman—continued.

21422. Is that 12 weeks' training supposed to be sufficient for a monthly nurse?—The 12 weeks is considered sufficient; the eight weeks in an ordinary case might be sufficient, but the hospital recommends pupils strongly to enter for the 12 weeks' course. There are other lying-in hospitals in London, one I know which undertakes to train a monthly nurse in three weeks, and give her a certificate.

21423. Have these nurses, as a rule, had any previous training?—Not always.

21424. You do not think it necessary that they should come from a general hospital?—I think it would be a very desirable thing if you could bring it about, and I know that Queen Charlotte's Hospital would be prepared to co-operate with any general hospital for that purpose, to include the monthly nursing and midwifery in the training of a general nurse.

21425. At present that does not prevail?—At present that does not prevail.

Earl of Winchelsea and Nottingham.

21426. What proportion of these cases that are attended in their own houses have to be attended by a doctor besides the midwife?—We have two out-patient physicians; they take charge of the out-patient department in alternate months, and they would be sent for in a case of difficulty or danger.

21427. But in an ordinary case the midwife is sufficient?—In an ordinary case the midwife is sufficient.

21428. Do you know what proportion at all of the out-cases have to be attended by doctors?—By our out-patient physician, I should say about three a month.

21429. What proportion would they number in a year; how many out-cases are there?—About 100 a month.

21430. Not above three out of the 100, then, have to be attended by a doctor?—That is so.

21431. Then when they have to be attended by a doctor, it is by the physicians attached to the hospital that they are attended?—Yes.

21432. Of course the treatment includes their attendance as well as that of the midwife?—Yes; but in any case of great urgency the midwife would send for the nearest doctor, and the hospital would pay that doctor his fee.

21433. You never attempt to claim from patients, or their husbands or friends, any amount of the money paid by the hospital on their account?—No, we do not.

21434. You spoke of "payments made by patients"; I think you explained to the Chairman that those ought more properly to be described as voluntary contributions; thanks for benefits received?—Yes; the small sum of 6 l. 10 s.; the others are payments made by others on behalf of those patients.

21435. Must we not take it that your real answer to the question about the inquiries that you make as to the sufficiency of the means of the out-patients to pay is that you really do not make any inquiry at all; you said that an out-patient had never been refused?—An out-patient has never been refused, to my knowledge.

21436. Then do you contend, in the face of that statement, that you really do make inquiry
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[Continued.]

Earl of Winchelsea and Nottingham—continued.

into each case to satisfy yourselves whether they can pay or cannot?—I make the inquiry in each case that comes into the hospital without a subscriber's letter.

21437. But you consider that the onus of inquiry is on the subscriber before he gives the letter?—I do; but if a case came before me bearing a subscriber's letter I should make an inquiry if I considered the case of a suspicious nature, and I should withhold the relief if I thought it right to do so.

21438. Do you know, as a fact, whether the subscribers make any inquiry before giving the letter?—I know the subscribers generally give their letters to people interested in the parish work, district visitors and clergymen; and the patients, as a rule, get them from those district visitors and clergymen.

21439. And those people, having local knowledge, may be supposed to be able to make inquiry?—I have no doubt they have done so, and have knowledge of the case. I do not say all, but the majority of the out-patients' letters are distributed in that way.

21440. Have you ever had a case where these free letters have been sold?—No, I have not.

Lord Lamington.

21441. If anybody came who wished to pay would they be more readily received on that account?—No, they would not.

Lord Saye and Sele.

21442. Are the cases of single women inquired into by the Charity Organization Society?—No.

21443. You do not employ them to make the inquiry in those cases?—No, we do not employ them; we frequently get cases from them.

21444. I suppose the women are churched, and the infants baptized in the hospital?—I am not sure about the women being churched; the children are baptized.

21445. There is a chaplain?—There is a chaplain.

21446. What is the salary of the chaplain?—It is 50 *l.* a year.

Lord Monkswell.

21447. About the in-patients, you say your inquiries are stricter than with regard to the out-patients?—Yes, on account of our admitting single women with their first child.

21448. Do you make any inquiries with regard to married women, with regard to their means?—Not in the case of a subscriber's letter. In the case of admitting a woman without a subscriber's letter she is seen by the visitors I spoke of, and they fully investigate the case before they give her an order of admission, and satisfy themselves that the case is deserving of the relief of the charity.

21449. Do you not think it might be as well to employ the Charity Organization Society to make inquiries for you?—The committee, I think, have a good knowledge of the work they are doing, and I do not think the Charity Organization Society would be of any assistance to them.

21450. With regard to the contracts; are your contracts by open tender or how?—Yes, they are by open tender.

(24.)

Earl Cathcart.

21451. What is the average age of the probationer nurses?—From 21 years of age to 40.

21452. Are they chiefly middle-aged women who come to learn?—Chiefly middle-aged.

Earl of Arran.

21453. Do you send out wet nurses?—Yes, we do.

21454. Have you many applications for them?—Very few; the numbers are falling off yearly. I read the fees received from that source in the list of receipts just now.

21455. Have you any means of ascertaining the health of the wet nurses before they go out? I mean their antecedents in any way?—We do not take any responsibility.

Lord Zouche of Haryngworth.

21456. Do you find that three nurses are sufficient for the number of beds you have?—We have found it sufficient, considering that we have such a large assistance in pupils. Pupils are not left to administer to the patients themselves; they are under the supervision of the sisters.

21457. But you find that the pupils have sufficient experience to take charge to a great extent?—A pupil is not put on till she has been taught. She receives some elementary instruction, covering about a week, before she is put on at all. Then she is under closer observation by the sister for some little time than an out-going nurse would be, who had completed or nearly completed her training.

Earl of Lauderdale.

21458. Did I rightly understand that it was only in-patients who were treated under subscribers' letters or out-patients too?—Both in and out-patients.

21459. Then is there a limitation with regard to attending single women in the same way for out-patients as for in-patients; that is to say, that you only attend deserving single women?—We do not attend deserving single women outside the hospital.

21460. Only married women?—Only married women.

Chairman.

21461. Not if the out-patient has not a subscriber's letter?—Unless she applies to the visitors in the way I spoke of.

21462. Is there any particular radius within which you attend to these cases?—We have five out-patient districts. One is the Notting Hill district, covering Notting Hill and Westbourne Park; then there is the Kilburn district, and the St. John's Wood district, and the Marylebone and Lisson Grove district, which last is the largest district of the hospital.

21463. With regard to the resident medical officer; what qualification does he hold?—It is necessary for him to be doubly qualified, and to have passed an examination in midwifery.

21464. And what is the medical staff composed of?—Two visiting physicians to the in-patients and two visiting physicians to the out-patients, and also a consulting physician and two consulting surgeons.

21465. What does the resident medical officer receive by way of salary?—£. 60 a year, and, of course, board and residence.

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21466. Would

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[Continued.]

Chairman—continued.

21466. Would you give us the pay of the three nurses you have and the probationers?—Two day sisters receive a salary, starting at 30 *l.* and rising to 40 *l.* a year; their salaries are increased from 30 *l.* to 35 *l.* a year at the end of three years, and then by yearly increment of 1 *l.* to 40 *l.* The junior sister of the three receives from 25 *l.* to 30 *l.*

21467. These are the three you spoke of as “nurses”?—I should term them “sisters”; if I said “nurses” I made a mistake. They are in charge of a floor.

21468. And these sleep with the patients?—No, the pupils sleep with the patients. There are three sisters; there are eight wards on each floor with lying-in cases.

21469. I understand that each patient has a nurse of some kind within hail night and day?—In the same room; and in addition to that, there is an electric bell that the nurse, or patient, can ring from her ward to the room that the sister occupies on the floor.

21470. The probationers, that is, of the pupil nurses, pay what?—A nurse entering for eight weeks pays 11 *l.* 0 *s.* 6 *d.*, inclusive of lecture fees, and the 12 weeks’ nurse pays 15 guineas; the midwife pays 26 *l.* 5 *s.* for 13 weeks.

21471. To what account does that money go?—To the training school account.

21472. You said just now that 12 weeks was the longest training they have?—For the monthly nurse.

21473. And for the midwife, what is it?—Thirteen weeks.

21474. At the same time, you said that a great proportion of the probationers only train for eight weeks?—A great proportion train for eight weeks; but the year before last, the Committee, with a view to inducing pupils to enter for the longer training of nursing, offered to give them this special certificate that I referred to, and also persuaded them, in the regulations, to enter for the longer period if they could; and the result of that has been to very considerably increase the number of nurses offering themselves for 12 weeks’ training. A few years ago there used to be 10 or 12 a year; last year it amounted to 48 out of 128 nurses.

21475. Then none of these nurses stay more than three months?—None of them stay more than three months.

21476. Do you give the sisters any holiday?—Yes; they have every other evening off, from 6 until half-past 10; every other Sunday off, and two weeks’ holiday a-year.

21477. What does the matron receive as salary?—£. 120 a-year.

21478. And what holiday has she?—She has three weeks’ holiday in the year.

21479. Have you got any plan of your drains?—Yes, we have.

21480. Which you keep up to date?—We have a plan of the drains which we keep up to date; I have one in my office, and the honorary architect, who is a gentleman who takes a very deep interest in the hospital, has one in his office, and he is constantly in and out of the place inspecting the drains.

21481. Have the nurses and midwives become members of the Nurses’ Association?—We have nothing to do with that.

Chairman—continued.

21482. What class do the probationers come from, as a rule?—I do not know that I could very well answer that question.

21483. From the domestic servant class?—No; I cannot very well say whether it is from any particular class at all; I believe the majority of them are women who have done nothing before.

21484. A class a little above the domestic servant class?—A little above the domestic servant class.

21485. From the class of small tradespeople?—Something of that sort, I think.

21486. Could you explain to us about the training school?—I think I have said nearly all I have to say on that, excepting that nurses were first received into this hospital for training in 1851, but a training school was established in 1874, when, according to certain records that I have referred to, the laws of the hospital were altered to admit medical students to the practice of the hospital.

21487. And then as to the accounts of the training school?—Shall I read the figures?

21488. Yes, if you please?—The receipts for the year 1890 were as follows: Medical pupils’ fees, that is medical students, 362 *l.* 15 *s.* 6 *d.*; pupil midwives’ fees, 1,118 *l.* 5 *s.*; pupil nurses, 1,629 *l.*; sundries, 2 *l.* 5 *s.*; making a total of 3,112 *l.* 5 *s.* 6 *d.* The total amount of expenditure, perhaps your Lordship would not care for me to read the items.

21489. No; will you give us the total?—The total amount of expenditure was 1,900 *l.* 18 *s.* 7 *d.*, leaving an available balance of 1,211 *l.* I think it was, and that enabled the training school then to pay back 500 *l.* to the hospital account on account of money that was spent in 1886 to increase the size of the hospital.

21490. Have you any pensions to pay out of that fund to your sisters or matron?—No.

21491. Is that the yearly average?—That has increased year by year; I think that is the highest amount we have received.

Earl of Cathcart.

21492. Is the average anything approximate to that amount?—Yes, about 3,000 *l.* a year; 2,800 *l.* is a fair average.

Earl of Winchelsea and Nottingham.

21493. Are those receipts that you have given us, leaving an available balance of about 1,211 *l.*, the receipts, taking into account the new state of things under which you have 48 nurses for a longer period than before; you told us that owing to the new regulations, the number of persons entering for the longer term has increased; has that come into effect in these accounts, or do you expect the amount still further to increase?—I do not expect that that would increase the receipts very much. Really, if all nurses came in for 12 weeks instead of eight, we should lose by it.

Chairman.

21494. Is there anything you wish to say further?—No, I think I have said all I have to say.

The Witness is directed to withdraw.

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MR. WILLIAM HOPE, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

21495. ARE you the Resident Medical Officer of this Lying-in Hospital?—I am Senior Physician on the staff.

21496. Will you tell us what your qualifications are?—I am a doctor of medicine, a member of the Royal College of Physicians of London, and a member of the Royal College of Surgeons of England.

21497. We have had nearly all the details, I think, that we require, from the last witness; is there anything you would like to bring before the Committee?—Nothing at all.

21498. You are strongly in favour of lying-in hospitals, I presume?—Decidedly.

21499. From every point of view, both the view of the patients and for the training?—Decidedly, specially for the training.

21500. Has a great improvement taken place in these lying-in hospitals in the last 20 years?—A vast improvement.

21501. The reputation that they bore up to 15 or 20 years ago was not very high?—It was not.

21502. That was owing to the insanitary state of the buildings in part, was it not?—Yes, and the want of knowledge of antiseptics which are now so much in vogue.

21503. And are you now perfectly satisfied with the existing state of things?—Perfectly; I speak of Queen Charlotte's.

Lord Saye and Sele.

21504. It is not the case, is it, as the last witness stated, that the mortality of single cases is higher than that of the married cases?—I should say it was; for many of the girls are very young, ranging from 14 up to 25 or so. We have had cases as young as 12, quite children; and the shock to them is very great; but they do very well, and they do better now than they used to do some years ago, for this reason; they are taken into homes before they come to us, and they are very carefully fed and looked after and cared for. In former days, when the mortality was greater than it is now, they were tossed about from pillar to post, often driven away from home, forsaken by their parents, and they were left to live anyhow; they came in really in the very greatest distress and misery.

Lord Monkswell.

21505. Are you satisfied that the nurses are not over worked?—Yes, I am satisfied of that.

Earl Cathcart.

21506. Should you say that the prospects of recovery are as favourable in your hospital as in private practice in similar cases?—I should say quite as favourable.

21507. But that is very different from the former experience?—Very different.

21508. From the experience of 10 or 20 years ago?—Fifteen years ago.

Earl of Arran.

21509. Do you have many cases where the age is so young as what you have just stated?—
(24.)

Earl of Arran—continued.

We have not many cases of the age of 12; we have several of 14 and 15 and up to 20 years of age, and they range from that up to 50 years of age.

Chairman.

21510. You have many cases as young as 12, 14, and 15, have you?—We have a few, but not many.

21511. I believe you desire to add something to your evidence?—Yes. The secretary has reminded me that a gentleman of the name of Bousfield once came up before this Committee, and stated that it was detrimental to the patients at a lying-in hospital to have medical students present. That I distinctly repudiate; in fact, since we have had our medical students, which has now been for 10 years, our mortality has considerably and steadily decreased, and they are of the greatest possible service to us; and it is quite fallacious to suppose that their presence is in any way detrimental to the patients admitted into our hospital.

21512. Are you of the opinion which was given here some time ago, that patients do not dislike the presence of medical students?—Certainly not; they rather like it than otherwise. They seem to think they are better attended to.

Lord Monkswell.

21513. Would you suggest, therefore, that medical students should be admitted to other lying-in hospitals?—Yes; I think that is greatly in favour of Queen Charlotte's Hospital. We open our doors to thoroughly scientific young medical men. And I think there is no lying-in hospital in the town that should be without a resident medical officer.

Lord Saye and Sele.

21514. You speak of the Mr. Bousfield, who is the Chairman of the General Lying-in Hospital in the York-road?—Yes.

21515. Then he has got considerable experience of lying-in cases?—That may be; but that which I have just referred to is the statement which he made in evidence; and it is contrary to my own convictions and experience.

Earl Cathcart.

21516. You would not like young men to come in from other hospitals with septic influences, would you?—No, they are strictly forbidden to do so. They are not allowed to attend any infectious case or go near it, or attend a post-mortem examination.

21517. I think that is of the essence of the question; I think that was what Mr. Bousfield objected to?—We are most strict about that.

Earl of Arran.

21518. Do you have regular lectures?—We have regular lectures. I and my colleague lecture twice a week throughout the year; and the resident medical officer lectures twice a week also throughout the year.

The Witness is directed to withdraw.

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THE RIGHT HONOURABLE THE LORD BALFOUR OF BURLEIGH being present, and having been sworn, is Examined, as follows:

Chairman.

21519. You are the President of the London Fever Hospital, are you not?—Yes.

21520. Will you tell us is that a free hospital or is it a hospital where patients pay?—It is a hospital where patients pay, in two classes.

21521. What are the two classes?—We divide them under the names of ward patients and private patients. The ward patients pay three guineas for treatment for the whole case; the private patients pay three guineas a week; but the families and servants of governors are admitted free; and contracts are made on terms with hotels and the large firms for the treatment, without payment, of any of their employés who are taken with infectious disease, provided they have been for a certain period subscribers to the hospital. We have many of these. Perhaps before going further I may give you in a word or two what has been the history of the hospital.

21522. If you please?—The Fever Hospital was founded in 1802, and from 1802 down to 1871 it really did the whole fever hospital work of the Metropolis, which is now divided between it and the hospitals which, since 1871, when they were founded, have been under the management of the Metropolitan Asylums Board. Of the building that we occupy at present the first part was built about the year 1848. The older hospital was on the site of the Great Northern Railway Terminus, and we were expropriated in that year; the new building is situated in the Liverpool-road. Of course it has been added to and improved since that time. In 1871, as I have said, the Metropolitan Asylums Board began its work; but for some years after that year the Fever Hospital still continued to keep its old practice of taking in poor people absolutely free. But after some years of great difficulty the free treatment had to be discontinued. The rivalry, and to some extent the greater power, of the Metropolitan Asylums Board prevented the possibility of our doing the work; and also, to some extent, people got into their heads the idea that the Metropolitan Asylums Board was to do the work, and they discontinued subscribing; and between the years 1871 and 1880 our work was carried on only with very great difficulty and at a loss. I first joined the Committee about 1878, and at that time we were selling out stock and realising investments to the extent of about 3,000*l.* a year. But in 1880 the system of the hospital was changed, and, speaking generally, I do not say absolutely, the people who were unable to pay anything at all were taken charge of by the Metropolitan Asylums Board; I do not say exclusively so, because at times people are sent to us, and if they are taken in and it is afterwards discovered that they are very poor and cannot pay, the case comes up before the Committee and the fee is excused. You cannot turn away, or inquire into the circumstances of, a patient who is suffering from fever and brought to the doors of the hospital. If afterwards we find he cannot pay, the fee is remitted. In 1880 we

Chairman—continued.

commenced to charge the ward patients two guineas for the case, and the private patients three guineas a week; but in 1882 the ward fee was raised to three guineas for the case. Large firms, clubs, and hotels, pay I think 20 guineas, and their employés are taken in if they are stricken with fever, and no further charge is made.

21523. Is that 20 guineas a year?—The exact form of the thing is this: “Firms, clubs, and hotels, subscribing two guineas annually, may send one employée; if four guineas annually, they may send two; and if five guineas annually, they may send three yearly for free treatment in the hospital.” A guinea a year as an annual subscription constitutes the right to free treatment for any number in a private house; ten guineas and upwards in one donation gives the same privilege; but there are not many of those; there are some. We have lately been getting more governors, and therefore we have more people coming in on those terms; and we think that a wise thing, because it is a sort of insurance. At the present time, if I might say so, the Fever Hospital is doing work between the two social extremes. Those who have large private houses, and of course can give isolation and pay the cost of a fever case themselves, and have treatment in their private houses; those who are at the opposite end of the social scale go to the Metropolitan Asylums Board; and our hospital comes in between, and treats those who can pay partly. But as I said, we have a class of private patients, and they pay rather more than the cost of their treatment. We think it an advantage to them and an advantage to the community that isolation should be given in their cases.

21524. How many beds have you?—I would rather leave the medical officer to speak to that, because there have been some re-arrangements quite recently to make further provision for isolation.

21525. Are many cases brought by friends to the doors of the hospital without notice?—A few, not very many; generally I think notice is sent before hand; but you never know what emergency may take place.

21526. Supposing you receive a telegraphic message to the effect that there is a patient who requires admission, do you send any ambulance for him or what occurs?—We have an ambulance and that can be sent; but we are pressed for room, and we have been obliged recently to make the rule that those who reside outside the area dealt with by the Metropolitan Asylums Board can only be received into the hospital from families of governors, or from those who have subscribed before hand. Of course I press the advantage of the hospital on this ground: that we can give greater advantages, even to those who pay the whole of the cost to us, than they could get for anything like the same money in their own homes; and I claim that that is an advantage for a special hospital of the peculiar kind

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[Continued.]

Chairman—continued.

kind which deals with infectious fevers; that that is an advantage, not only to the sufferers themselves, but it is an advantage to the families; and if, as is really the case, people are becoming more and more inclined to take advantage of it, it is an advantage to the community, because it relieves the community of a source of danger from infection.

21527. Do you have to turn many people away on their making application to you?—Not in ordinary times, but at times of great pressure. If there happens to be an epidemic of any particular kind of fever in the Metropolis, we might have to do so. Last year we treated 682 people in the hospital, although there was no unusual epidemic. The year before that there was a considerable epidemic of scarlet fever both in the spring and autumn; and the pressure upon the space was severe, so much so that we have had under consideration the propriety of extending.

21528. What fevers do you take in?—Any infectious fevers except small-pox; we do not take small-pox; but the most usual course are scarlet fever, measles, and German measles, typhus and typhoid, and diphtheria.

21529. Would you tell us what the constitution of the hospital is, how it is managed?—The hospital is managed by governors, who are those who subscribe a certain amount. We have an annual meeting, and can hold special meetings. The actual executive work of the hospital is done by a committee which consists of the president, vice-presidents, the treasurer, the trustees, and the honorary secretary of the committee. The committee meets monthly upon the second Friday of each month, and there are weekly or fortnightly meetings, as required, of the house directors. The house directors are appointed from among the members of the committee, not exactly in rotation, but changed from time to time; and the minutes of the house directors are always laid upon the table and read to the next monthly meeting of the committee.

21530. What is the number of your monthly committee?—There are 24 members of the committee besides the vice-presidents; not many of the vice-presidents usually attend.

21531. What would be the average attendance on the committee?—We vary from about five to 15.

21532. And your quorum is five?—I think it is five; we have no difficulty in getting a quorum; and the committee I may say during the last 12 years, during which time I have been connected with the hospital, have been carefully selected from amongst those who will attend. Many of them have actually been patients in the hospital. The first connection of several of our committee with the hospital arose from their having, in the first instance, been patients.

21533. Then this committee, or the visiting governors; do you use that term?—House directors we call them.

21534. Those two bodies of gentlemen are the authorities who check all the accounts and so forth, do they?—They do a good deal with the secretary; but with regard to details of that kind, the monthly accounts are passed always by the committee as a whole; they see the whole
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Chairman—continued.

amounts of the accounts, and the cheques are signed in the presence of the meeting.

21535. Does a supervision once a month strike you as being sufficient as a check?—Coupled with the house directors, and the secretary, and the resident medical officer, certainly.

21536. You have a paid secretary?—Certainly.

21537. Can you tell us what salary he gets?—I cannot tell you off-hand; he is in the room and can tell you himself.

21538. You have a resident medical officer?—Yes; he is also in the room.

21539. He is the servant of the committee?—Certainly; he gives us his whole time.

21540. And he is independent of any medical committee there may be?—Yes. But in my experience we have never had any friction with the medical officers, either honorary or resident. Besides the resident physician we have three consulting physicians, who are available to us if we require them in an emergency; we have also two physicians who attend regularly, and two assistant physicians who take the place of the physicians when they are away for their annual holiday. They are gentlemen well known in the profession, and who have considerable outside practice, and who come, one or other of them, daily to the hospital.

21541. Are your food contracts made by open tender?—Yes, I think so in every case; but perhaps that I might leave to the secretary.

21542. And do you train your own nurses?—Certainly; we are obliged to do it. Of course that is one of the items that makes our amounts, if you are going to compare them with those of any other hospital, rather more expensive per patient than they would be; because, even when we have a slack time, and few people are in the hospital, we cannot let down our staff of nurses; because if nurses are not, so to speak, seasoned and have not had fever, that is if we were to take in new people in a time of emergency we should probably be worse off with those new people than without. We must, therefore, keep up a trained staff of nurses continually.

21543. You would rather the secretary spoke to the number of nurses, and so on?—Yes; he would give you all particulars.

21544. Do you admit any students to your hospital?—I think not. I should like to mention that there were 334 doctors, nurses, and patients received in our hospital from other hospitals in the last three years as patients.

Earl of Winchelsea and Nottingham.

21545. I think you said that the change in the system of the hospital was made in 1878, from an essentially free hospital to an essentially paying one?—Eighteen hundred and seventy-one was the time when the Metropolitan Asylums Board was established; but we kept on attempting to do the same work down to the year 1880.

21546. Have you any system except what you have described as a system of insurance, of free letters given to subscribers?—Anyone who has subscribed 10 guineas, or who subscribes one guinea a year, can send anyone from his house, but we do not give letters to people to send in patients casually.

21547. And outside the system that you have described

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[Continued.]

Earl of Winchilsea and Nottingham—continued.

described there is no system?—No, because our system is one of contract with the patient. We take anyone who comes who pays the ward fee, or the private patient's fee; but we endeavour, as far as possible, to consider the circumstances of the people who come in, and, though it is of course to some extent a delicate thing to do, if we thought anyone was taking an unfair advantage of the hospital we should endeavour to put pressure upon him to pay.

21548. You have spoken of certain cases that are still free; cases which you think ought to be so. Have you any system of inquiry in those cases?—It would come up more in those cases when the demand for a fee was made; a plea would be put in of inability to pay.

21549. Something in the same way as parents are now excused from payment of school fees if they are unable to do it?—Yes.

21550. Does the insurance you have spoken of include the cost of the removal of the patient to the hospital?—I am not quite certain upon that point.

21551. Does it include the cost of their treatment until they are fit to be discharged?—Yes; the duration would be, on the average, about six weeks.

21552. During the whole of that time are they kept in the hospital?—Yes.

21553. You spoke of an extension being probably required; have you considered whether that extension could be better made in the country, or do you propose to make it in London?—We have a sub-committee at the present time inquiring into the whole circumstances, and no decision as to policy has been come to by that committee; and I may say that unless things get more pressing than they are at present, I think we shall probably wait for the report of your Lordships' Committee. I am not, however, authorised to say that.

21554. Have you, at the present moment, any convalescent hospitals in the country to which you can draft patients whilst waiting to be discharged?—We have no direct connection with any such, but the doctor will be able to tell you about that better than I can.

21555. After a person has been cured, as far as medical attendance is concerned, a case of scarlet fever is still infectious, as far as the outside public is concerned, for several weeks?—Yes.

21556. During that time it occupies room in the hospital?—Up to the point when it is thought

Earl of Winchilsea and Nottingham—continued.

fit to discharge the case; the resident medical officer judges, I fancy, upon each case as it arises, whether the individual can safely be allowed to go to the place where he wishes to go, or whether it is necessary to permit him to stay longer under precautions.

21557. But the point is under consideration whether any proposed extension will be in the country?—That will be one element we shall consider.

Lord Monkswell.

21558. You said the ward patients only pay three guineas for the whole case, and that the average duration of the case is six weeks; do they get the same accommodation as private patients who pay three guineas a week?—Not the same accommodation in the way of privacy; but the same medical attention and nursing, and practically the same food.

21559. I suppose they occupy wards, and private patients have a room to themselves?—Yes, that is so; I believe in almost every case a private patient has a room to himself.

21560. And the three guineas a week in all cases is rather more than what it costs, even with a private room?—We think so.

Chairman.

21561. Would you like to speak to the financial condition of the hospital?—I think the secretary had better do that.

21562. I do not think I asked you where the hospital is situated?—It is in the Liverpool-road, which is one of the main roads out of London, and runs for some distance parallel to the Great Northern Railway. If you were at King's Cross terminus, which the Committee probably know, on the eastern side there is a road going northward, along which a tramway comes down; it is up that road a considerable distance.

21563. Is there anything else you wish to say to the Committee?—Nothing, I think.

Earl of Kimberley.

21564. Have you ever had any difficulty as regards the neighbourhood on account of any fear that you are a centre of infection?—We have had no representation to that effect that I am aware of during the 13 years for which I have been on the committee; and I may say that during the whole time I am in London I hardly ever miss a meeting. I should have been sure, therefore, to have known of it, if there had been any representation to us of that kind.

MAJOR W. CHRISTIE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

21565. You are the Secretary of the London Fever Hospital, are you not?—Yes.

21566. How long have you been secretary?—Four years and a-half.

21567. And what were you before that?—I had just left the service; I was in the Army Pay Department for the last five years of my service.

Chairman—continued.

21568. What salary do you get?—£.300 a year, and a commission on some of the subscriptions.

21569. And board and lodging?—No; no board and no lodging. They give me lunch.

21570. Would you tell us the financial position of your institution. What was the expenditure last year and what were the receipts?—The expenditure

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[Continued.]

Chairman—continued.

expenditure amounted to 8,479*l.* 19*s.* 1*d.*; the net outlay.

21571. And the receipts?—The receipts amounted to 13,392*l.*

21572. That is to say, you had a large surplus?—Yes, we had a surplus.

21573. And what are the sources of that income?—Donations, 2,655*l.* (I am not giving the shillings and pence); annual subscriptions, 3,582*l.* by householders, firms, clubs, and hotels; Hospital Saturday Fund, grant of 50*l.*; Hospital Sunday Fund, 468*l.*; fees received from patients, 2,447*l.*; dividend from funds and rents, &c. from the Elm Park estate, which belongs to the hospital, 1,890*l.*; sales of old kitchen stuff, 10*l.*; receipts for horse-hire (that is payments for the ambulance by patients) 150*l.*; legacies, 1,003*l.*; balance of the Samaritan Fund in favour of the hospital, 2*l.* 0*s.* 6*d.* That with 1,100*l.* brought forward from the preceding year, makes a total of 13,392*l.*

21574. Is that an exceptionally good year, on an average, in legacies?—As to legacies I should say it is about the average, extending over a period of 10 years; before that very few legacies were received by the hospital.

21575. Have you ever been able to make any calculation how far the three-guineas fee that you charge for ward patients, goes towards meeting the expense that they are to you?—We calculate that it pays about one-fourth of each patient's cost, and the funds of the hospital bear the other three-fourths.

21576. And the other patients pay a fee of three guineas a week?—Yes.

21577. Then the length of their stay averages six weeks?—Yes.

21578. So that there is some profit to the hospital then?—I believe it was originally fixed to just about meet their cost; I think there is a little gain made by the hospital, to say nothing of the donations which many of the private patients give.

21579. Do you get large sums from those donations?—From 10 to 25 guineas each.

21580. And sums of less than 10*l.*?—Yes, sums of less than 10*l.*; sometimes an annual subscription of a guinea, two guineas, three guineas.

21581. Do you appeal much to the public?—We do appeal to householders to support the hospital.

21582. In your immediate vicinity?—All over London.

21583. And do you appeal to people outside London?—Very little indeed.

21584. Will you tell us the number of beds you have?—Two hundred.

21585. And how are those divided between the ward patients and the other patients?—I am not in any way responsible for the interior economy of the hospital. Dr. Hopwood is here, and would give you that information.

21586. Then you have nothing to do with the nurses, have you?—Nothing with the nurses, except to pay them.

21587. What is your business confined to?—I represent the hospital with the outside public. The interior arrangements of the hospital are entirely in the hands of the resident medical
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Chairman—continued.

officer; he represents the house directors in their absence. I have to do all the outside work and attend to subscriptions and donations and financial matters generally, and lay the monthly accounts before the auditor.

21588. Are you the secretary of the committee of management?—I am the secretary of the committee; I attend all the meetings of the committee, the house directors', and sub-committees, and every other meeting.

21589. Then you would rather leave the details with regard to the nurses to Dr. Hopwood?—Yes.

21590. Have you anything to do with making contracts?—Yes, I tabulate them. I lay the tenders before the house directors. Twice a year we call for tenders by advertisement for all our provisions; once a year for coal. I lay them before the house directors, and they having considered them, decide who shall supply the hospital for the ensuing six months.

21591. What length do you make your contracts as a rule?—For everything but coal the contract is for six months at a time; from Lady-day to September.

21592. Do you think that those long contracts are the most beneficial way of doing business?—I can hardly say whether there is a better plan that could be adopted; but that has been the plan that has been in operation ever since I have been there. I have seen no other system to compare it with.

Earl of Winchelsea and Nottingham.

21593. With regard to the question whether this is an average year; last year you brought forward 1,100*l.*, did you not?—Yes.

21594. Was that after investing any money or not?—Yes, that would be after investing some.

21595. Can you give me the figure?—That would be after investing 2,500*l.*

21596. So that the real balance of that year was about 3,600*l.*?—£. 3,627.

21597. And this year it is 4,900*l.*?—There was a balance in hand as well at the end of last year.

21598. Then it would be something like the same as last year?—Yes, something very like it.

21599. Do you put the legacies to a separate fund?—No, the amount for legacies is passed in with that balance.

21600. Could you give us a few particulars about the Elm Park Estate; what is that?—The Elm Park Estate was purchased by the hospital in 1888. The hospital had previously owned a small property in Coldbath Fields. This property brought in about 150*l.* a year, and had done so since 1813. The Metropolitan Board of Works wanted this property to run a road through to the Angel, and they bought it of us at a valuation of 24,000*l.*

21601. It is not anywhere near the hospital?—No, it is nowhere near the hospital; it is about half-way between the hospital and Chancery-lane. The Coldbath Fields' property is the one that was sold. I am giving a brief history of the whole transaction. The Coldbath Field Estate was sold for 24,000*l.*, and the committee, indeed the Court of Chancery, determined that the money realised by the sale

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[Continued.]

Earl of Winchilsea and Nottingham—continued.

of this estate should be re-invested in another estate. The committee then purchased this Elm Park Estate at Brixton; they added 8,000 *l.* to the 24,000 *l.* they had received, and bought the Elm Park Estate for 32,000 *l.*

21602. What interest does it pay on the money you have invested in the purchase?—Nearly 4 per cent.

21603. How is it managed?—The hospital solicitors collect the rents; it is ground-rents entirely; it requires little management except collecting.

21604. Is it increasing in value?—I do not think it will very much. The rack rents will fall in at the end of about 90 years.

21605. The income of the Elm Park Estate is what?—£. 1,200 a year; the balance between that and the 1,890 *l.* which I mentioned just now among the receipts comes from stock.

21606. The total amount of dividend, including the rents from this estate, came to 1,890 *l.*?—£. 1,200 for the estate, and 690 *l.* for stock.

Lord Lamington.

21607. What do other hospitals pay when they send patients to your hospital?—They pay mostly three guineas; they mostly send their patients into the wards, and pay three guineas for the six weeks' treatment, but occasionally they require private rooms.

Lord Clifford of Chudleigh.

21608. Are all your patients sent by medical men?—No patient is received as a rule unless he is accompanied by a medical certificate saying the disease he is suffering from.

21609. And do you generally send your ambulance for him, if desired?—We always send it, if desired, within a certain distance.

21610. And what is your charge?—For the governors of the hospital the ambulance is sent free, within a radius of five miles; outside that, and to non-subscribers inside that, 5 *s.* for the first mile; a shilling a mile after the first.

21611. Do you let out your ambulance for moving patients to other places, except from and to your hospital?—No.

21612. They cannot get it for that purpose?—No, our ambulances have as much as they can do.

21613. Do you know whether ambulances of that kind are available for that purpose?—Yes, I know that there are certain men who let out ambulances; and I also know that people may obtain the ambulances of the Asylums Board on application to Norfolk House.

Lord Monkswell.

21614. Do I understand you to say that all contracts are by open tender, without exception?—There are a few things that are not tendered for, not supplied on contract, nurses' dresses are one. Then there is a great deal of work done in the hospital in the engineering way, in the repairing of buildings, and so on; that is done by our engineer and his assistant.

21615. With regard to the nurses' dresses, how do you manage; why are not those contracted for?—I can hardly say why.

21616. Do you go to particular tradesmen

Lord Monkswell—continued.

always for the dresses?—They generally get the serge from a place in Somersetshire, I think; from the manufacturer.

21617. For some reason or other there is no contract for any part of the uniform?—No.

21618. I suppose that is in the matron's hands?—Entirely in the matron's hands; she knows best which place to go to.

21619. With that exception all your contracts are by open tender?—I think with that exception all our contracts are by open tender.

21620. Everything that you have got anything to do with is?—Yes, everything that I have got anything to do with is.

Earl Cathcart.

21621. Touching cases of contagion amongst the nurses of the establishment, have you any knowledge in that matter?—I have a certain amount of knowledge, but the medical officer would be able to give you the fullest information.

21622. But these sort of cases are reported in your office, I suppose?—Yes; when a nurse goes into the ward she is always reported off, but she is treated free of course.

21623. Yes, but we have asked the question in most other cases, and it would be interesting to know, as yours is a fever hospital, whether you have many cases of contagious disease amongst the nurses of the establishment?—Three or four a year, generally.

21624. But you have an abstract showing that, I suppose?—It is in the report year by year; it is usually mentioned in the report, and as there is none in the report last year I fancy there were none.

21625. You were very fortunate in that respect?—They were seasoned nurses. In 1887 we had to take on a number of fresh nurses on account of the epidemic, and three or four of those contracted the disease they were nursing.

21626. Have you any strict regulation about the nurses as they go out about their dress?—They are not allowed to go out in the dress they wear in the hospital; that is the only rule.

21627. And that rule is strictly carried out, is it?—Yes, they are not allowed to go out in their nurses' uniform.

21628. And as regards the medical officers, is there any similar regulation?—There is no rule that I know of; they use their discretion.

21629. Your ventilation is so good, I believe, that people walk about in the hospital with impunity, yourself and others?—I never go near the hospital; my office is connected by telephone with it. When I say that I never go near it, I take my lunch with the medical officers, that is all, in their mess room.

21630. But the committee and medical officers and others walk about with impunity?—They do; there are some of our committee-men who visit the wards regularly.

Earl of Arran.

21631. As a rule, do your patients arrive in ambulances?—As a rule, yes.

21632. They do not use hack cabs?—When they do the cab is detained by the medical officer and is sent to the nearest police yard and disinfected. The gates are shut, and the cab is not allowed out till the police are there to receive it.

21633. And

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Major CHRISTIE.

[Continued.]

Earl of Arran—continued.

21633. And when the patients go away they are supposed to be free from infection?—Is free, I believe, as science can make them.

Earl Cathcart.

21634. What do you do; burn sulphur?—No; we use a disinfecting machine for which we paid 400 l. or 500 l. It opens into two rooms. The things for disinfecting are placed in one room; then they are passed into the disinfector, subjected

Earl Cathcart—continued.

to a heat of something like 250 degrees and then passed out into a non-infected room. That of course is as regards clothing, bedding and so forth. The patient is bathed and everything that is necessary done to disinfect him.

21635. But the ambulance, the cab I mean?—The ambulance I believe is sulphured after every journey.

The Witness is directed to withdraw.

MR. EDGAR O. HOPWOOD, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

21636. You are the resident medical officer of the London Fever Hospital?—Yes.

21637. What qualifications do you hold?—I am doctor in medicine of the University of Oxford.

21638. You do not hold any London qualification?—I do not.

21639. What salary do you receive as medical officer?—£. 200 and a house, or the majority of a house, and board.

21640. Is there any medical committee at the London Fever Hospital?—The honorary medical staff are members of the house committee; there is no special medical committee; no committee that is entirely medical.

21641. Being a salaried officer of the hospital you are not a member of that committee?—I am not a member; I merely attend.

21642. Would you tell us of the nurses; we have had the term "seasoned nurse" used; does that mean that they have been trained?—Some have been trained at other hospitals; a large number have been trained by ourselves. We take them on agreement, that they shall stay for three years, or if they terminate the engagement before that time, an amount of 8 l. is kept back from the first year's salary of 20 l.

21643. But then a great number of these people do commence training in your hospital?—Yes, a considerable number of them.

21644. So that they cannot be seasoned then; there must be a great risk of their catching the disease?—The majority of them have had scarlet fever; that is the principal disease now; typhus has died out. In the old days something like a quarter of the staff died of typhus I believe; of the medical staff, certainly; but now the risk in that respect is comparatively small.

21645. Do you know what the mortality amongst the nurses has been in the last 10 years?—There has been no one who has died. One nurse died from diphtheria shortly after 1880, that is to say, shortly after the time when my connection with the hospital commenced.

21646. How many nurses have you got?—At the present moment there are about 20; 22 or 23. I let the staff go down to about 13 by a natural process of diminution through the three years' contract coming to an end, and nurses getting married; and then as I am able to foresee the amount of fever that there is likely to be in London in the immediate future, I add to the strength of the staff, through the matron.

(24.)

Chairman—continued.

21647. Will you tell us what hours you work your nurses?—The day is divided into two parts of 13 hours and 11 hours. The night nurses are on duty for 11 hours, and the day nurses for 13.

21648. And then what time off have they?—Two or three or four times a week they have time off; some days from five onwards; and every Sunday.

21649. Perhaps you will furnish the details of that?—Yes.

21650. Can you tell us what wages they have?—They come on as probationers at 20 l. a year, of which 8 l. is kept back till they have completed their time; the next year they rise to 24 l., and then by 2 l. yearly up to 36 l. Sisters begin at 36 l., and rise by 3 l. yearly to 45 l.; except the night superintendent who begins at 40 l., and rises by 5 l. a year to 50 l.

21651. And who is the head of the nurses?—The matron is the head, under me.

21652. What does the matron receive?—She begins at 80 l., and rises to 100 l., or 110 l., or 120 l.; I forget exactly the limit.

21653. But you are responsible, are you, to the governors?—I am; I represent the committee in the hospital.

21654. Do you keep any nurses for sending out for private nursing?—Very few now. I do not think it possible to do it; not with advantage to the hospital.

21655. But is it the case that you do not have many applicants?—There is a very irregular demand; it would not be possible to work it as a commercial business, certainly financially. The demand only occurs in one part of the year largely, that is in the autumn, when fever is prevalent; and to keep the needful staff the whole year would be impracticable.

21656. Your nurses' health, otherwise than in regard to fever, I mean, is very good, is it not?—Yes, very good; they are not hard worked.

Earl of Kimberley.

21657. When a case comes, if you have any doubt as to its being a case of infectious fever, what do you do?—That involves the question as to how they are admitted. The patient might be admitted on a medical certificate that he or she was suffering from scarlet fever or measles or German measles or diphtheria. It might or might not be possible for me to confirm the medical man's diagnosis. He had seen the patient at the

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time

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[Continued.]

Earl of *Kimberley*—continued.

time I had not; so that the fact that some of the symptoms were wanting would not go for very much. The doctor's certificate must be taken as very strong *prima facie* evidence that the patient is suffering from that disease. But supposing the case is certified "scarlet fever," and in my opinion the patient is suffering from small-pox, I should have the patient put in an isolated building some distance from the other, and telegraph for an ambulance to remove the patient to the small-pox hospital. If belonging to the class that we generally treat, the patient would go to the Highgate Small Pox Hospital, where a five guineas fee is charged for admission, I think.

21658. But I suppose a case might arise where a mistake has been made and the patient, in point of fact, is not suffering from infectious disorder; you have known such cases?—Yes, I have.

21659. In that case would you, on the doctor's certificate, put that man into the hospital?—No, not into an infectious ward.

21660. And such cases occasionally occur?—They do.

Earl of *Winchilsea and Nottingham*.

21661. Have you any convalescent hospital in the country in connection with the fever hospital?—There is not one in connection with our hospital, but there is the Mary Wardell Convalescent Home for scarlet fever at Stanmore, of which we make considerable use.

21662. Supposing the patient has a disease like scarlet fever; that is the principal disease you have?—Yes.

21663. It is the fact, is it not, that the patient may be recovered as far as he himself is concerned, but may still be infectious to other people?—Certainly; and these cases are detained mainly for their infectiousness in the fever hospital.

21664. May we take the time as about six weeks?—Six weeks is the minimum for the adults and eight weeks for children.

21665. How long would they be under active treatment?—Sometimes one day, or a few hours; sometimes, perhaps, as long as three weeks, not generally more. After a month a patient might be drafted off to a convalescent home with advantage.

21666. Then for three weeks, perhaps, in some cases for four or five, you keep them in the hospital not for their own sakes, but for other people's sakes?—That is so.

21667. Would it not be a great advantage to you, supposing that you are pressed for room, as we have heard from Lord Balfour, that you are to be able to send them into the country at an earlier time than you can now?—Certainly. That is one of the proposals I made to the committee recently appointed.

21668. There is no reason on their own account for keeping them where they are?—None whatever; they would be better off in the country.

21669. Their convalescence would be quicker?—Yes, certainly.

21670. Then supposing that they are only kept for their own sake, shall I say one-third of the whole period of treatment?—I think it would be safer to say that during the first month they may require medical treatment.

21671. Then I will say one-half of the whole

Earl of *Winchilsea and Nottingham*—continued.
period of treatment. But they could be removed before the month, could they not?—They would require another medical staff then in the convalescent home.

21672. At the end of that time it would be an advantage to themselves and the hospital, if they could be removed to the country?—Certainly.

21673. What is the mortality in the hospital, taking it as you would, of course, under different diseases. Take scarlet fever first; have you them separated?—They are all taken by different years. I have them for all the years here, but they are not put together. The mortality from scarlet fever during last year was 2·3 per cent.; from enteric fever it was 9 per cent.; from diphtheria it was 4·5 per cent.; from German measles, of course, there was no mortality.

Earl of *Kimberley*.

21674. And from measles?—5·3 per cent. that year; but there were only four deaths; three of the fatal cases were admitted from other hospitals; the Metropolitan Board hospitals do not receive cases of measles.

21675. Can you give the mortality of 1889?—The mortality from scarlet fever was 1·2 per cent.; from enteric fever, 5·2 per cent.; from diphtheria, 17·6 per cent.; from measles, none; and from German measles, none.

Earl of *Winchilsea and Nottingham*.

21676. Do not you think that a very high average for diphtheria, 17·6?—It is a very low average.

Earl of *Kimberley*.

21677. You had a lower one last year?—We had; but then there were a small number of cases, so that the figure for that year is not of so much value. In the Metropolitan Asylums Board hospitals the mortality is about 50 per cent.; I think anything under 20 per cent. is very low.

21678. The mortality from enteric fever varies very much?—Yes.

21679. Is 9 per cent. low?—Yes, very; it averages 14 or 15 per cent.

21680. What may be taken as the usual average for scarlet fever?—Well, the Metropolitan Asylums Board average is 10, over a large number of years.

Earl of *Winchilsea and Nottingham*.

21681. Then really, according to those figures, you were something like 50 per cent. below the average of the Metropolitan Asylums Board?—Yes, quite that.

21682. Do you attribute that to the better conditions under which you are able to treat patients?—It is partly due to the class of patients we get. That acts in several ways. In the first place among the very poor classes, children catch the disease, that is to say, the average age at which the human being catches scarlet fever is lower in the very poor classes.

21683. And the condition of body too is lower, I suppose, in those classes?—The condition of body too is lower; one is not quite clear how far that goes in affecting the death rate.

21684. With regard to the hospital itself, do you find any difficulty as regards protecting the patients?

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[Continued.]

Earl of *Winchelsea and Nottingham*—continued.

patients from the walls becoming impregnated with the infectious matter or anything of that kind?—No, none whatever; the health of the patients is very good indeed; the cases get on very well indeed.

21685. Then with regard to the drainage of the hospital?—The drainage of the hospital is very good indeed.

21686. You have an honorary officer who looks after that?—Yes, we have; and of course I look after the drainage myself.

21687. And you have a plan of the drains?—Yes, we have a plan of the drains; and I have done what I could since I have been there to verify the plan; to uncover every drain marked on the plan to see whether it really existed or not, and whether its condition was good. I found that the plan and the drains did not in all respects correspond.

21688. Then the drainage is not modern?—It is modern undoubtedly; it has been entirely renewed on the most recent plan.

Lord *Saye and Sele*.

21689. Are *post-mortem* examinations held in all cases?—No; *post-mortem* examinations are only held if the parent or guardian gives consent.

21690. How are the interments carried on?—Entirely by the friends of the patient.

21691. At their expense?—Yes, at their expense.

21692. And where?—Usually in the nearest cemetery.

Lord *Monkswell*.

21693. Are medical students admitted to your hospital?—Yes, medical students are admitted under restrictions.

21694. Have all the private patients separate rooms?—There are a few two-bedded rooms in which we sometimes receive two boys or two girls, brothers or sisters.

21695. Do the private rooms themselves necessitate more nurses?—Yes.

21696. Do you think that they do pay?—It is almost impossible to find out exactly; but donations are so largely given by the patients.

21697. Besides the three guineas a week you mean?—Yes.

Earl *Cathcart*.

21698. Do you ever, by any chance, get diseases mixed; that is to say, suppose a man went in with German measles, might he come

Earl *Cathcart*—continued.

out, having suffered from scarlet fever?—That has not happened of late years, I am happy to say; I have been able to keep it from coming to that.

21699. It has happened, has it not?—In the past it did, I believe, but hardly within my recollection even. I have been there since 1880.

21700. But that is not a hypothetical case at all, is it?—Not at all.

21701. We have had instances mentioned to us here of people going in a hospital with one complaint and coming out with another?—Yes. We have been very free from that sort of thing.

21702. Now with regard to yourself personally, do you take any precaution as to your clothes when you go out?—No other precaution than that I change my things, and wash my hands, and so on.

21703. You invariably do so?—Yes; I do not think there would be any damage to anybody if I did not.

21704. Supposing you were asked to go to a private family, to a five o'clock tea, would there be no danger in your going to that family without taking those precautions?—I believe not; the wards are so well ventilated.

Earl of *Arran*.

21705. I think you said it would be very advantageous to the hospital and the patients if they could be moved rather sooner than they are now?—Certainly.

21706. How would it be as regards the public; would they be free from infection sooner, or would you have to take additional precautions if you were to remove them sooner?—They would have to be moved in closed carriages; in ambulances.

21707. You would have to make some arrangement, I suppose, of that kind?—Yes.

21708. It would not be safe to send them by train, for instance?—Oh, dear, no.

Chairman.

21709. I do not know that you are the proper witness to put this question to, but perhaps you can answer it: are your accounts audited by a professional auditor?—Yes, they are audited by a professional auditor, and two auditors appointed by the Committee.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 1^o Junii, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.
Earl SPENCER.
Earl CATECART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord SAYE AND SELE.

Lord SANDHURST.
Lord LAMINGTON.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. JOHN WILLIAM GORDON, is called in; and, having been sworn, is Examined, as follows:

Chairman.

21710. YOU are on the staff of the "Lancet" I believe?—Yes.

21711. Will you please tell us what your vocation in life is?—I am a barrister-at-law.

21712. And you have given, as one of the staff of the "Lancet," considerable attention to the accounts of the metropolitan hospitals?—I have.

21713. What are the principal points that you wish to criticise in those accounts?—I am not quite sure that I can summarize the principal points in a word, but if I may take them in order I should like to do so.

21714. If you please?—The first point to which I wish to draw your attention is that the various accounts are presented in the most bewildering diversity of forms, so that it is impossible to establish any satisfactory comparison between the accounts of different institutions. Now I do not think I can do better than illustrate that point by drawing your Lordships' attention to some few accounts that I have here, and which I have selected by way of illustration. I have made a list of these accounts, and perhaps it will be convenient if I refer to them by the numbers on my list rather than by the names of the institutions.

21715. It would be more convenient if you would give the names in case the institutions referred to should wish to give explanations?—The first which I will refer to, and which in my list I call No. 1, is a statement of accounts of the London Hospital. That is a hospital account which presents in the form of one account a complete statement of receipts and expenditure. From this account it appears (to draw attention to one point which in this connection is material) that that institution received 21,500 *l.* odd in the shape of legacies last year, and all those legacies are duly brought to account.

21716. May I ask in that case was there a particular heading "Legacies"?—There is a particular heading "Legacies," and the legacies (24.)

Chairman—continued.

are entered under two heads; 6,664 *l.* 6 *s.* 2 *d.* under "legacies" simply, and under the heading "Ditto received in stock as per contra," 14,921 *l.* 7 *s.* 3 *d.*; making up the total sum of 21,585 *l.* 13 *s.* 5 *d.*

21717. In that account do you happen to remember whether, in addition to there being the head "Legacies" that was put under "Capital account"?—That was not put under "Capital account"; and as to the first item, 6,664 *l.*, it was in no way distinguished from other receipts; as to the second item, it is entered "as per contra," and on the other side credit is taken for that amount of stock as for stock purchased, so that the 14,000 *l.* appears in the accounts as an item of expenditure. That is how that hospital for instance deals with its legacies. Now the next (St. George's Hospital), No. 2 in my list, is an institution which has in point of fact received a larger sum in legacies, but they are dealt with differently. There is also here a heading "Legacies," and the various legacies are set out in detail; they are also thrown into a short total, 21,602 *l.* 9 *s.* 2 *d.*, but there is added to that a note against one of the legacies. The note is this: "In addition to this" (that is in addition to the amount entered as paid under the legacy) "a sum of 26,371 *l.* 10 *s.* 1 *d.*, 2½ per cent. consols, was transferred into the names of the trustees of the hospital"; and that sum of 26,000 *l.* does not appear in the account at all, that is to say, it is not brought to account; it is simply notified in that way.

21718. That sum is a sum, I presume, which goes permanently to increase the endowment?—I imagine not; that is to say if I quite correctly understand your Lordship's question, I do not think that this is impressed with any such particular trust as would prevent its being used, if need were, for the general purposes of the institution.

21719. That is what I meant?—But, as a matter

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Mr. GORDON.

[Continued.]

Chairman—continued.

ter of fact I think it did go to increase the investments, the property of the institution, for this reason: that the income apart from that, the income which is brought to account, as a matter of fact shows a balance over the expenditure brought to account so that there was no occasion to draw upon that during the year.

21720. In fact these moneys are temporarily invested?—Are “invested,” may I say. I suppose that the investment is temporary in this sense, that it may at some future time be necessary to draw upon it; but I imagine that the investment does not differ in character from the other investments of the institution. Then there is another sum to which I do not think I need make any special reference, except to say that it is a sum of 4,200 £, which is exactly on the same footing as the 21,000 £ to which I have referred. Now the point which I wish to make in that connection is, that taking these two statements of account which appear to be parallel to one another, supposing that one desired to compare these two institutions in respect of their accounts for the year, the one with the other, one would get an impression that No. 1 had received substantially the same in legacies as No. 2, the fact being that No. 2 has received more than double the amount in legacies, but has only brought a proportion, less than one-half of the total amount received, into its account. No. 3 (the Middlesex Hospital) is an institution which has received a much larger sum than either of the two already mentioned; it has received in legacies a sum of 83,433 £. 9 s., but no part of this has been brought into the account. And consequently a comparison of the income and expenditure account of these three institutions would produce upon the mind of a reader who went no further, the impression that No. 1 and No. 2 had received substantially the same sum in legacies, and that No. 3 had received no sum from legacies at all; the fact being that No. 1 had received the least, that No. 2 had received rather more than double No. 1, and that No. 3 had received more than double what No. 2 had. Now the magnitude of these items shows how difficult it is to form any just conception of the magnitude of the financial operations of a hospital from a mere inspection of its published accounts. Now the next institution to which I will call your Lordships’ attention, and which is numbered four upon my list (it is the Charing Cross Hospital), pursues a different course. The peculiarity of the accounts in this case is that there is no general account in the same sense in which there is a general account in the instances that I have already referred to; there is what is called a general account here, and it is an account which comprises the greater part of the income and expenditure of the institution, but it is supplemented by seven other accounts; two of them are accounts which are incorporated by the carrying over of their balances to the general balance,—which are incorporated in the general account; but five of them are accounts which are totally distinct from the general account; and in order therefore to get a complete view of the finances of this institution during the year, one has to refer to, and mentally or manually to

Chairman—continued.

incorporate the results of six different accounts. Now as to some of those, the reason is perfectly obvious, and perhaps it may be said that they are substantially the accounts of affiliated and subordinate institutions, and therefore rightly kept separate. For instance, one of them is a Convalescent Home Account; another of them is a Samaritan Fund Account; and there are probably very good reasons indeed for keeping those accounts separate; but one of the accounts to which I refer, separately shown, is called Extension Account; and, as a matter of fact, to that account all legacies of above 160 £. are carried, and all payments on what may be called capital expenditure are carried on the other side. Now that, as your Lordships will imagine, is a very substantial sum, it might be a very large sum; as a matter of fact it amounts to very nearly 6,000 £. in this particular case, and on this particular occasion.

Earl Spencer.

21721. In a year do you mean?—In this year. It amounts actually to 5,818 £. in this particular year; but if some of the accounts to which I have already drawn your Lordships’ attention had been treated in the same way, it is quite obvious that the sum would have been very much larger. In order, therefore, to get what is a substantially correct view of the finances of this institution for the year, it is obviously necessary to incorporate that account; and in order to get an accurate view, it is necessary to incorporate the other accounts which are very much smaller, but still sufficient to make it impossible to establish any strict comparison without the great labour of incorporating these various accounts. Now the next case, No. 4 (a), which stands upon my list, that of the London Lock Hospital and Asylum, is somewhat different, but it exhibits again the same peculiarity of subdivision. It differs from the one to which I have already referred in this respect; there are there three affiliated institutions, substantially one institution; there are two hospitals and an asylum which are worked together, and the accounts of these are kept separately. There again the total result is one account, because a general balance is kept, and a debit balance arising upon one account, or a credit-balance arising upon another account, are both carried to that general balance sheet, and in that way all the accounts are incorporated in substance by a book-keeping operation at the end of the year; but the accounts are separately shown; and of course the balance sheet does not show a comprehensive statement of income, nor does it show a comprehensive statement of expenditure; it shows only the balances of income and expenditure shown by the separate accounts. There again, in order to get at the result of the financial operations, it is necessary to incorporate several different and independent statements of account. Now the next illustration that I have here is No 5 on my list, that is the Deaconesses’ Institution and Hospital, it is more commonly known as the Tottenham Hospital, and this exhibits a peculiarity

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MR. GORDON.

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Earl Spencer—continued.

peculiarity in a singular way which is not easily exhibited by the comparison of separate hospital accounts. The peculiarity is this: in some institutions the annual statement is a statement of income and expenditure; that is to say of cash, money or money's worth incoming and expended during the year; in other cases the corresponding account is a cash account of money received and money paid; and of course those two things are not identical; money received and money incoming are probably the same, but money paid is by no means the same thing as money expended, because there are outstanding accounts in every case at the end of the year. Now, very singularly, in the case of this institution which I have numbered 5 we have both accounts presented; there is a cash account, which is an account of money received and money paid; there is an income and expenditure account, which is an account of income and of expenditure, that is to say money incoming and money expended. It hardly needs to be said that the exhibition of these two accounts is very perplexing, because they appear to be inconsistent the one with the other. They appear to cover, and indeed do cover, precisely the same period; but they cover it, as your Lordships will see, in rather a different way. The one shows money received and money spent; the other shows money receivable and money expended during the year. Why two accounts should be presented in that form I confess I have not an idea; but it is not only so in the case of that one institution, but it is also so in the case of No. 6 (King's College Hospital), to which therefore I need not more particularly refer. But it needs hardly to be said that if one institution presents two accounts like this, it is practically certain that with other institutions which present only one account, the account presented will sometimes be a cash account of money received and money paid, and sometimes be an account of money receivable and money expended; and so far as I know there is no means of telling, by a mere inspection of the account, which it is that is presented. No. 7 (the Miller Hospital), is another illustration of the same thing; that is to say there are three statements of account which present their accounts in that perplexing way. Now the next illustration (the East London Hospital for Children and Dispensary for Women), is of a statement of account which is too perplexed for me to understand. I find in this statement of account a very elaborate statement of all the various items of expenditure set out with the minutest detail, as indeed is customary with hospital accounts; and among these items of expenditure I find two items which are credited to "Architects"; there is a payment of 500 £, and there is also another payment of 50 £ on account of "Architect's charges"; but I can find no expenditure on building and no commensurate expenditure upon repairs; and it is perfectly obvious, therefore, that although upon the face of it the account appears to be complete, and to be a full statement, there must be (at least I cannot imagine that it is otherwise; I think it must be the case that there are), important payments which, for some reason or another,

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Earl Spencer—continued.

have not been brought into this account. Now those are the illustrations which I submit of the perplexing diversity that there is between various accounts, which makes anything like a comparison between two accounts quite impracticable. Another point which I propose to make (and I have really already illustrated it) is that many of these accounts are exceedingly defective; but, upon that point, there is another aspect of hospital accounts to which I should wish to refer, and that is, that in comparatively few cases is any statement of the total amount of property held by these institutions made public. What is ordinarily known as a balance sheet in the strict and full sense of the word is very rarely included in the accounts. In order to ascertain what the fact was upon this point, I caused an examination to be made of 67 published statements of account, and the result of that examination was that 51 of them did not appear to have published a balance sheet at all; in 15 cases a balance sheet was published more or less complete, but of those balance sheets not more than seven were complete, if they were, and the remainder were quite obviously incomplete balance sheets. Now I would like to call your Lordships' attention to some of the statements which are published in that connexion. The first of these incomplete statements is issued by the institution already referred to as No. 1 on my list, that is to say, the London Hospital. There is there a statement which is headed "Balance Sheet," and it comprises on the one side "liabilities and estate," and on the other side "assets." Now I understand that there is included no statement of value of the land and fabric which is occupied by the hospital; there is no entry in the statement of expenditure under the head of "rent"; and therefore it is perfectly clear that the institution occupies its fabric substantially rent free, but there is apparently no entry in the balance sheet of the total value of this land and fabric, and I conclude therefore that that has happened in this case which happens in a good many cases, and that the balance sheet published does not include the value of freehold land or buildings, or of leasehold land or buildings, which are occupied for the purposes of the institution. Now the next institution makes that clearer still, and that is the case of the Charing Cross Hospital. There the balance sheet which is published is professedly a "statement of liabilities and immediately available assets." The "liabilities" include outstanding accounts, the amount of an overdraft and the amount of a loan; and the "immediately available assets" comprise rents outstanding, cash in hand, and a balancing entry which is entered as "balance to be provided for." Now that of course does not include any part of the properties held in trust for the institution, either the value of its building, the value of its land, or the securities, the stock, from which dividends to the amount of 302 £. have been received during the year. Then the next is again the case to which I have already referred of the Lock Hospital and Asylum, and there, as I told your Lordships, the balance sheet is a statement substantially of balances brought from the

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Mr. GORDON.

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Earl Spencer—continued.

various several accounts, not a statement of the property at all. Then the next balance sheet is that of the King's College Hospital report, and in that case the balance sheet is called "Capital Account." It does include the properties, stock that is to say, held for the purposes of the institution; but it also includes income derived from legacies, because certain legacies are carried to that account instead of being included in the receipts and expenditure account; so that the balance sheet there is, in part, a statement of income. I have a good many other illustrations upon my list; they are mostly of the same character; I think I have now given your Lordships all the types; there are a good many others, which I hold in my hand, but I do not think that any useful purpose would be served by my going through them; because, so far as my recollection goes, they would simply be repeating the same characteristics to which I have already called attention. I think that is probably as much as it is necessary for me to say in the way of criticism; and I desired then to submit to your Lordships a form of statement of accounts which it is my suggestion the Committee should consider with a view to its being imposed, either by agreement or perhaps by Act of Parliament, upon the hospitals, so that every hospital receiving charitable contributions from the public should be called upon to render its annual statement in this form or in some modified form; and the exact suggestion (as perhaps it would be convenient to have a precise idea in view) would be that the hospital should be required to make either to one of Her Majesty's Secretaries of State or perhaps to the Charity Commissioners, or to any body which might be a suitable body for the purpose, an annual return of its accounts in this form, or in some such modification as this form, as might be approved. I have a number of copies of the schedule here if it would be convenient to your Lordships to be supplied with them (*handing copies of the schedule to the Committee*).

Chairman.

21723 Is this the same as the present form that the Hospital Sunday Fund sent out?—No, this is an independent form which has been prepared for a slightly different purpose. The form which the Hospital Sunday Fund sends out is directed to the purpose of the award which the Hospital Sunday Fund makes from its funds; and as your Lordship has mentioned that matter it may be convenient for me to say a word which I should wish to say in that connection before my evidence concludes. The Hospital Sunday Fund award is made upon the basis of a systematic analysis of hospital accounts, and the system pursued is, as I understand, this; of course I have no original knowledge of that matter; it is a matter that has been made public, and I am simply giving your Lordships what, in that way, has come to my knowledge, but the published statement of its method is this: It first of all takes the expenditure of an institution to be the basis, the original basis, upon which the award is to go. From that expenditure there is written off, by way of deduction, the income of the institution from legacies and realised property. There is then written off, by way of further deduction, its expenses of management.

Chairman—continued.

The expenses are divided under the two heads of Maintenance and Management; they correspond, roughly, to what one might call expenditure upon the effective and the non-effective forces of the institution; and the expenditure upon management, as distinct from the expenditure upon maintenance, is written off. The result so arrived at forms, apart from special considerations, the financial basis upon which the award is made. Now I think perhaps it should be pointed out to your Lordships that that probably is the reason (I speak here as a matter of inference and conjecture only, because again I have no original knowledge of the facts, but it is not perhaps immaterial to consider) why, in many of these accounts to which I have called your Lordships' attention, legacies are either not brought to account, or, if they are brought to account, are brought to account on both sides, so that they are taken out of the account again. If the legacies are to be written off the expenditure by the Hospital Sunday Committee, it is quite clear that they must be shown in it, because it is the expenditure of the institution that is taken as the original basis. If they are to be taken off the expenditure they must, first of all, be included in the expenditure; otherwise it is clear that a hospital would be prejudiced; and in the case of an institution like the one that had received 83,000 *l.* in legacies, if that had been written off the expenditure when the expenditure had not been swollen by the inclusion of that amount originally, there would have been no basis upon which the award could have gone at all; and therefore it is necessary that, for that purpose, either the institutions should leave all their legacies out of the account originally, or that they should take them out of the account by including them on both sides; and I think that is the reason for what seems to be the irregular way on the part of hospitals of presenting their accounts. It is a perfectly legitimate way for their purpose, but for the more general and public purposes, under which I am viewing them this morning, I think it is exceedingly inconvenient. This form has been prepared, as your Lordship sees, from a totally different point of view. I presume that is designed to bring to bear the test and stimulus of a comparative statement of the financial position of hospitals; and this statement has been prepared with a view to exhibiting, under an aspect in which they can be rigidly compared with one another, of course, the financial records of the hospitals during the year. Now in the preparation of this statement the first principle which is worked out is that of dividing both the income and the expenditure under two great heads; the one representing the income and the expenditure which goes on regularly and systematically from year to year; the other representing the income and expenditure which arises or occurs only or occasionally, and may be wholly peculiar to the particular year. These two it is perhaps expressive to call Renewable and Non-renewable; and so the main division here is between Renewable and Non-renewable income, Renewable expenditure and Non-renewable expenditure. That, I take it, is the first thing to which one's attention in attempting to form an appreciative estimate of a hospital statement of accounts

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Chairman—continued.

accounts would be directed. One would seek, first of all, to eliminate from the statement anything so wholly accidental or exceptional as, for instance, the occurrence of a very large sum in legacies in the income of the year. Then the next point to which one's attention is directed is the distinction between charitable and proprietary income (I am dealing at this moment with the income side of the account) and accordingly the first sub-division is between charitable and proprietary. Your Lordships will see that on the left-hand side of the various headings there are reference letters put; those are for the purposes of an auditor's certificate, to which I propose in a moment to refer. The charitable income comprises first "annual subscriptions," about which I imagine there would be no question at all. The next item is "donations"; and it may perhaps be said that donations are in their nature occasional and ought not to be said to be strictly renewable sources of income; but I think that it is legitimate to put them here for this reason: there is a certain aggregate amount which, as a matter of fact, is annually received by the hospitals by way of donations; a large number of donations come in comparatively small sums, and therefore, with regard to the income from that source, although in a sense occasional, that is to say although every individual payment is an occasional payment, the aggregate sum is an average sum and a practically renewable source of income. "Donation boxes," and "collections, &c.," call for no remark. Then in the schedule which is before your Lordship, there is a division, and that division represents a short cast which would be entered in the second column. I have here a statement which I am sorry to say I have only two copies of, which is filled in, and which will exhibit to your Lordships exactly the way in which I would suggest that these items should be exhibited (*handing one of the statements to the Chairman*). Those first four items are short cast, and the total is carried out in the second column; and the interest of that figure, which appears there in the second column is this, that looking at that one is able to tell on the instant how much of the charitable income of the institution is derived from what I may call the personal efforts of its friends. All that income is, more or less, derived from the supporters of the institution; it is contributed by its friends or collected by its friends. Then there comes next a group of three more items: the "Hospital Sunday Fund," "Hospital Saturday Fund," and a certain "proportion of legacies." As to the first two, they speak for themselves. As to the next, some question would probably arise. The question of dealing with legacies in hospital accounts is obviously a question of some difficulty. Your Lordships have seen the various ways in which different institutions deal with their legacies, and there is not only the question of bringing them to account, there is also the question of dealing with the sums so received. Should they be carried to capital? should they be expended upon the ordinary and renewable expenditure of the institution? Now, so far as I can understand from the various accounts, very various methods

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Chairman—continued.

are followed. The method which receives most favour is a method which is followed in the Hospital Sunday Fund. The Hospital Sunday Fund Accounts distinguish between legacies of less than 100 £. and legacies of more than 100 £.; and although they do not say so I have no doubt that the idea is that in some rough and approximate way that indicates the proportion of legacies which may fairly be brought to the year's account, and the proportion of legacies which should be, on a wise administration, carried to capital.

21723. You have not, in your suggested schedule, one heading of the total amount of legacies received?—I have not one heading of the total amount of legacies received; it would have to be derived from the two items "g" and "o." It would no doubt be a convenience to have it shown in one form for some purposes; but inasmuch as it is necessary to sacrifice some things that one would desire for some purposes, I have thought that the inconvenience of dividing it into those two items was worth incurring for the sake of getting a clear total statement of, as I venture to think, the still more interesting points which the statement actually does bring out. Of course a total is easily collected from this, because the two items are separately shown, and it is only a question of putting two items together in order to get at that total figure.

Earl of Kimberley.

21724. It would be easy to put the total amount, from legacies 10,000 £., and then to put in brackets "proportion passed to renewable income account 3,000 £."?—Yes. "Total amount received 10,000 £.; proportion carried to renewable account 3,000 £.; proportion passed to non-renewable account 7,000 £." In this case this is not an actually analysed account. I could not get the figures that are given here from any accounts that are actually published; but this is a hypothetical account for the purpose of illustration, and in this hypothetical account the institution is assumed to have received 10,000 £. in legacies during the year, so that the entry would run, on that plan, in this way: "Legacies 10,000 £.; proportion of legacies passed to renewable income account 3,000 £." As a matter of fact in many institutions a much larger sum than the amount received from legacies under 100 £. is carried to the ordinary purposes of the institution, carried practically to current account; and it is obviously quite right that that should be so. Many hospitals derive a very large sum annually from legacies, and it would not only be unnecessary, but I venture to think it would even be improper, for them to carry the whole of such a sum, or anything like the whole of such a sum, to their capital account. When they find that they get in the regular way a substantially settled income, for instance, of 3,000 £., in this hypothetical case, over a course of years, say five years, that they get an income from legacies which never falls below 3,000 £., it would obviously be a perfectly right course, and a common sense course for them to take, to pass at least that sum into their ordinary expenditure. Therefore, I have assumed that upon some such

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basis as that, or at least upon some basis which commends itself to the committee of management of the institution, the total amount received from legacies is apportioned between renewable income and non-renewable income. Then as to the proprietary income the item "dividends and interest" presents no difficulty. The next item of "rents" is one about which it would be necessary to have a very clear understanding. In the case of institutions which occupy a freehold building or a leasehold building, it is not usual to bring the annual value to account as rent received, and the consequence of that is that the accounts of an institution which possesses the freehold of the fabric which it occupies are again (I did not mention this, it escaped my recollection just now) quite incomparable with the accounts of an institution (of which there are but few, if there are such) which occupies a building for which it pays an annual rent. In any case an institution which occupies a freehold or a leasehold building for the purposes of its work should obviously bring that annual value into account, because it is exactly in the same position as if it did not occupy that freehold or leasehold building, but paid its rent by letting it. I propose, therefore, that this item of "rent" here should in every case include the annual value of buildings occupied for the purposes of the institution for which no rent is paid. Then the next items, "fees from pupils" and "fees from patients," require no further comment than this, that in many cases they are not shown in the general account. It seems to me a very convenient thing that the general account should exhibit all the sources of income and all the occasions of expenditure which arise; and therefore I have proposed that in this general statement the accounts of the medical school and the nursing school should be incorporated. Then there is an item in the same way, "payments for private nursing." Of course where a separate nursing institution is kept that is not commonly shown. The rest are common items. There is another short total which gives you the total income of the institution from proprietary sources, and that is obviously a much more settled and reliable source of income than that which is dependent upon the efforts of the public or the efforts of the friends of the institution, and consequently has a peculiar interest of its own. The total of those three items, which is extended in the third column, gives you the total renewable income of the institution for the year, which has of course naturally to be compared with its total renewable expenditure. Now "non-renewable income" I think, does not require any special notice. The various items which I have tabulated here are, first the balance of legacies; then investments realised; loans contracted, and over-drafts. I call these non-renewable, for the simple reason that they are not things which can go on indefinitely; they are obviously occasional. Then at the end, "balance brought from last account," or "balance carried to next account," as the case may be, stands to be entered. Then as to the expenditure account, the same general scheme of distribution is observed. But here I propose

Earl of Kimberley—continued.

to introduce a feature which, so far as I know, is not at present observed in any of the accounts which are made public. These accounts for the most part are substantially (I am speaking now of the accounts which are ordinarily published) statements of cash and transcripts of the book-keepers' books, and consequently they go habitually into such details as the butcher's bill, the baker's bill, the dairyman's bill and so on, items which have no significance at all for the general public, and no significance at all from our present point of view; but they do not serve to distinguish between the various departments of the institution, and that is an obviously important distinction which by means of this statement I should propose to bring into view. And accordingly the first item here, the first heading under "renewable expenditure," is the heading of "supplies to ordinary patients," and that comprises the two sub-heads of "food" and "coal." Now to take the first of these, and compare it as it appears there with the form of statement which is ordinarily, I think I might say universally, made, as matters stand the food accounted for in an ordinary statement of account is food supplied for the purposes of the institution in all its departments; it includes food supplied to patients, it includes food supplied to, say, the nursing staff, the domestic staff, to any other part of the staff to which allowances of food are made, and there is no means whatever of discriminating between those various items. Now the suggestion here made is that such a discrimination should be introduced, and that food supplied to patients and others should be separately shown. I think the rest of the items under that heading need not be specially commented on unless I say this: In the illustration which I have placed before your Lordships of one of these accounts made out, I have underscored some of the items with a red pencil; those underscored items represent items which it is not possible to elicit from the accounts as they are at present published.

Chairman.

21725. Or from any hospital report?—Or from any hospital report as far as I know: and items which are not underscored are such items as it is possible to elicit from a well kept account, as matters stand.

Earl of Kimberley.

21726. You say "supplies to ordinary patients." What do you mean by that?—I mean that to show the distinction between ordinary patients and paying patients who are admitted to paying wards.

21727. How would you deal with those hospitals where the patients pay something, but not the whole of the cost of their treatment?—I should propose to deal with them by treating the patients who pay something as paying patients or perhaps putting them in a third class as patients who make payments on account.

21728. It would be necessary, would it not, that your account should in some way discriminate; otherwise it might present very misleading results?—It would be necessary to discriminate between paying and other patients.

21729. But

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21729. But also in the case of part-paying patients, it would be necessary to discriminate, would it not; otherwise it would be misleading? It would certainly be desirable to show that, and I think that it would be quite easy to show it; and it is to meet a case like that that I suggested that this form might need to be modified in certain cases.

21730. This form would be applicable where there were only paying and non-paying patients?—Where there were paying and non-paying patients, which is the ordinary case.

Chairman.

21731. These figures given here represent sums paid for drugs and instruments and dressings; for instance, of all the patients of the hospitals, including out-patients as well as in-patients; is that so?—That would be so, as I understand it.

21732. Would it not be almost impossible in that case to make out the cost of the bed, because you would have to deduct the proportion of those figures due to the out-patient department?—That had not occurred to me, but it strikes me that it is so; for that reason probably it would be necessary to elaborate this statement a little more to the extent of showing the cost of the out-patient department separately.

Earl Cathcart.

21733. In some cases we are told the Samaritan Fund is a totally distinct thing?—In some cases it is. I propose in all these cases to incorporate all the subordinate accounts in this general account.

Lord Zouche of Haryngworth.

21734. The food supplied to nurses comes under the head of "Allowances" in your expenditure?—I should propose so.

Earl of Kimberley.

21735. The amount charged on account of food under the head of "Allowances" must be an estimate?—Yes.

Earl Cathcart.

21736. So much per head per day?—Yes.

21737. In the same way as board wages?—Yes, like board wages. Then as to the next, the sub-heading "Up-keep," I do not think any point arises upon that. Then as to the word "Maintenance," no better word occurred to me to express what I meant by this group of items, but it differs a little, in fact it differs materially, from the word "Maintenance" as used by the Hospital Sunday Fund, and very commonly in hospital accounts as they stand. "Maintenance" in my proposed schedule means maintenance of the fabric really.

Earl of Kimberley.

21738. But does not the maintenance of the fabric form part of the property account of the hospital; you have entered the rent on one side; where have you entered the cost of maintaining the building from which the rent is derived?—Under this head of "Maintenance" the first item is "Rent"; and as on the other side I propose to include the value of the building

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Earl of Kimberley—continued.

occupied, so here I propose to include the annual value of the building occupied.

21739. That is the building occupied as the hospital, but I am speaking of the buildings which are a portion of the estate; where would you put the cost of maintaining them?—Under the head 18, "Repairs."

21740. That would include the whole, not merely the repairs of the hospital building but of all the buildings?—That I imagine would include the whole. Then upon that item "Rent" I wish to make one remark; your Lordships will see that on the income side, the receipt side of the account, "Rent," which, for the sake of simplicity in this case I have assumed to be only the annual value of the building occupied, is entered for 1,750 *l.*; that is, in my hypothetical statement. On the other side the annual value is entered only for 1,600 *l.*, and the difference of 150 *l.* is supposed to be represented by allowances charged against resident officers who are accommodated in that way. Then I think the other items need no explanation.

21741. With regard to "Depreciation"; does that depreciation include all building belonging to the hospital?—I imagine so.

21742. Would not that on some property, on farming property, for instance, be a rather considerable amount?—I am afraid I have fallen into error. That depreciation I think will not come there. And again, I think that repairs relating to the estate would not come under the heading of repairs, because "renewable expenditure," really means expenditure upon the work and for the objects of the institution. I imagine that those payments would come under "Non-renewable Expenditure."

21743. Would that be so, "repairs" being expenditure which must be incurred every year upon a certain average; you cannot take credit for rent and not debit yourself with the cost of maintaining that rent?—That is so.

21744. To make it clear, I will ask you would you explain exactly what the items of "Repairs" and "Depreciation" refer to?—"Repairs" and "Depreciation" in this account mean only repairs and depreciation relating to the fabric occupied for the purposes of the institution; and repairs and depreciation which are incidental to the holding of landed property in trust for the institution, should I think not be included in this account at all; but the rent stated on the receipt side of the account should be simply the profit rent shown by the whole of the rent account.

Earl Spencer.

21745. And your remark now also applies to the word "rates" in your schedule?—It applies to the word "rates."

Earl Cathcart.

21746. "Rents less expenses" would be plain?—Yes.

Earl of Lauderdale.

21747. Item No. 20 is "Interest on Loans." "Loans" themselves are entered as non-renewable income, but the interest is entered as renewable; thereby you assume a perpetual loan?—That is so, because loans, so long as

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Earl of *Lauderdale*—continued.

they subsist, give rise to renewable expenditure.

21748. But surely the proper place for this to be entered would be under "non-renewable expenditure," would it not?—In that case the loans which run on for several years would not be represented in the ordinary expenditure of the institution. Then the next heading is that of "services," and these words, "chaplain and organist," speak for themselves, excepting only that I propose to show (this remark has been anticipated to some extent), in addition to the salaries which are shown in every well kept account, the amount allowed in the way of house rent or accommodation, and food, and gas, and water supply; and these, upon the basis of an estimate, and as has been already suggested, that estimate would have to be made upon the footing upon which board wages, for instance, are estimated. Then there is another entry, which is "cost of collection and management," and which substantially corresponds to what is commonly known as "management cost" in hospital accounts.

Earl of *Kimberley*.

21749. That again refers not to the collection and management of property, but to the collection and management of the other receipts of the hospital and the management of the hospital itself?—Yes.

Chairman.

21750. Before you get to that what do you mean by "Secretarial Staff: Allowances," which is Item No. 25?—That, for instance, in the case of a resident secretary would include the value of the housing accommodation, and the water, coals, and food that he received.

Earl *Cathcart*.

21751. Secretaries have told us that they sometimes have only luncheon at the hospital, and that they sometimes have both luncheon and dinner?—Yes. Then I think as to these various items under "Cost of collection and management," there is nothing which needs remark except this, that very commonly the cost of the secretary and the cost of the secretarial staff are included in the cost of management. It seems to me that the better distribution of the cost is the distribution here given, and that the secretary's services are just as much services rendered to the objects of the institution as the services of the nursing or domestic staff. I am unable to appreciate the distinction which is often drawn, but it, no doubt, is a matter on which opinions differ. Then there is the expenditure upon the medical school, and the nursing school, and the "cost of paying patients," which I imagine would include all the expenses, no doubt again arrived at by an estimate, of the paying wards. That brings us to the result of the renewable expenditure; and when that is totalled up it is possible to see at a glance whether the ordinary income of the institution has covered its ordinary expenditure or not. In the hypothetical case I have assumed that the ordinary expenditure has exceeded the ordinary income, and that it has been necessary to draw upon the extraordinary

Earl *Cathcart*—continued.

sources of income for the year. At the same time I have assumed that the extraordinary sources of income have been ample, so that although the institution has gone beyond its ordinary income, it nevertheless is in a perfectly flourishing financial condition. Then as to the "Non-renewable expenditure, I think there is nothing that calls for remark. But your Lordships will now see that a statement of this sort would enable the reader to make exactly those comparisons which are probably necessary in the interests of the institutions themselves for their most effective management and certainly are desirable in the interests of the public which takes an interest in hospital management.

21752. Before you leave that, you assume a paid audit; now we have had it here that there is not a paid audit in every case?—I have assumed a paid audit.

21753. You think there ought to be a paid audit?—I think there ought to be a paid audit, and I was this moment going to make a suggestion respecting the audit to your Lordships. About the audit of accounts like these, at any rate upon the method which I propose to submit to your Lordships, there would I imagine be, as matters stand, a practical difficulty. As to the audit of accounts my impression is that at the present moment the audit of hospital accounts is not usually a very complete or satisfactory audit; for the matter of that, I do not think perhaps hospital accounts differ very much from other accounts; the auditing of accounts generally is a very difficult task and one which certainly is very often incompletely performed.

Lord *Thring*.

21754. I should like to ask one or two questions on the form of the accounts. I do not doubt the great benefit of proper accounts, but when you impute to the hospitals the keeping of bad accounts, I presume you will admit that they do it not for the purpose of fraud, but for the purpose of attracting the public?—I did not intend to impute to the hospitals the keeping of bad accounts at all; I have not the smallest reason to do that; all that I have imputed to them is that the form in which they present their accounts is not suitable for purposes of comparison.

21755. Uniformity of accounts everyone would agree is a very good thing, but the hospital accounts as they are, have this advantage, that hospitals can cook their accounts in order to make it appear that they want money; because, if they show a big deficit they get more out of the public; is not that the fact, as a matter of practice, I mean?—I give them in my suggested schedule an opportunity of showing a big deficit by allowing them to represent their total renewable income and total renewable expenditure, and any amount of ingenuity might be bestowed upon the preparation of those figures.

21756. But take the case of legacies, which appear to me to be the great difficulty; you say, and I daresay it would be quite right, that legacies exceeding 100 £. or 200 £. ought to be transferred to the capital account as a general rule?—That was not my proposition; only that the

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the transfer should be made upon some approved principle. It does not occur to me that that in many cases would be the right principle to apply. I mention that principle as the principle to which the mode of exhibiting these legacies in the Hospital Sunday Account seems to point; but that principle does not by any means commend itself to my judgment as being the right principle to apply in all cases or indeed in many cases.

21757. Have you sufficiently considered whether your new form of accounts would be equally attractive to the public with the present form of hospital accounts, by which I mean to say would be equally advantageous to the hospital for the purpose of getting money out of the public; or are you simply putting it forward as being (as I have no doubt it is) a very improved and very much better form of account?—I have not considered otherwise than quite incidentally, and as a matter more or less beside my present point what its effect upon the public mind would be.

21758. It seems to me that hospitals, in keeping their accounts, very often wilfully keep them badly, not for the purpose of cheating, in the ordinary sense, but for the purpose of persuading the public; they believe that they will get a much greater sum by pleading poverty than they would if they made out a good account?—I have no doubt that happens.

Earl of Kimberley.

21759. Is there any distinction between that and cheating in the ordinary sense?—I think there is an important distinction, and for this reason. A difficulty does arise in the treatment of legacies for the purposes of the account in the way that I was indicating a little time ago. The way in which accounts are made misleading is chiefly by their being caused not to include legacies; practically there is no other way in which the accounts are misleading.

21760. Are there any of the hospital accounts which give no statement of their legacies?—In one sense it is universally so, because, take for instance the case of the London Hospital, which has been already referred to; they bring to account legacies there to the amount of 21,585 *l.*; on the other side of the account they write off as expenditure legacies to the amount of 14,921 *l.*, on the ground that those legacies were not received in the form of cash, but were received in the form of stock, so that it was the same thing as if they had received the cash and gone into the market and bought the stock. But the effect of that is that the expenditure for that year is swollen by that sum of 14,900 *l.*, which is not in the ordinary sense of the word expenditure at all, because that money is no more spent when it has been invested in stock than it is spent when it is put into the bank; it is equally available for the purposes of the institution hereafter; but the effect of that is to bring out a balance on the wrong side of the account. There is a balancing entry of receipts which is explained to be excess of expenditure over income of 6,853 *l.*

21761. Do you think that that is an honest statement?—I think that that is a misleading statement, but I do not think it was dishonestly made. I think it was necessary to put the

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Earl of Kimberley—continued.

legacies in expenditure, for the purpose of the Hospital Sunday Fund statement, and I imagine that that is the reason that the legacies were introduced there.

Earl Spencer.

21762. But as a matter of fact the 14,000 *l.* was kept as an investment as capital, and the balance of 7,000 *l.* used as income; I understood that from your statement?—It comes to that, I think. The balance of 7,000 *l.* is very nearly represented by new buildings; there are new buildings to the amount of 6,490 *l.*; so that that balance may be said to have been invested in buildings.

Earl of Kimberley.

21763. Then you mean that by not selling out the stock, but carrying it to capital, they leave their current account deficient so much?—That is so.

21764. Do you think that the public would misunderstand that?—I think it would be misunderstood; I think the entry "balance, being excess of expenditure over income" would lead an incautious reader at any rate to suppose that the hospital had gone through a period of financial adversity. The fact is that it had not gone through a period of financial adversity at all, but on the contrary a period of financial prosperity which had enabled it to add something like 20,000 *l.* to its resources, to its investments, in one form and another; and in that sense I think it is liable to be misunderstood.

21765. But in that case it is caused I understand you to say by some requirement of the Hospital Sunday Fund?—This is matter of inference and conjecture with me only as I have already said, but from my knowledge and examination of the accounts I conclude that that is the reason why legacies are separately treated in some such way as this.

21766. But then the managers of the Hospital Sunday Fund would not be misled, would they?—They would not be misled.

21767. And if they did it for that reason, no blame could attach to them?—No blame could be attach to them; and therefore I think it is not fair to speak of it as a dishonest statement.

21768. After the explanation that you have made it would appear that the statement was not made for any dishonest purpose, but for the drawing up of the account for the purposes of the Hospital Sunday Fund?—That is why I said that I thought this an unfortunate form in which to present the accounts to the public, but one made for a perfectly honest reason.

21769. Supposing as seemed to be suggested in a question put to you just now, the statement was made for the purpose of leading the public to imagine that the hospital wanted money, when they really did not, would that in your opinion be an honest proceeding?—I think your Lordship puts a question to me which concludes itself. I do not think it would be an honest proceeding to make a statement to the public for the purpose of obtaining income which they did not require.

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21770. Speaking

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Earl Cathcart.

21770. Speaking generally, it would be a very poor compliment to the public to suppose that they like to be humbugged?—I think so.

21771. As to donations it is a fact, is it not, that a good many people habitually give donations instead of subscriptions, because they can give donations when they please instead of being held liable for them as subscriptions?—I think that is very likely so from the way in which the item of "Donations" runs in about one level from one year to another.

21772. Your experience agrees with mine, that a good many business men habitually give donations for the reason which I have indicated?—I think so; my experience has not been so large as your Lordship's, but it is the conclusion that I have come to after examination of the accounts that a great many annual subscriptions are given under the name of donations.

Lord Saye and Sele.

21773. Would qualifying oneself as a life governor be included in the reasons for the giving of donations?—Yes.

Lord Thring.

21774. Would it not be necessary in order to make your form of account really work, that it should be made compulsory by law?—I think it would.

21775. Because if you did not make it compulsory by law and hospital A. adopted it and hospital B. did not, hospital B. would obviously be at a disadvantage?—Perfectly so; and that is why I suggested that it should be made compulsory upon these institutions to make an annual return either to the Charity Commissioners or some other suitable body in this form.

21776. I suppose you are aware, as a matter of fact, that it is unusual to set any compulsion whatever upon a voluntary institution, although in the case of endowed institutions they are bound to render accounts to the Charity Commissioners?—That is so, and probably it is not my province to express an opinion upon that.

21777. But you are aware that that is so?—I am aware that it is so; but if I may answer the suggestion conveyed by that question exactly, it seems to me that the compulsion would probably best be exercised in this way: that any institution which receives support by voluntary subscriptions should be compellable to make a return to anybody who chose to pay for a copy of it; to have a copy of its return either, as the case might be, for sale to anybody who chose to ask for it, or to be delivered to anybody who, being a subscriber, was entitled to receive it.

21778. I am not quibbling, but would you not have a considerable difficulty in defining what a hospital was for the purpose of these accounts?—I think that there might be a difficulty there, but I think in the first place the hospitals have been defined for the purposes of your Lordships' inquiry, and in the next place I think that a sufficient definition probably would be "any charity affording medical relief which receives charitable subscriptions from the public."

Earl Cathcart.] Or "which appeals to the public for charitable subscriptions."

Earl Spencer.

21779–80. You think it would be necessary that this should be done by law, and that it is not sufficient to have an inducement such as the Hospital Sunday Fund affords for them to adopt any particular form?—I think that would not be sufficient. The difficulty of that is that, however great the inducement is, it may be in a particular case, which would probably be a bad case, worth the while of the institution to forego the inducement in order to evade the publicity.

21781. Has that been the case already in any instance in regard to the Hospital Sunday Fund?—I am not able to speak as to that. This certainly has happened in the history of the Hospital Sunday Fund, and so much is public knowledge; grants have been refused in more than one case to various institutions.

21782. Because they have not adopted particular forms of account, do you mean?—I am not sure that grants have been refused on that ground, but there again I am speaking of a matter not within my own knowledge; but so far as I know it has never appeared what are exactly the grounds upon which those grants have been refused; but probably not because of the form in which the accounts were presented; probably a difficulty of that sort would never rise to that height; but because the accounts themselves were considered to be unsatisfactory in the state of things which they disclosed.

Lord Thring.

21783. I suppose you would admit this: that the hospitals put forward their accounts, rightly or wrongly, in the way that they think will be most attractive to the public and for the purposes of attracting the public?—I imagine that they do.

21784. Therefore that is the cause why your form of accounts would probably not be generally adopted voluntarily?—I think that is one cause.

21785. They would not be equally attractive, rightly or wrongly, to the public?—I am only giving my answer in that reserved way, because I think there would be other objections to this form of account. I think that distributing, for instance, the expenditure under the head of "Allowances" would occasion a great deal of objection to this form of account.

21786. And also the difficulty as between the out-patients and the in-patients?—I imagine that that would not be a serious difficulty; I imagine not nearly so serious as the difficulty of distributing upon an estimate the amount of the allowance.

Chairman.

21787. You were, I think, going to say something further about the audit?—Yes. Now the way in which the published accounts are ordinarily authenticated is by means of an exceedingly meagre certificate; but perhaps I shall best make my meaning clear if I begin at the other end of the story, and call your Lordships' attention to a form of certificate which appears to be very singularly and very exceptionally complete; that is the auditors' certificate which accompanies the accounts of the St. George's Hospital. Now that certificate runs in

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in these terms: "I, the undersigned, chartered accountant, have examined the above accounts, which I have compared with the books and vouchers of the hospital and find them to be correct. I also certify that the letter of the chief accountant of the Bank of England has been laid before me, stating that on the 1st of January 1890, the following stock was standing in the names of the trustees of the hospital." And then he gives the names of the stock; then he says: "I have examined and found correct the certificates of stock of the following sums, belonging to the general fund of the hospital, standing in the names of the official trustees for charitable funds"; and then he gives another list, and then goes on: "I have also examined and found correct the certificates of the following stocks," and he gives a further list and then goes on, "and also the bond and certificate of 100 l. 6 per cent. Mortgage Debenture Stock of the Oamaru (Otago, New Zealand) Harbour Board Loan," and he signs his name to that, and adds the words "chartered accountant, auditor." Now that is a very complete statement, which shows, to a very large extent, not only that the accounts have been vouched in a manner to him satisfactory, but also enables the reader to ascertain what is the kind of inquiry that he has made. It also shows that he has assumed the books and vouchers of the hospital to be the authority for the purpose of his audit, and therefore that the accounts are vouched to this extent, that the published statement is in accordance with the books kept. That is, so far as I know, the most complete form in which an auditor's certificate is ever given; but in many cases the certificate is exceedingly incomplete, and (I do not think I need quote chapter and verse for this, because your Lordships will be perfectly familiar with such certificates) the most ordinary form is simply either "examined and found correct," or "audited and found correct," and it is left perfectly ambiguous as to the extent to which the audit has gone. That may mean that the particular account which is certified has been compared, as in this case, with books and vouchers and found correct; or it may mean that the books themselves have been examined; but nobody can tell what it does mean. In some few cases the auditor has stated that he has examined the books themselves; but I do not think again I need quote chapter and verse for that. Now even where the certificate given is a very complete certificate, one cannot feel sure that it always represents a perfectly satisfactory audit. There is one instance here to which, if I might, I should like to call your Lordships' attention more or less informally. I have an account here, an account which I should like to pass round, because it appears upon this account that two items have been entered; one is a charge for the board of medical residents in the sum of 587 l. 17 s. 19 d.; another item is "By gas, &c., 818 l. 18 s. 13 d." Now those are not misprints because the total of the column casts 19 d. and 13 d. The accountants, who are a very eminent firm, have certified that account in the following terms: "We have examined the foregoing abstract of income and expenditure and the accounting statement and compared them with the books and vouchers produced to us and

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Chairman—continued.

find them correct"; but notwithstanding that that is signed by a very eminent firm of accountants, I think your Lordships will come to the conclusion that it is impossible that the account could have been carefully examined.

21788. In what account of what hospital is that?—In the Guy's Hospital Report. It casts quite correctly; but I only say that nobody would think of writing 19 d. and 13 d., unless he did it quite inadvertently, and it is difficult to imagine how so gross an error can first of all have been committed by the accountant, and in the next place have been passed by the auditor. The only inference I draw is that in this case, at least, the audit cannot have been nearly as thorough and exact as one would suppose from the certificate it had been. It is a stupid error that could not have been passed by anybody who had noticed it; it is obvious therefore, that the audit was sufficiently loose.

Earl Cathcart.

21789. It might have been a printer's error?—It cannot have been a printer's error, for the reason that it adds up as 19 d. and 13 d.

Earl of Lauderdale.

21790. The account is quite correct?—The account is quite correct, but *ex pede herculem*; it could not have happened if there had not been great laxity somewhere, great laxity either in the auditing or in the publishing of the accounts. Now, I have here a proposed form of auditors' certificate and of auditors' report (*handing in the same*). On this sheet there has been printed at the top, "proposed schedule of hospital accounts, No. 2," which is simply an ordinary form of balance sheet. I do not think anything turns upon that at all; but the one that I propose now to draw attention to is the "proposed schedule of hospital accounts, No. 3." This proposes to require as an authentication of the returns made in the manner already suggested, two things, an auditors' certificate and an auditors' report. The certificate does not differ materially from the ordinary certificate, except that it goes very precisely to the points which, as I venture to think, ought to be certified, and it runs thus: "We have examined the accounts and account books" (making them responsible for the books and the published statements) "of" (such and such a) "hospital, and have verified the securities mentioned in the annexed balance sheet, and we hereby certify that we have satisfied ourselves that the accounts are correctly kept, and truly set out the financial condition of the institution as at the" (specified date) "and its income from all sources, and expenditure on all accounts during the year which ended on that date. The abstract statement of income and expenditure, and the balance sheet annexed hereto, and to which we have appended our signatures, are correctly made up from the books of the institution, and truly represent the contents of the same. We have adopted in our audit of the accounts the tests mentioned in the accompanying report, to which also we have appended our signatures." Then there is the accompanying report, which shows exactly what they have done, and proceeds to deal with the various items *seriatim*. "We have in the course of our

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audit examined and ascertained the income of" (such institution) "under its various items, as enumerated in the accompanying statement of income and expenditure, by means of the following tests." I have put this only in a very compendious form. I have taken the statement of income and expenditure which has already been submitted to your Lordships, and I have gone through those items and have drawn out what appear to me probably the available authorities by which those various items might be tested, and would be tested in a thoroughly satisfactory audit. It will perhaps be convenient if I go through these items. It probably would be a shorter way to go through them seriatim than to pick out those which are important, although some of them perhaps do not really call for any particular remark. The first item is (a) on the statement of account, "annual subscriptions." That probably would be authenticated by the collectors' receipt book. "Donations" would probably be authenticated in the same way. Then as to "donation boxes," I do not know how that is ordinarily done, but I suggest that it would be a sufficient authentication of it if the certificate of some person who had been appointed to open the boxes were given as to the amount. "Collections" certified by the Reverend So-and-so, or whoever may be the person who brings the amount of collection from the congregation. The Hospital Sunday Fund grant would be authenticated by the published accounts of the Hospital Sunday Fund, in the same way the Hospital Saturday Fund. Then with regard to the "proportion of legacies passed to renewable income account," two things come up to be considered; first of all, the accuracy of the figures, and secondly, the propriety of the apportionment I propose that the auditor should certify it in this way (therefore "g" and "o" will be taken together): "The proportion certified by the secretary, the total ascertained by the secretary's account, and by the published list of legacies which accompanies the published accounts." Then as to "h," "dividends and interest," the dividends should be certified by the certificate of some person, perhaps the stockbroker, who knows what the securities held in trust have realised during the year; the earnings of stock held in trust for the institution by the certificate of the trustees, or perhaps both dividends and interest might be authenticated by the certificate of the trustees. Then as to rents, the amount receivable would be ascertained by the estate agent's audited account; and in the case of the annual value of the building occupied, that would have no doubt to be arrived at by the estimate of some proper person. Then in the case of the next item, "j," "fees from pupils," that would be authenticated by the medical school accounts and the nursing school accounts, duly audited; in the same way "k," "fees for patients," would be authenticated by the pay wards account duly audited; "l," "payments for private nursing," would be authenticated by the nursing institutions accounts duly audited; "m," "sale of waste, &c.," by the kitchen account duly audited; "n," "refund of income tax," by the letter of advice from the Inland Revenue Commissioners perhaps. Then "o," "proportion

Earl of Lauderdale—continued.

of legacies passed to non-renewable income account," has been already dealt with under "g," "proportion of legacies passed to renewable income account"; "p," "investments realised," would be authenticated by the certificate of the stockbroker who had conducted the business; "q," "loans contracted," in the same way would probably be authenticated by correspondence or perhaps by the bankers' pass-book. All those items your Lordships will see are items about which there is a certain amount of difficulty in the authentication. It is impossible to tell from the compendious certificates which are ordinarily given what amount of scrutiny has been applied to these accounts. In the case, for instance, of a certificate which says, "compared with books and vouchers," it must be taken for granted that the books of the institution only have been referred to for the purpose of, I suppose, any of these items on the receipt side of the account; but I think that my examination of what I have ventured to call a very thorough audit has shown that it would be quite practicable to carry the audit beyond the books if auditors were put upon the duty of so doing.

Chairman.

21791. Would it not be wise to add in your proposed auditor's certificate "all": "We have examined all the accounts and account books"? Does it not happen sometimes that perhaps vouchers are wanting and that the auditor says he cannot be responsible for them?—That no doubt does happen, but the difficulty about saying "We have examined all the accounts and account books" is that the auditor cannot know that he has seen all the accounts and account books; and in most cases he would know that there were certain books kept which he had not seen. For instance, it may well be that some minor official who is entrusted with a certain amount of petty cash keeps a book in which he makes an account to be submitted to his superior but does not present that book to the auditor; so that it would be very difficult for an auditor to say he had seen all the accounts and account books. But the way in which I have attempted to meet that difficulty is in the last line of this certificate, which says, "The abstract statement of income and expenditure, and the balance sheet annexed hereto, and to which we have appended our signatures, are correctly made up from the books of the institution and truly represent the contents of the same." Now unless the auditors have satisfied themselves that they have seen all material books, I think they could not give a certificate in that form. Then, as to the expenditure, the first item of expenditure, food and coal, requires not only to be ascertained as to its total sum, but also it needs to be ascertained that the apportionment has been reasonably and satisfactorily made. So I suggest that in that case they would refer for the apportionment, say, to the steward's estimate, saying: "The total amount, cited under various heads for food and coal, agrees with the tradesmen's accounts," that is to say, the auditors would themselves look at allowances as well as at this separate item, and they would see that the

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the aggregate amount distributed under various allowances and included in this entry agreed with the tradesmen's accounts. Then the next items, 3 to 9, can all be authenticated by tradesmen's accounts; 10, "laundry," would probably necessitate a laundry account which ought of course to be kept and duly audited, and if so there would be no difficulty about authenticating that; 11 and 12, "gas" and "water," would be authenticated by the receipts of the gas and water companies respectively; 13, "miscellaneous," would have to be authenticated presumably by various receipts, and I propose as they cannot be conveniently classified that the auditors should in a case like that say that the various receipts were satisfactory to them, "receipts with which we are fully satisfied." The next item which I will speak of, that of the rent, of course includes here an estimated amount, and therefore that estimate would have to be verified by somebody; perhaps a surveyor's certificate might be given; 16 and 17, "insurance" and "rates," can both be authenticated by receipts; 18, "repairs," would have to be authenticated by somebody's account of repairs, probably the secretary's, again a subordinate account which would be duly audited before it was placed to the general account.

21792. All these other items, all the way down, merely require receipts, I think?—19, the "depreciation," requires an estimate.

21793. The various headings of "allowances" would have to be estimated?—The "allowances" would have to be distributed by estimate. Of course their total amount is not in question; the total amount allowed can be authenticated by receipts; but the distribution must be authenticated by somebody's certificate, and I propose that in that case the auditors should not only say that they have had somebody's certificate for the apportionment, but that it appears to them to be a fair and reasonable apportionment. When you come to 42, 43, and 44, "medical school," "nursing school," and "cost of paying patients," they would have no doubt to be authenticated by means of subordinate accounts which would have again to be separately audited. The "building" account would no doubt be authenticated by builders and architects' accounts; 46, "investments made," would be authenticated by the stockbroker's certificate, and the auditors should say that the securities representing these investments had been produced to them, or certificates and that the investments themselves were properly entered in the balance sheet. Then the "balance carried forward" would of course be authenticated by the pass-book or by the person in whose name it happened to be. Now this examination will have indicated that an audit of this sort would be a matter of very considerable labour, and I have no doubt that that would give rise to a serious difficulty as matters stand, and I think that probably a difficulty of this sort would arise. In the first place I should say that I think it will be sufficiently obvious that the audit, as ordinarily made, is probably not nearly such a searching examination as has been indicated by my suggestion, and there probably would be a difficulty of this sort. If the auditors were required to make a report of that

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description, a non-professional auditor would in many cases, perhaps in most cases, feel himself unequal to the task, and a professional auditor would only be able to undertake it at the cost of a very considerable fee. It might therefore be necessary to supplement the scheme which I have submitted to your Lordships this morning by some provision that some public officer might be called upon to make this audit, and if returns of this description were made to some public authority, that public officer might very naturally be some officer in the employ or service of the public authority, the man probably who was called upon to pass the accounts; and if it were understood that he was at liberty to repeat the auditing operation in any case where it seemed to him desirable to do so on the one hand, and that on the other hand he might be called upon to make an audit by any institution which found a difficulty in getting it made otherwise, probably the difficulty of getting such an audit made on the one side, and the difficulty of securing that it should be efficiently made on the other would be met; because if it were known that there was a public officer who might insist on repeating the auditing operation if he considered it necessary to do so in the public interest, it is perfectly plain that the better institutions would have the strongest interest in securing not only a sufficient audit, but a manifestly sufficient audit in the first instance.

21794. Who is to pay the auditor?—I imagine that that would involve some expenditure of public money.

Earl of Kimberley.

21795. What is the reason why there should be a compulsory audit for hospitals more than for all other voluntary institutions, such as colleges, and an infinite number of voluntary institutions of an important kind existing in the country?—I am not able to give any differential reason. It appears to me that in every case where it is necessary or desirable to publish accounts at all it is at least equally necessary and equally desirable that those accounts should be fully authenticated.

21796. Is not that an affair for the subscribers themselves to settle?—I do not perceive how it is unfair to the subscribers.

21797. On what do you base the right of the public to step in and make these requirements with regard to institutions to which the State does not contribute; on what grounds?—I base it on this ground. I assume, in the first place, that it is right that complete accounts should be made public; and if it is right that complete accounts should be made public, it appears to me to follow, as a necessary inference, that those published accounts should be duly authenticated. That is the ground upon which I put it.

21798. Then do you argue that wherever it is right that accounts should be published, in all those cases you should, by Act of Parliament, compel the publication of accounts?—I think not; I think it may well happen that in some cases there is a sufficient system as matters stand, but the impression produced upon my mind

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mind by the examination of the accounts which I have gone through, for the purposes of this evidence, and the results of which I have given to your Lordships this morning, is that it is exceedingly desirable to improve the way in which hospital accounts are presented to the public.

21799. But does it not involve this proposition; that the State ought to interfere to see whether the management of these hospitals is sufficiently good?—I think not; it does not appear to me that the suggestion which I have made this morning involves any supervision of the management of the hospitals. The extent to which I am prepared to go with my suggestions (if I have inadvertently gone beyond that I should wish to correct it) is merely this: that these institutions which we are considering, and which receive and administer public charity, should make a full financial statement of the amounts which they so receive and disburse, and that the statement so made should be authenticated in such a way that there can be no reasonable doubt that it is an accurate statement; beyond that I do not wish to go.

21800. But surely the auditing of the accounts of any institution is a part of its management, and a very important part of it, securing that the finance of the institution is properly and thoroughly examined and verified. If that part of the management of the hospital is to be secured by an Act of Parliament, on what ground can you refuse to secure that patients are properly treated, by Act of Parliament; why should you limit your interference merely to this particular portion of the management?—The limitation is based upon this: It is not as a part of the hospital management that I propose to impose a particular form of audit at all; it is only as being a public record which the hospitals have contributed. If they are to contribute to this public record I propose that they should be called upon to authenticate the record so contributed in a manner satisfactory to the Legislature.

21801. That comes back to what I originally asked; why are we to compel this public record in the case of these particular institutions more than other institutions?—As to other institutions I am not able to answer, because I am not so familiar with the accounts of other institutions as with hospital accounts.

21802. I will take any institution. Supposing I take the Royal Academy, which I think is an institution which is independent, why should it not be required to furnish a properly authenticated record of all its expenditure and profits?—It may be that it should be so, but if so I do not know.

21803. Where would you draw the line? My difficulty is that if once you begin to interfere with the management of voluntary institutions (I am not questioning the advantage of your audit) I do not see where you are to stop.—As I say I am not considering it as a part of management at all.

21804. Let me explain that when I use the word “management” I do not use it in the restricted sense, but in the sense of the whole conduct of the institution, and that really includes

Earl of Kimberley—continued.

the audit; and upon that basis I ask you the question?—Considered as a part of the management of the institution it seems to me that the audit should not be prescribed by Act of Parliament at all, but considered as a process towards the production of a public record, it seems to me that it should be; and it is only upon that footing that I argue for it at all. The desirability of making this into a public record is based on a totally different footing. At the present moment all the hospitals, as far as I know, do make public their accounts; and therefore it is possible to compile a record from the published accounts; but, as a matter of fact, such a record is not compiled, and if one wants to know what the published result is one has to arrive at it at an enormous labour of inquiry and research. Now all that my suggestion amounts to is this: that the record which, in that informal way, is published at the present moment should be made a public record; and with a view to the making of it a public record, and as a step ancillary to that I suggest this form of audit.

Earl Cathcart.

21805. What you really want is an independent audit, an audit independent of the particular institution?—Yes.

21806. Then why should not fees be paid?—I propose that they should do so if they are prepared to make an audit of their own.

Chairman.

21807. You have examined a great many of these hospital accounts at different times?—Yes.

21808. Have you been able to form any opinion as to the amount per cent. of variation there is as regards the cost of management?—Not as the result of my own examination. I think, as matters stand, that that is very difficult to ascertain, and for my own part I should not like to put a figure upon it, and for this reason: so many diversities, as I have pointed out to your Lordships, obtain in the preparation of these accounts, as for instance in some cases there is rent paid for the hospital and brought to account, in other cases no rent brought to account, and so on, that for my own part I think that any conclusion drawn from the accounts as at present published would be apt to be very mistaken.

21809. Have you ever had any chance of forming an opinion as to the cost of collection of moneys collected for the hospital?—Yes, I have. I think that it varies very much; but there again it is very difficult to ascertain from the accounts as they are at present drawn, what the result in figures should truly be, and for this reason: The cost of collection is really directed only to a part of the income; I mean to say that the collector only deals with a part of the income, not obviously with the whole income of the institution. He no doubt collects the voluntary annual subscriptions, and probably he collects a certain proportion of the donations, but he does not collect collections made in churches, for instance; he does not collect from the donation boxes; in fact I might summarise it by saying that in the form of the statement submitted to your Lordships the first two items, “annual subscriptions” and “donations,” would represent the collector’s activity, and

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and he would have no concern with anything beyond that.

21810. These are the headings, A and B?—Yes, A and part of B.

21811. Is that quite so, because the collector's activity might be limited to new subscriptions?—It might be so, and in some cases it would be so; in other cases it would not; but that again illustrates the difficulty of which I speak; one does not know to what proportion of the income it should be assigned; but my impression is that in the case of a well-administered institution, which has a large income from annual subscriptions and donations, the collector's poundage spread over the whole of that sum (assuming that to be the right sum on which to apportion it) would come to something like 4 or 5 per cent.; but in other cases, and in cases in which his activity was limited to the getting of new subscriptions, it would come, I should think, to a great deal more than that; but I am not able to give figures.

21812. Have you seen the various estimates that have been made of the cost of maintenance of hospitals?—I have.

21813. Do you consider that they are practically valueless?—I have never attempted to verify them, because I have never had at my disposal the requisite material; but your Lordships are now in quite as good a position as I am to judge as to the value of those estimates.

Earl Spencer.

21814. To go back to this question of audit, without going into the question whether it is practicable to enforce it, is there not, besides the necessity of verifying the correctness of accounts from vouchers and books, also the necessity to show whether the different moneys have been received according to the rules and regulations of the hospital; I mean in this way, to see that a legacy has been properly paid over to capital or to income; for instance, in some cases its application to capital is required by the person who gives it?—In some cases there are rules to that effect, and in some auditor's certificates I have noticed comments to the effect that the rules require such and such a disposition of money received to be made.

21815. Do you consider it would be the duty of an auditor to see that those rules are properly carried out?—Whether the auditor is the right officer to do that, I do not feel sure; I am not at all sure that he is; I am not at all sure that it would not be throwing a great burden upon him, and one which at any rate a public servant, if he were to do duty as an auditor, could not properly discharge, to make himself acquainted with the rules of the institution; and in the form of audit which I have suggested, and which I submitted to the Committee, I have not contemplated the auditors, going into any matters of that sort.

21816. A public auditor does go into those matters to see whether the public authority paid correctly according to the Act of Parliament?—He does; but of course a public auditor stands in rather a different position; his duties are always defined by the Act. The duties of an auditor in such a case as this must be more or

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Earl Spencer—continued.

less indefinite; and it seems to me that the special difficulty of this case would arise in that way, an auditor would not know necessarily whether there were any rules for him to look to or whether there were not.

21817. Could he not ask the secretary or whoever was the authority to show him the documents in regard to legacies for instance?—He could; but the fact that he was obliged in that way to refer to some other person would, I should think, indicate that there was some other person in a better position than himself to ascertain whether the rules had been observed.

21818. That may be, but with regard to the security to the public you would require that the auditor or some independent authority should say whether the rules had been carried out or not, would you not?—That seems to me to go to a point that was mentioned just a few minutes ago. If it were desired to exercise any supervision over the management of the institution, that obviously would be so; but my suggestion does not go to that in the least. As I have already explained, my suggestion only goes to the authenticating of a public record; and for that purpose, for the purpose of authenticating the record, it is manifestly not necessary that the auditor should go into these matters; I should not, therefore, propose to make him responsible for that matter.

21819. But then with regard to expenditure, would you require him to see that proper authority had been given for making certain payments; as I presume payments might be made by some unauthorised committee or unauthorised individual, would you require him to see that they had been made by persons authorised by the rules of the institution?—I should not; I do not suggest that. All that I suggest is that he should be required to make a searching inquiry into the accuracy of the recorded statement, not into questions of authority or propriety at all.

Lord Zouche of Haryngworth.

21820. If, as is proposed by you, such a general form of accounts should be carried out, would that in your opinion lead to the better support of the hospitals on the part of the public; would it have that advantage in your opinion?—I am much in doubt as to what its effect would be in that direction. I incline to think that it would be so, because I think when all the facts were brought before the public, they would have fuller confidence in the institutions and a better appreciation of their work than they have at the present moment; but I am not able to support that opinion by any facts.

21821. Do you think it would lead to any better management of the hospitals?—I think it is exceedingly likely that it would. I think it is certain that in many instances it would lead to improved management, and I think that upon the whole it would lead to improved management.

21822. That would be the two main advantages that would pertain to your scheme?—Those would be the two main advantages, and I should like to add this. The excellent working of hospitals as the excellent working of any other institutions, so far as I know, can best be secured by

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[*Continued.*]*Lord Zouche of Haryngworth—continued.*

by means of comparisons between different institutions which enable those which are not so well worked as others to see the points in which they are capable of improvement; and I think that by tending towards a strict and exact comparison in respect of their income and expenditure a general statement like this would do a great deal towards levelling up the administration of the hospitals.

MR. W. CULVER JAMES, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

21824. WHAT is the dispensary that you are connected with?—The Westminster General Dispensary.

21825. Are you the local medical officer of it?—No, I am the senior physician of it.

21826. Will you tell us what the staff consists of?—Three physicians, three surgeons, and one resident medical officer.

21827. Is it part of the business of this dispensary to visit patients at their own homes?—Yes, by the resident medical officer.

21828. And what amount of time can he give to that part of his work?—The whole of his time is devoted to the working of the dispensary, in visiting patients at their own homes, and in some very rare cases in looking after emergencies.

21829. Then he has no work to do in the dispensary itself?—Yes, occasionally he takes the place of the visiting staff, the consulting staff, who are unavoidably prevented from going to see their patients.

21830. Is he a salaried officer?—Yes.

21831. Do you know what he gets?—I think it is about 110 *l.* a year, but the secretary will be better able to give you the figure.

21832. You are the senior physician?—Yes.

21833. Could you tell us what qualifications you hold?—I am M.D. and Master of Surgery, Fellow of the Royal College of Edinburgh, and a Member of the Royal College of Surgeons, England, and a Licentiate of the Society of Apothecaries, London.

21834. Then this dispensary is really a very large out-patient department, is it not?—Yes.

21835. Are there no beds in the dispensary at all?—No.

21836. And then the medicine is dispensed in the dispensary and supplied to the patients?—Yes.

21837. And is all that free?—A few of the patients pay a shilling for a letter that lasts a fortnight which they are able to renew for sixpence for another fortnight; the vast majority come by subscribers' letters.

21838. Then as to that payment made by the patient, how do you find out who can pay; is it a voluntary payment?—Yes, it is quite voluntary on their side. If some of the artisans prefer to pay a shilling rather than to search after a subscriber in order to get a subscribers' letter they are able to do it if they are considered worthy recipients of the charity.

21839. So that either a person has to get a subscribers' letter or pay for the treatment?—

Lord Zouche of Haryngworth—continued.

21823. Do you think there would be any other advantage in it?—Those are the advantages which have been present to my mind and no other occurs to me at this moment.

Chairman.

21823*. Is there anything else you wish to say?—No.

The Witness is directed to withdraw.

Chairman—continued.

Yes, unless it is a case of great urgency and, I believe, unless the patient is a person of colour.

21840. You treat him for nothing if he is a person of colour?—Yes; I believe the idea was originally started when the slavery question was very much to the front; I understand that a legacy was left for the purpose of treating persons of colour free.

21841. Is this dispensary in the neighbourhood of other hospitals?—Well, we are in the heart of Soho, and if we are near other hospitals I think we were certainly the first; we are over 100 years old, one of the oldest in London, if not the oldest.

21842. As a matter of fact, you are right in the centre of the whole of the hospitals of London, with the exception of Bartholomew's and Guy's; and so on?—We are many miles from those two.

21843. But you have in the immediate vicinity the Middlesex, and the Charing Cross, and you are not far from Westminster?—The Charing Cross and the hospital for women are the two nearest hospitals.

21844. You are not more than half a mile from the Middlesex, are you?—I should think we are more; we are in Gerrard-street; it is not very far from Charing Cross, but I should think it is much further from the Middlesex Hospital.

21845. Have you ever considered the possibility of linking your dispensary with the general hospitals?—Yes, it is a subject which has been very frequently discussed and been brought forward from time to time.

21846. Do you ever send patients from the dispensary to the hospitals for consultation?—If the patients are not suitable to be looked after as out-patients and their homes are too miserable to make us believe that they will be looked after sufficiently well by our Resident Medical Officer, we constantly advise them to seek beds in the hospitals.

21847. Then you do not send them there for consultation; it is more for the comfort of the patients?—More for their comfort and more of course to increase their chances of recovery.

21848. But do you ever send them there merely for consultation?—Very rarely; I think I may say no.

21849. Have you any limit of radius from which you take your patients;—I think it is half-a-mile.

21850. And they must have a subscriber's letter as well?—Yes, they are required either to have a subscriber's letter or to pay their shilling unless the case is one of great urgency, when

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[Continued.]

Chairman—continued.

when of course we should not let anything stand in the way.

21851. Are many patients sent by local practitioners to your dispensary?—Yes, I am very pleased to be able to say that we have a practitioner in the immediate neighbourhood who is a highly respected member of our committee.

21852. So that you do not consider that you compete in any way with the local practitioners?—Occasionally we do; and it seems to me a very great difficulty now and then to prevent that. We are always most anxious not to compete with them, because we consider that nothing could be more unjust than a co-operative medical society, started by charitable funds, for that is what it would really amount to. We live by the charity of our subscribers; and if we were to compete with our medical brethren who are perhaps working much harder for their means of subsistence, and are only receiving small fees, we think that we should be doing a very great injustice to them; but for all that I am quite sure that abuses not very frequently, I believe, much less frequently at our dispensary than in most cases, but still now and then, do creep in; and I need hardly say that it is extremely difficult for the medical officers, who give all their time for nothing, to look into the character of their patients.

21853. That would be more the business of the secretary, would it not, or some inquiry officer rather than of the medical officers?—Really I take it that generally speaking the onus should fall upon the subscribers, inasmuch as they ought to be very careful that they do not give their subscribers' letters to patients who are unworthy of their support and of their charity.

21854. You have no doubt heard of the complaint by what have been called poor practitioners, that is, practitioners amongst the poorest class, that these free charities interfere with them very much; do you think there is much in it?—Yes, I think there is too much in it; I am not prepared to say how much, but I think there is much too much in it.

21855. And do you think that could be stopped or diminished by careful inquiry on the part of the hospitals?—I think it could to some extent, but I think the chief culprits are the public themselves who carelessly give their letters.

21856. Have you ever been on the staff of a general hospital?—On the resident staff. I was house surgeon at Guy's Hospital and obstetric resident at Guy's Hospital, and I was also formerly physician to the Hospital for Women and Children in Westminster.

21857. Then you have had the opportunity of seeing a large number of patients?—Yes.

21858. And do you think as a rule that the charity is abused?—As a rule not, but in many cases it is.

21859. How could you form an opinion; what did you base your opinion on?—It is very difficult to lay down a general rule.

21860. I am only asking for your own experience?—Now and then you find that patients have not been for a long time and on inquiring after the course that the disease has pursued, you find that they have been able to
(24.)

Chairman—continued.

pay doctors who, of course, have charged fees for attendance. That rather suggests that in many cases they are able to pay.

21861. But is it not possible that a man may exhaust his means of paying doctors?—Yes, it is quite possible, and now and then is the case actually. For instance, at the Westminster General Dispensary the very gentleman of whom I was speaking has often seen patients, and when he has found that it was very difficult for them to pay fees, he, being a subscriber, has often given them letters, and they have continued their attendance under one of the honorary staff.

21862. Is anything in the way of midwifery done by the dispensary?—Not now.

21863. Do you keep any nurses to send out?—No.

21864. Merely the resident medical officer?—That is all; but he has put himself in communication with two or three of the charitable associations, and now and then when there is a severe case that is not suitable for a hospital, and that has to be attended to at home, he gets a sister or a nurse to go down and visit the patient.

21865. He is limited in his visits to a radius of half a mile?—He is. We, the honorary staff, are not; the patients come from all parts of London to see us.

21866. Have you no kind of co-operation at all between any nursing sisterhood and your dispensary?—No.

21867. Do you know whether such co-operation exists in other dispensaries?—I am not aware that it does.

Lord Lamington.

21868. You have no provident system at all in your dispensary?—No, unless you consider that paying a shilling for a fortnight's letter, and then renewing it by a further payment of 6 *d.* could be called provident.

21869. What class of patients come?—Poor factory hands, artisans, and the employés of the employers round about Soho.

21870. And those who cannot pay anything to the local practitioner, and whom he sends on?—Yes, excepting the suggestion that I put forward when the Chairman was questioning me just now: I think that there are certain abuses, and some come who could very easily pay the smaller fees asked by the general practitioners in the neighbourhood of Soho.

21871. Does the local practitioner ever send anybody on, who is able to pay his fees, from the difficulty of the case?—Not very often, because as a rule those would require a bed in a hospital.

Lord Monkswell.

21872. Should you consider the provision of a subscriber's letter as any guarantee that the case was a suitable one for your dispensary?—Not as a sufficient one.

21873. What are the subscribers?—The employers of labour in Soho for the most part, and those interested in the dispensary; for instance, occasionally some of my wealthier patients have sent donations.

21874. Do you suppose those wealthier persons

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[*Continued.*]

Lord Monkswell—continued.

persons have made inquiry into the case to which they give a letter?—Not if they are out of the neighbourhood; then the letters are sent to the secretary.

21875. If they are out of the neighbourhood then I understand you to say that they leave their letters with the secretary to your institution?—Yes.

21876. And he of course ought to make inquiry?—Yes.

21877. But what time has he to make inquiry?—He is in the room and will be able to answer that question himself.

21878. Do you issue any instructions with your subscribers' letters?—Here is a subscribers' letter (*handing in the same*); they are supposed to give them only to deserving cases. The notice at the top is that "The bearer should be an industrious and respectable poor person (not in receipt of parish relief) who is unable to pay a medical man for advice and medicine."

21879. Do you ever follow up yourself patients to try and find out if the charity is abused?—I have not done that.

Chairman.

21880. From your experience at Guy's and other hospitals do you think that the patients at your dispensary differ from the ordinary hospital out-patient cases?—There are fewer cases with us that would lead to an operation.

21881. And do you have any accidents at your dispensary?—Rarely.

21882. They are trivial accidents generally?—Yes.

21883. Supposing a severe accident was brought to your dispensary would you send it off to a hospital?—Yes, because we have no bed to put them in.

Earl Cathcart.

21884. In point of fact they would not bring those cases to you; they are only cases that casually occur and happen almost at your very doors?—Yes.

21885. Have you any idea of the average number of visits and the average cost of each patient?—I believe the average cost of each patient is from 2 s. 1 d. to 2 s. 6 d.

21886. For each letter?—For each letter.

21887. And the number of visits?—The number of visits paid by the patients to the hospital is said to average about five to each letter; but I am inclined to think that that is above the average.

21888. It is above the average of the ordinary out-patient department of the hospitals?—And I am inclined to think that it is so in this case.

Earl Cathcart—continued.

21889. What is the cause of the greater expense; do you give them more medicine than the ordinary hospital out-patient gets?—We give them the best; but I am hardly prepared to answer much about the business part of the arrangements.

Earl of Arran.

21890. Do you think there is a decided advantage in the existence of this dispensary, in the middle of the hospital district as it appears to be?—I do; I think there are very few charities that are less abused, and that are more thoroughly appreciated by the poor than this.

21891. Do you think the advantage is this: that it relieves the out-patient departments of the hospitals, I mean, would the patients that come to you be equally well treated at the hospitals?—I have no doubt they would be; but it would certainly increase the number of out-patients in the hospitals which as a rule are rather over-crowded.

Chairman.

21892. Is there anything else you wish to say to the Committee?—I think not, excepting that one would be only too thankful to see that our poorer brother practitioners were not competed with unfairly by any institutions that are supported by voluntary contributions; and I feel certain that even in ours to a slight extent, and in others to a larger extent, they are competed with unfairly every now and then.

21893. And you would like to see some sort of inquiry at every institution?—I should.

21894. If it were practicable?—If it were practicable. Our expenditure is limited, and I do not know how we could quite get the funds to institute that inquiry; and, as I said before, I think the chief culprits are those who give the letters without taking the slightest trouble to inquire into the circumstances of those to whom they give them. If you were to lay down a wage-earning limit, for instance, it would have to have many exceptions. I take it that a poor clerk earning 75 l. a year, say less or more, with half-a-dozen children, is in a much poorer condition than an artizan with his 6 s. 8 d. or 7 s. a day, with perhaps one child or no children and not even a wife; and my experience is that, speaking of all the poorer classes that I have come across, and indeed of other classes too, there are few who spend a greater portion of their income on pleasure pure and simple than the artizan classes spend.

Earl of Arran.

21895. Have you any idea what the average number of attendances is to the case?—The secretary is better able to answer that question.

The Witness is directed to withdraw.

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MR. J. J. JOHNSON, is called in; and, having been sworn, is Examined, as follows:

Chairman.

21896. You are the Secretary of this dispensary, are you not?—Yes.

21897. Would you tell us how long you have been there?—Seven years with an interval.

21898. And before that what was your position?—As an accoutrement maker.

21899. You had had a sort of business training therefore?—Yes; I am now a collector of taxes.

21900. And what salary does the dispensary give you?—52 *l.* including the poundage upon collection.

21901. And what per centage is that?—Five per cent. upon donations and subscriptions, with the exception of those donations or grants from the Hospital Saturday or Sunday Fund.

21902. And that is all the commission you receive?—Yes.

21903. Can you tell us when your dispensary was first established?—In 1774.

21904. And we have just now been told that its business is to visit people at their own homes?—That is part of the business.

21905. Will you explain the rest of the business?—The home visiting is done within a radius of half-a-mile; the patients are admitted from all parts of London without any restriction. The most of them from the parish of St. Ann, Soho, and the immediate neighbourhood of St. Giles'-in-the-Fields and of St. Martin's-in-the-Fields; some from St. James' and the rest from outlying parishes. At one time the visiting district used to be a very much more extensive one; "Westminster" meaning a very large district.

21906. You said they were admitted without restriction, but I understood from the last witness that they had to be provided with a letter?—By "restriction" I meant as to distance. Each patient must bring a letter signed by a subscriber, or to save the trouble of securing a subscriber's letter (that was the reason of the arrangement), a patient is allowed to buy one for a shilling which lasts a fortnight; half the time of the subscriber's letter.

21907. Has it always been a paying dispensary, or was it free at one time?—I consider it is free now; the payments are quite voluntary; there is no difficulty in obtaining a subscriber's letter.

21908. But at the same time, supposing somebody comes without a subscriber's letter, you do not treat them unless they like to pay?—They would be generally sent across the road or to some adjoining street to a subscriber.

21909. Have you been able to form any estimate as to how far these payments go towards the expenses of the institution?—Yes; they have gradually increased from 13 *l.* in 1875 to 56 *l.* in the present year.

21910. How many people did you relieve last year?—Four thousand six hundred and seventy-nine new letters were made use of.

21911. And have you any idea how many times a patient came to the dispensary on the average?—The subscriber's letter, I may explain, will admit of eight visits; a bought letter of four visits. That would look like an average of six, but my estimate of the total number of atten-

Chairman—continued.

dances is based upon an average of five, and I think that is in excess. Looking at the matter closely, I think I am in error and it is not five but more like four.

21912. Have you ever heard of any idea of endeavouring to co-operate with the hospitals?—Yes, I have.

21913. And has anything come of it?—No; it was brought before our committee and there was nothing done as a matter-of-fact.

21914. The matter dropped?—The matter dropped.

21915. What is that committee that you speak of?—It consists of tradespeople in the neighbourhood.

21916. Is it an open committee?—Elected by the governors.

21917. Is it limited in numbers?—Yes; 20.

21918. And are there medical men on that committee?—Yes; besides the 20 the senior physician and the senior surgeon sit on the committee.

21919. Do you have to send many patients away because you are too overcrowded?—Never.

21920. You have been seven years at this dispensary?—Yes.

21921. Have you been able to form any opinion as to whether the medical relief in London is sufficient for the poor population?—The medical relief afforded by the poor law, do you mean?

21922. No; I mean, take it all together, the charitable relief?—It seems to me to be sufficient.

21923. Has it ever been mentioned to your committee that the duties of your resident medical officer are of necessity more than he can accomplish?—No, on the contrary; it has been suggested by myself occasionally that possibly the duties might have been increased.

21924. He does nothing, we understood just now from a former witness, except to see patients at their own homes?—Yes, and to take the place of any member of the staff who happens to be absent.

21925. Does he do any private practice on his own behalf?—No; he is specially prevented from so doing.

21926. What salary does he get from you?—£. 110 per annum with furnished apartments, and gas and fire.

21927. And any food?—No food, no board.

21928. Then you have no nurses on the staff?—No.

21929. Can you tell us what your income and expenditure was last year?—About 500 *l.* as nearly as possible on each side. The receipts were 507 *l.*, and the expenditure 490 *l.*

21930. Does that include these salaries of yourself and the resident medical officer?—Yes, all expenditure.

21931. What are the principal sources of your income?—The principal source is annual subscriptions.

21932. How much were those?—£. 208;
4 A dividends

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Mr. JOHNSON.

[Continued.]

Chairman—continued.

dividends from invested capital (some 3,016 *l.* consols), 80 *l.*; rents (which are the result of letting a part of the building; it is a freehold by-the-bye) 57 *l.*; grant from the Hospital Sunday Fund, 36 *l.*, and from the Hospital Saturday Fund, 53 *l.*; payments by the patients, 56 *l.*; and some odd sums.

21933. Do you have much difficulty in getting these payments from the patients?—None whatsoever.

21934. They pay very readily?—With the greatest willingness; they are never asked for the payment.

Earl Spencer.

21935. Do you know what the nearest dispensary similar to yours is?—I think the nearest is in King-street, Regent-street, parish of St. James'; that would be not quite half-a-mile away.

21936. You do not compete at all with them for patients?—In Gerrard-street at the Westminster General we accept patients from the parish of St. James', but the St. James' Dispensary does not accept patients from any other parish but St. James'.

21937. I am not quite clear from your answer whether you visit patients at their homes as well as give them relief at the dispensary?—Yes, we do visit patients at their home.

21938. Are they required to come to the dispensary first before you give them relief at their homes?—Yes, or to send their letter.

21939. Can you divide the number you gave just now, 4,600, among those whom you relieved at the dispensary and those who were relieved at their homes?—Yes; the new letters requiring the visiting of the house surgeon were 781 out of 4,679.

21940. Regarding your medical officer, is he generally a young man just beginning practice?—Generally so. You see he will have time for study.

21941. It is a low salary for a man to continue at?—It is a low salary.

21942. How long do they generally continue in the position?—Possibly a couple of years, sometimes longer.

21943. The visiting physicians and surgeons remain longer I suppose?—Yes, very much longer.

21944. And they are gratuitous?—Entirely gratuitous.

Lord Lamington.

21945. Do you make inquiries into those letters that are sent to you as to the suitability of the patients?—I have done so on several occasions. Knowing the district pretty well, I happened to notice that one or two patients were ratepayers and probably not fit to be treated at the dispensary.

21946. You do not as a rule make inquiries?—Not as a rule; there is no organised system of examination.

Lord Monkswell.

21947. I suppose you have very little time to make any inquiry?—Very little time.

21948. Consequently you make very few?—Very few.

Earl Cathcart.

21949. Do you ever have any complaints of your medical officer neglecting your out-door patients?—I believe such a thing has occurred.

21950. Within your experience?—Yes.

21951. How long ago?—I think it was in 1887, about four years ago.

21952. What did the medical officer do, or not do?—It ended in his tendering his resignation.

21953. And he was considered to blame, was he?—Yes.

21954. It was considered that there had been neglect?—Yes.

21955. How was the neglect discovered?—I am afraid it is rather a long story.

21956. Will you make it short?—It was discovered by the complaint of a patient to me.

21957. Several patients?—No, one patient.

21958. And did you find that the thing happened in other cases as well when you inquired?—It was presumed to have happened.

21959. And was it a serious case he had neglected?—It was simply a matter of neglect.

21960. You have had no check beyond the good faith of the young medical man?—That is so.

Earl of Arran.

21961. Who judges whether a patient requires treatment at the dispensary or at his own home; is there a different letter for each class of treatment?—No, the same letter.

21962. But is it noted on the letter where attendance is to be given?—The rule is that if attendance is required at home the letter is sent by the patient, who is too ill to come, to the dispensary in the morning before 10 o'clock, so that the resident officer may take it out with him and visit the patient. In the other case the patient himself brings the letter in the middle of the day.

21963. Have you any means of ascertaining how the letter in a case requiring treatment at the patient's own house reaches him; who applies first. It seems to me that there might be a considerable amount of error that might creep in?—I do not quite understand the question.

21964. If a person is too ill to go to anyone who has the right to give a letter himself, how does he apply?—By deputy I presume.

21965. Naturally; but then there can be no means of ascertaining, on the part of the person who gives the letter, whether his statements are correct or not?—That is so; a great onus rests upon the person who gives the letter.

21966. Have you any idea of what proportion of the total amount of the letters given remain in the hands of the secretary for distribution?—No, I do not think I can give the figures.

21967. How many letters has each subscriber a right to?—Twenty.

21968. For what subscription?—A guinea.

21969. Have you any idea, roughly, how many subscribers you have?—Possibly 150 annual subscribers, different individuals.

21970. The previous witness said that the onus of proving whether a person was a proper recipient for medical relief lay with the person giving the letter, but it would appear as if, in the case of most of the letters, it lay with the secretary,

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Mr. JOHNSON.

[Continued.]

Earl of Arran—continued.

tary, and that it was impossible for the person himself to exercise any discrimination in the matter?—But the letters left with me I distribute to other subscribers in the neighbourhood, and upon them rests the onus of giving them to proper persons.

21971. Then they do not remain in the hands of the secretary; they simply do not go through

Earl of Arran—continued.

into the hands of the person who has the right to give them?—That is so.

Chairman.

21972. Is there anything else you wish to say?—No.

The Witness is directed to withdraw.

MR. JOHN FAULKNER, is called in; and, having been sworn, is Examined, as follows:

Chairman.

21973. You are the Secretary of the Royal General Dispensary in Bartholomew Close, are you not?—Yes.

21974. Is that quite close to St. Bartholomew's Hospital?—Yes, quite close.

21975. When was it established?—In 1770; it was the first dispensary indeed established in the kingdom.

21976. And it was established within a stone's throw of St. Bartholomew's Hospital?—It was a little further off when established, a few streets further, but quite contiguous.

21977. Is that a free dispensary?—It was entirely free for many years, but now we require a payment of 2*d.* for a week's supply of medicine of every patient.

21978. Do you have a great number of patients?—Last year we had 5,273 new cases and 13,800 attendances at the dispensary. In addition to that there were 3,769 visits paid to 1,015 patients at their own homes by the resident medical officer.

21979. And is there any limit of distance which he goes?—We do not visit at their own homes patients who live beyond the limits of the city of London or further than half a-mile's radius from the dispensary.

21980. Then you do not find that St. Bartholomew's Hospital competes with you?—No, it has rather been an assistance to us than otherwise: because, from being so near, we have always been able to obtain talented men to fill the vacancies in our medical staff from St. Bartholomew's. As there are a large number of out-patients at the hospital, it would be rather a relief to the hospital.

21981. Do you send your patients to the hospital for consultative purposes?—No.

21982. Not at all?—No. We have an able staff; indeed Sir William Savory is our consulting surgeon.

21983. What is your staff?—We have two physicians, two surgeons, a consulting physician, and a consulting surgeon.

21984. And a resident medical officer?—And a resident medical officer.

21985. Have you any nurses attached to the dispensary?—No, we have not. If we find a serious case which requires nursing we endeavour to get it into the hospital.

21986. What was your income and expenditure last year?—Our annual expenditure is about 900*l.*

21987. And your income?—About the same.

21988. And from what sources does it come?—From subscriptions, donations, and the Hos-

(24.)

Chairman—continued.

pital Sunday and Saturday Funds. Then we let off a portion of our premises, which brings in about 300*l.* a year now; and we have a dinner once in three years which produces extra donations.

21989. Can you give us the item of subscriptions?—Our annual subscriptions last year were 374*l.*; there were 86*l.* in donations, and there was a Church collection which brought us in 46*l.*; and the patients' pence of the year came to 113*l.*

21990. What did you receive from the Sunday fund?—From the Hospital Sunday fund 52*l.*, and from the Saturday fund 22*l.*

21991. Supposing a patient comes to you and says that he cannot pay the 2*d.*, do you send him over to the hospital?—No, we should tell such a person that he should go to the poor law dispensary. We are very desirous not to take pauper cases or to interfere improperly with the medical profession; we are extremely particular in that matter; we insist upon a letter of recommendation, excepting, of course, in an urgent case, and every person bringing his letter for the first time has to go before the resident medical officer, who questions him and satisfies himself that it is a suitable case for our dispensary before he enters it, and then he assigns the case either to the physician or the surgeon whom he may consider proper.

21992. When the resident medical officer goes to visit a patient at his own home, suppose he finds other members of the family ill, does he attend any of them who may require attendance, or only that one person for the one payment?—He would attend the others too, but they would have to get an extra letter; and a fresh letter must be obtained at the end of the month.

21993. They have to get a letter and pay their pence as well?—Yes.

21994. What do you pay your resident officer?—It commences at 130*l.* and rises by 10*l.* a year to 150*l.*; as a rule, we think a man should not remain with us above three years.

21995. What salary do they pay you?—I have 40*l.* a year now. For some 25 years I was the honorary secretary of the place, and I have long taken a great deal of interest in it.

21996. And how long have you been secretary altogether?—About 30 years.

21997. You have been able therefore to watch the growth of a good many of these dispensaries?—Yes.

4 A 2

21998. They

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Mr. FAULKNER.

[Continued.]

Chairman—continued.

21998. They have increased very much, have they not?—Largely; there is scarcely a locality without its dispensary.

21999. Do you consider that the medical relief is sufficient in London?—Yes. It is said to be in excess, but speaking of our own institution, I consider that that is doing a very great work, and I can scarcely conceive that any institution can be more free from abuse than it is. I am perfectly satisfied that those who come to us are not in a position to pay a medical man, or indeed to contribute to a provident dispensary.

22000. You have St. Bartholomew's Hospital quite close to you; have you any other hospital or dispensary near at hand?—The City Dispensary is further towards the Mansion House.

22001. But there is no other general free hospital. is there, within a short distance?—No.

22002. Does your resident medical officer visit any case, infectious or not?—Yes, any case.

22003. And does he do anything in the way of midwifery?—We do not attend those cases at all.

22004. Have you ever considered whether it would be possible for the general hospitals to take small payments from patients?—I do not know that I have a right to express an opinion upon that. It has been decided against by the hospitals over and over again. I should have thought that something of the sort might have been done and would have been desirable.

22905. Do you have to send away many patients because they cannot pay their 2 *d.*?—No, we do not.

22006. Are you overcrowded?—No; we do not encourage large numbers of trivial cases. We have not based our claim upon the public on large numbers; we have never gone upon that line at all; we have always desired to keep the institution as far as possible from abuse, and not to treat trivial cases, but only more important cases.

22007. Is the dispensary open all day long?—Always open; any urgent case will be admitted by day or night; but the physicians and surgeons attend at 1 o'clock and new cases have to come at 12, during which hour the resident medical officer has to be in attendance. At other times of the day he is visiting cases at their own homes.

Earl Spencer.

22008. When was this charge of 2 *d.* first made by your dispensary?—I think about 1865.

22009. Did it make a great difference in the number that come to you?—No, I do not think it did.

22010. If you have not stated it before will you tell us now why you charged this 2 *d.*?—The number of dispensaries was increasing, and also the poor law dispensaries were established, and I think it was about the time that they were established that we thought, as there was provision then for the poorer persons, we might put a charge of 2 *d.*

22011. But that charge has had very little effect on the numbers that come to you, you have stated?—It has not had much effect.

Earl Spencer—continued.

22012. But I understood you to say that when they were unable to pay the 2 *d.* then you send them to the poor law dispensary?—We do, and also when our resident medical officer is attending patients and finds that they are in very poor circumstances, and that they are unable to obtain food and proper nourishment, we always refer them to the poor law.

22013. Are there a great many cases of that kind?—Not many.

22014. They do not complain of the payment of 2 *d.*?—Not at all.

22015. I suppose it amounts to only a very little; it is 2 *d.* a week I understand?—It is 2 *d.* a week.

22016. For how many weeks on an average is the payment continued?—We do not take statistics of that. Of course it must vary very much. We have not very many chronic cases I think.

Chairman.

22017. Did you not tell us just now that you had so many new cases and so many attendances at the dispensary?—Yes.

22018. Then that would give you an average of how many times they attend?—Thirteen thousand eight hundred and 5,000 were the numbers that I stated just now; that would be not quite three attendances in each case.

Earl Spencer.

22019. And those that come to you, you are really of opinion would not be able to subscribe to a provident dispensary, involving their paying something regularly?—That is really my opinion. We have discussed the question over and over again whether we would establish a provident branch, and have always decided against it.

22020. Are the recipients of your medical aid generally in regular work, or are they rather in accidental employment?—Both. Of course there are many who are in regular employment, receiving a small wage, but others are only in casual employment.

Lord Lamington.

22021. Are those letters ever sold outside?—No, I never knew of a case. I feel clear that if it occurred we should soon discover it.

Earl Spencer.

22022. Would these cases that come to you be refused at the poor law dispensary, supposing they went there? I want to make the distinction clear between your dispensary and the poor law, and the necessity of your establishment when the others were close at hand?—I do not know what course they pursue; they ought certainly to refuse them. I think a person must obtain an order from the relieving officer before they can obtain relief from the poor law dispensary.

22023. Are many cases sent from the poor law dispensary to you?—No, I do not recollect a case.

Earl of Kimberley.

22024. Do you make any inquiry into the circumstances of the people?—We form a general opinion of them; I mean the resident medical officer does before he enters them.

22025. And do you ever reject them?—We have done so, but I may say that in many cases where

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[Continued.]

Earl of *Kimberley*—continued.

where we thought from the dress of the applicants that they were scarcely worthy of being attended to, we have on inquiry found that they were most deserving.

22026. Have you any idea of the highest wages that are earned by those who come to you?—No, I have no means of judging that.

22027. Could you draw any line as to the amount of wages that a man receives; supposing you found a man earning 30 s. a week in regular employment should you consider that a fit case for your dispensary?—Yes, I think so if he had a family.

22028. Supposing he had no family?—Well, yes, even then I think it might be, if he were seriously ill.

22029. You think he could not afford to pay for his own medical attendance?—You see very frequently when they are ill they lose their wages at the same time.

22030. You do not think, in fact, that a man receiving 30 s. a week in London is able to pay for his own medical attendance?—Not if he is likely to be a long time ill.

22031. There must be a great number who attend very seldom, if the average number of attendances is three, as you say it is?—I do not think the receipt of 30 s. a week should debar a man from receiving such medical relief.

22032. Not even a single man?—I do not think we have many such. They are mostly married and have families; and I may say that a very large proportion of our patients are women.

22033. They of course would be in receipt of much less?—Yes

22034. But then would you go any higher in point of wages than the sum I have mentioned?—I should think 30 s. would be about the limit.

Lord *Monkswell*.

22035. As you have no special inquiry officer how does the medical officer carry out an inquiry into the circumstances of the patient; what means has he of doing so?—He forms a general opinion. Perhaps he may see some 30 patients in the course of a morning, and he forms a judgment.

22036. And supposing he is not satisfied with some of those 30 what means has he of finding out more about their circumstances?—We have no means of inquiry beyond that.

22037. You yourself make no inquiry?—No.

22038. Then I do not understand why you say you are satisfied that the charity is not abused?—From continually being amongst the patients and seeing them I am convinced of that.

22039. Do you constantly go to their own houses?—No. When they are visited at home the resident medical officer himself can see their circumstances.

22040. Patients may come to your dispensary from all parts of London?—Yes. I see them all in the room.

22041. You do not follow them up?—I can judge largely from that.

(24.)

Lord *Monkswell*—continued.

22042. You think you can judge by seeing them in a room without making any inquiry?—Form a general opinion; certainly.

Earl *Cathcart*.

22043. What do put the average cost of an in-patient at; your patient who comes to the dispensary I mean as against those visited in their own homes by your medical officer?—I think it is 3 s. 4 d.

22044. But that is above the average of what the out-patients cost at the general hospitals?—I daresay it is.

22045. Have you any cause of complaint in reference to the visits paid by your young medical officer to the patients in their own houses?—No; we have not; I am happy to say it is quite the other way.

22046. That has never occurred in your experience?—Never; we have had numerous letters commending him for his attention and kindness.

22047. And your young medical officer must have peculiar opportunities of knowing the state of the population in the neighbourhood from his constant visits to the homes of the people?—Certainly.

Earl of *Arran*.

22048. Do you keep any tables of the different employments of the people who come for relief?—We do not; we make no entry of that.

22049. When you say that a great proportion of your patients are women, do you make inquiry as to what their husbands' wages are, if they are married women?—No, we do not.

Earl of *Kimberley*.

22050. Are you really of opinion that a man earning 30 s. a week cannot belong to a club to provide himself with medical attendance in case of illness?—They mostly do belong to a club, but I think there are many who belong to a club, and who yet do not avail themselves of going to the medical club doctor, especially if they happen to be seriously ill; in the same way as we ourselves if we feel very unwell prefer to go to a physician rather than to an ordinary medical practitioner.

22051. Surely the medical officer whom you employ, at the salary you give him, cannot be a superior man to the club doctor?—They would be in all probability our physicians or surgeons who would see those cases, and I think they are superior to the club doctors.

22052. Then you think in that respect they really would not be able to afford paying for the advice that you can give them?—I think so; we do not aim so much at attending trivial cases.

Earl *Spencer*.

22053. But now, do your cases differ very much from those that become out-patients at a large hospital like St. Bartholomew's?—Yes. Of course they have many of the same kind of patients as we have, but there are a large number of very trivial cases that attend the out-patient department of a large general hospital.

22054. And so too you have a large number

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Mr. FAULKNER.

[Continued.]

Earl Spencer—continued.

of trivial cases, I suppose?—No. It would not be worth the while of anyone to go through the ordeal of getting a letter, and presenting it and paying the 2 *d.* if the case were only a trivial one.

Lord Zouche of Haryngworth.

22055. What is the usual kind of case; is there any particular kind of disease that you treat?—We have had a great deal of influenza lately.

22056. That is a special thing; what is the usual class?—All classes of disease.

Earl Spencer.

22057. Are they cases that would not be attended to at a general hospital?—I did not mean to convey that. Of course they attend to all cases.

22058. Why do they come to you in preference to becoming out-patients at St. Bartholomew's?—I think that our physician or surgeon would be able to devote a little more time to the consideration of their case than it is possible to devote to it in the out-patient department of a large hospital where thousands have to be seen in the course of a very short space of time.

22059. Is it merely your letters that prevent your being overcrowded?—It is our letters. We do not distribute our letters broadcast; we give 12 letters of recommendation for a guinea; there is that limit.

22060. You have no paying patients; in the last dispensary we have had before us they are allowed to pay 1 *s.* for a fortnight's medical relief?—No, our medical staff, when it was put to them, objected to that.

22061. Why did they object to that?—I think it was considered to be interfering with the medical profession.

22062. Do many local practitioners send cases to you for consultation?—No, I never saw such a case as that.

Earl Spencer—continued.

22063. Is there any teaching in your institution?—We have pharmacy students only.

22064. There are no students allowed to be under the resident medical officer?—No, except for pharmacy.

Earl of Kimberley.

22065. As you do not require these patients to make any payment except the 2 *d.* for medicine, yours is, but for that, purely a charitable institution?—Yes.

22066. Except for the 2 *d.*, what is the difference between them and people who receive charity in the ordinary course; I do not see that the men themselves differ in accepting this charitable relief from the ordinary pauper who goes in and receives relief. The only difference seems to be that it is provided by voluntary subscription in one case, and by the rates in the other?—A man may accept charity without being a pauper.

22067. Is there any difference?—Perhaps there should not be any difference, but a man who receives poor law relief is debarred from many privileges.

22068. You do not mean by the receipt of medical relief; he is exempted by law from any political disabilities in that case, is he not?—I believe he is.

Chairman.

22069. Has your institution been managed by a committee?—Yes, by a committee of 24, annually elected, six of whom go off every year; and our accounts are audited by two of the subscribers who are not members of the committee.

22070. Is there any audit by a chartered accountant?—No, but the audit is very carefully and efficiently done.

22071. Is there anything else you wish to mention to the Committee?—I think not.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, 12 o'clock.

Die Jovis, 4^o Junii 1891.

LORDS PRESENT:

Earl SPENCER.
 Earl CATHCART.
 Earl of KIMBERLEY.
 Lord ZOUCHE OF HARYNGWORTH.
 Lord SAYE AND SELE.

Lord SANDHURST.
 Lord SUDLEY (*Earl of Arran*).
 Lord MONKSWELL.
 Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. GEORGE ALFRED CROSS, is called in ; and, having been sworn,
 is Examined, as follows :

Chairman.

22072. You are the secretary of the London Homœopathic Hospital in Great Ormond-street, are you not?—Yes.

22073. When was that founded?—It was founded in 1849.

22074. How many beds have you?—We have a capacity of 90 beds ; that is the utmost capacity.

22075. What is your working average?—About 65 beds.

22076. Do you not employ the remainder of the beds for want of funds?—Partly for that reason, and partly because if really we filled 90 beds we should decrease the room for our nursing staff, which is a very large one, and is largely used for private nursing. We send out a considerable number of nurses for private nursing.

22077. Am I to understand that at one time a part of the hospital is occupied by patients and that at another time the same part is occupied by nurses?—The hospital is a very old one, and the upper part of the hospital is really used for dormitories.

22078. Dormitories for the staff, do you mean?—Dormitories for the nursing and the domestic staff ; so that we have a nominal capacity for 90, and an actual capacity, I might say, of 75 or 80, and a working capacity of 70 ; something like that.

22079. How is your hospital managed?—It is managed by a board of managers and a weekly committee.

22080. The weekly committee are the administrative body then?—Practically. They meet frequently ; but the actual administrative power is wholly in the hands of the board of management, the monthly board.

22081. And have you an annual meeting?—Yes.

22082. And all governors attend it?—They are all invited to attend it.

22083. They all may attend?—Yes.

22084. Is yours a free hospital?—Yes, except
 (24.)

Chairman—continued.

that we get recommendations in some cases of subscribers. We do not insist upon them ; practically it is a free hospital.

22085. Do you ask for any payment at all?—None whatever.

22086. Have you a large out-patient department?—We see about 10,000 out-patients in the year. Some of them would be repetitions ; the same patient, I mean, would be calculated twice over by the expiration of the ticket.

22087. Do you mean that the attendances number about 10,000?—No, the attendances number about 30,000.

22088. Then the fresh cases are 10,000?—We give our out-patients a ticket which entitles them to advice and medicine for a month ; at the end of a month they must renew that ticket, and when they so renew it they are counted as new patients.

22089. Do you make any inquiry into the circumstances of the patients?—We have an arrangement by which our dispenser checks the patients as they come in. We have a lady dispenser, and she makes any inquiry she thinks fit ; and our medical men are also urged by the board to stop any patient who gives any sign of being able to pay for medical attendance, and to refer the case back for inquiry. Ultimately it may be referred to me.

22090. In the absence of the board, have you entire power in the hospital?—I have.

22091. Up to the amount of suspending any official?—I have never had to exercise that power. I should not hesitate to do it if occasion required.

22092. And then you would report to the board?—Certainly ; I should call a board immediately.

22903. Have you plans of the drains of your hospital?—Yes.

22094. Which you keep up to date?—Yes ; we have renewed the drainage of the hospital, perhaps five years ago ; we renewed it entirely
 from

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Mr. Cross.

[Continued.]

Chairman—continued.

from beginning to end, so that our drainage is on the latest system.

22095. Would you tell me from whence you get your funds; have you your balance sheet here?—It is in the report.

22096. Will you tell me what your gross expenditure was last year?—£. 5,000.

22097. And your income?—May I explain that I have the balance sheet before me to the 31st of March, last year; shall I take that year?

22098. Yes, if you please?—It is nine months of 1889, and three months of 1890. My new balance sheet is in the press at the present moment, and it was with regard to that that I stated that the expenditure was 5,000 *l.*, the expenditure for the year before me now was 4,579 *l.*

22099. And the income?—The income was 4,706 *l.*

22100. You had a surplus that year?—We had a surplus that year.

22101. Will you tell me whence you derive your income:—We derive it, in the first place, from a certain amount of invested funds. We get perhaps, altogether, 800 *l.* or 900 *l.* from invested funds; we get 1,000 *l.* from subscriptions; an average of perhaps 400 *l.* from donations; we get 250 *l.* from the Hospital Sunday Fund, and from 80 *l.* to 100 *l.* from the Hospital Saturday Fund; we get about 400 *l.* from out-patients' fees (they pay a shilling for a monthly ticket); and we get legacies. It is a little difficult to fix the average of the legacies, but I should think the average is about 2,000 *l.* a year; 1,500 *l.* or 2,000 *l.* a year. Of course, those legacies are very variable. This year we did not even have 500 *l.*, but another year we may have a great deal more. The legacies, I may say, have increased considerably within the last 10 years.

22102. Do you appeal to the public?—Yes, constantly.

22103. And do you have the usual festival dinner?—We have no festival dinner.

22104. Not a triennial occasion?—No; we are organising one at the present moment, but that is of an entirely special character; we do not have either annual or triennial dinners.

22105. Why are you taking that step this year?—Because we are about to rebuild our hospital. We have appealed for a sum of 30,000 *l.*, of which we have now over 27,000 *l.*; and as we do not propose to commence building till we have the whole of the money actually promised, a great effort is being made to get together the whole of the remaining 3,000 *l.*

22106. How long have you been collecting that 27,000 *l.*?—Since this time last year. One lady gave us 10,000 *l.*; our treasurer and chairman gave 2,000 *l.*; his wife gave us 1,000 *l.*; another friend has given us 2,000 *l.*; and the rest we have made up in general donations. May I say that we have an income from the nursing fund, for the nurses sent out, of 1,667 *l.* This last year it has been 1,800 *l.*

22107. Does that go to the funds of the hospital?—It goes to the funds of the hospital, less the expenses, so far as we can calculate them, of the nursing staff; so that we may take it that we get 650 *l.* as an average.

22108. You say "less the expenses of the nursing staff"; do you mean that portion of the

Chairman—continued.

staff which goes out to private nursing?—We make a sort of actuarial calculation under which we deduct the entire wages of the nursing staff; not the keep of any of them, but simply the wages. We take it that the provisioning of those who are in the hospital would about equal the cost of the private nurses when they are in the hospital. It is an extremely difficult thing to work out. It would require an additional clerk to keep the accounts if it were desired to do it with perfect accuracy. Therefore, with the consent of our auditors and the board of management, we deduct the entire wages of the staff. That leaves us a profit of about 650 *l.*, which goes to the general fund.

22109. Do you give any pensions to your nurses?—We have no pensions. The matter is at the present moment under the consideration of the board. Acting on the advice of a committee which sat at our hospital last year to go into all questions of our nursing arrangements, the board are now considering the desirability of instituting a pension fund at the hospital.

22110. Have you any land belonging to your hospital?—None whatever, except the land we are built on.

22111. Is your hospital freehold?—It is freehold.

22112. Have you any house property besides the hospital?—None whatever.

22113. Then, as regards the food of the patients and the nurses, who makes the contracts?—The house committee.

22114. Is a public tender invited?—No; we do not take public tenders.

22115. Then, how do you select your tradesmen?—We get the most reasonable tradesmen that we can find, perhaps two or three of them, to send in tenders.

22116. In fact, it is done by personal invitation, is it?—Practically it is.

22117. Do you think that by that means you get the best and cheapest food?—I think I may be sure that our tenders are the lowest of any hospital, and I think that our quality is equal to any.

22118. Have you had any opportunity of comparing the prices paid by your hospital with those paid by other hospitals?—Yes.

22119. And that is the conclusion you have come to?—Yes.

22120. Do you ever have complaints from your patients as to the quality of the food or the cooking?—Very rarely indeed.

22121. What course is pursued if a complaint is made?—It is reported to the house committee.

22122. The house committee might not be sitting; what would be done in that case?—In that case I should deal with it myself instantly; but the complaint itself, whether dealt with or not, is reported to the house committee.

22123. Are all the small accounts laid before this house committee that sits once a week?—Not before the house committee; the requisition books are laid before the house committee-meeting before certain things are ordered. Our course with regard to the bills is, that a member of the board of management is appointed by the board to go through every detail of the account, both the income and the expenditure, before the statement

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Mr. CROSS.

[Continued.]

Chairman—continued.

statement is made to the board, and cheques are submitted to the board to be signed.

22124. How often is that audit made?—Once a month. As a matter of fact, it is impossible to get a cheque without that audit.

22125. With regard to all the small accounts, like the secretary's petty cash-book or the house-keeper's petty expenditure, are those laid before this board?—Yes; once monthly.

22126. And that your governors think to be sufficiently frequent?—Of course the audit does not end there; the whole accounts go into the hands of public auditors at the end of the year.

22127. Are they members of the Society of Chartered Accountants?—Yes.

22128. May I ask what salary you receive?—I have 250 *l.* a year and some meals in the hospital.

22129. And lodgings too?—No.

22130. What are those meals, luncheon?—Yes, luncheon, and, if I wish it, tea.

22131. And what assistance have you in your office?—I have one clerk, and within the last few months I have had a junior clerk, a boy.

22132. Have you got a hospital steward?—No.

22133. Then who is responsible for the taking in and receiving of the food?—Our housekeeper is responsible to me for that.

22134. Then as regards your medical staff, what number have you?—We have 16 members on the medical staff, including the consulting physician and consulting surgeon.

22135. And what is the limit of age to which those gentlemen occupy that position?—There is no limit fixed.

22136. Have you any resident medical officer?—Two.

22137. A surgeon and a physician?—They are not divided in that way, because ours is very largely a medical hospital. We call them both medical officers, and they both do surgical work interchangeably.

22138. How long do they hold their position?—We appoint them for six months.

22139. Are they salaried officers?—Yes.

22140. What do they get?—The senior gets a salary at the rate of 100 *l.* a year, and the junior at the rate of 40 *l.* a year, and board and lodging of course.

22141. Are you particular as to the qualifications that those gentlemen have?—Quite.

22142. And as regards the staff; must they be members of the College of Physicians of London, or of the College of Surgeons?—Not necessarily members of the College of Physicians. We require that they shall be legally qualified and registered.

Earl Spencer.

22143. Is yours the only homœopathic hospital in London?—Yes, in London.

22144. When you mentioned the out-patient fee, did you mention what the amount they pay per month was?—A shilling.

22145. Then that ensures that they are not people who ought to go to the workhouse infirmary?—I take it that it would practically insure that they can at least find a shilling to (24.) e.

Earl Spencer—continued.

pay. They, therefore, are not paupers in the sense of being absolutely destitute.

22146. Do they come to you a longer distance than usual on account of yours being a homœopathic hospital?—I may say, yes; we have them from the provinces.

22147. They come up for consulting purposes?—They come up to see our physicians. Of course they cannot come from too great a distance; but I have known cases that have come up to stay in London in order to get advice at our hospital.

22148. You mean as out-patients?—As out-patients. Of course our in-patients are constantly coming from the country.

22149. Are there any homœopathic hospitals in the country?—There is one in Liverpool, one in Birmingham, another in Bath, one in Bournemouth, and others in Hastings, in Eastbourne, and Bromley.

22150. Are you in connection with them in any way?—Not with them. We have a convalescent home at Eastbourne, of which I am the secretary.

22151. Do you think that the qualifications of your medical men are different from those usual in other hospitals in London?—Not in any sense, except that they claim to have gone a step beyond the ordinary curriculum of medical education, and to have acquired a special principle of therapeutics.

22152. Is there any special examination for those who practise as homœopathic doctors?—Not that I am aware of. There is a society, the British Homœopathic Society, which invites all qualified men holding homœopathic principles to become members, and which is itself careful in the last degree as to the candidates whom it elects.

22153. You said that there was an extra qualification in your medical men to those of other hospitals, on account of your being a homœopathic hospital; is there any examination or test for that?—Not that I am aware of. I ought not to have said "qualification." Of course it is a theory; a principle which is held. I mean there is no diploma given in consequence of it. Therefore, whether it be a qualification or not would be dependent upon opinion.

22154. How do you decide whether they have a sufficient knowledge of homœopathy for you to admit them on the staff?—We have a medical council consisting of a large number of medical men, very well known in London and the provinces too, and they make a recommendation upon it.

22155. You have a homœopathic medical council?—Yes.

22156. Not connected specially with your hospital?—Yes, specially with our hospital.

22157. Then I think I noticed when glancing at your book, that you have a school for students, do they come from the general hospitals after their course there, or how do they come to you?—We get them chiefly after they have qualified at the other hospitals.

22158. And what kind of course do you give them at your hospital?—Some few years ago we had lectures on therapeutics and *materia medica*; but now it is chiefly confined to clinical teaching

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Mr. CROSS.

[Continued.]

Earl Spencer—continued.

in the wards and practice in the out-patient department.

22159. Do you find the number of those requiring homœopathic instruction, who come to the hospital, increasing?—I am sorry to say we do not; I think the number could hardly be said to be increasing, but it does not decrease.

22160. Of course patients are never treated homœopathically except at your hospital; at no other hospital in London?—That would be really a matter of medical practice. We sometimes suspect that they are, but not exactly in the form in which we should treat them.

22161. You spoke of legacies amounting to 2,000 *l.* a year; do you use all your legacies, or do you fund any of them?—We fund all.

22162. I understood that that 2,000 *l.* came into your income in that year?—It appears in the account against its own investment on the other side.

22163. You fund all your legacies?—Under a law of the hospital we fund all legacies over 50 guineas.

22164. Out of that 2,000 *l.* how many were there over 50 guineas?—Well they practically all are over 50 guineas; we very seldom get a legacy of less.

22165. Supposing in any one year your expenditure exceeded your income, would you sell out the capital of these legacies?—Not without asking our subscribers to make up the deficit.

22166. If you wished to sell out what course would you follow?—Call a general meeting of the governors and subscribers, and ask permission to sell out.

22167. Has that often been the case?—Not very often.

22168. The general course would be, without having recourse to the legacies, to meet your expenditure by your general income?—That is the case as a rule.

22169. You mentioned that your resident medical officers were only engaged for six months; is not that an unusually short time?—Our medical staff assure us that it is the usual plan at hospitals. A few years ago we engaged them for one year, which in a hospital of the size of ours, seemed to some of us a preferable time, but our medical staff strongly advised the board of management that the term should be reduced to six months each, and that course has been adopted by the board and carried out.

22170. Is there no inconvenience in losing them just when they are beginning to get accustomed to their work?—In my opinion that is an inconvenience.

22171. And as a rule do they only stop six months?—The junior would succeed to the senior position after the expiration of six months.

Lord Monkswell.

22172. Do you insist upon the payment of the shilling from out-patients in all cases?—Not by any means. The patient has only to make a credible declaration that he or she is unable to pay the shilling, and there is not a word said about it; as a fact we have a large number of patients entirely free.

22173. What do you mean by “a credible

Lord Monkswell—continued.

declaration”?—If a man had a gold ring on his finger, or a heavy chain on his waistcoat, and said he could not afford to pay the shilling, we should doubt him.

22174. You judge by the appearance?—If they say that they are unable to pay the shilling and if they have appearances that bear it out, we take their word.

22175. You have no system of inquiry?—We have a possible system of inquiry; if the dispenser is not satisfied she has the power of referring the case to me, and if it came to me I should make every inquiry.

22176. What sort of inquiry would the dispenser make?—She would make the inquiry that I have just suggested.

22177. If she was not satisfied with the appearance, you mean?—If she was not satisfied with the appearance.

22178. On the whole, I suppose she makes few inquiries?—I think she satisfies herself if the patient is able or not able to pay.

22179. You mean, by questions which she asks the patient?—By questions which she asks the patient. I may say that our experience is, that patients are not averse, if they can at all afford it, to pay the shilling, and if they say that they are not really able to pay, our experience has led us to believe them in the majority of cases; we have had a few cases in which the question has arisen.

22180. Is there a large proportion then who do not pay the shilling?—The larger proportion pay it.

22181. About how many do not?—I should think, perhaps, 5 per cent. do not pay it.

22182. I suppose the shilling a month does not nearly cover the cost of the out-patient's treatment?—I think not.

22183. Have you any idea what it would cost?—You see the expenses of the out-patient department are involved in the general expenditure, and it would require a rather long calculation to answer the question.

22184. What would you say, 5 *s.* or 10 *s.* a month?—As a guess, I should think, perhaps, 5 *s.* a month.

22185. So that, in point of fact, you do give a great deal of advice gratuitously; if fact, all the advice you give to the out-patients is very largely gratuitous?—Yes.

22186. That is to say, they only pay about one-fifth part of the cost of their treatment?—Yes.

22187. Then with regard to these tenders, you say that you employ the most reasonable tradesmen in the neighbourhood; how do you find out who are the most reasonable tradesmen in the neighbourhood?—Personally, I find out by consulting with my colleagues, the secretaries of other hospitals, what they pay; I feel that if I get the supplies at a hospital of the size of ours at the same price that they have them for at much larger hospitals, I have reason to be satisfied.

22188. Do you go round and see their samples?—I do not do that; but I should not myself admit anything unless the quality were of the best.

22189. “Best” is capable of a good many interpretations. Do you ever have a sheet prepared

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pared of all the prices given in all the hospitals, with the highest and lowest prices shown?—No.

22190. You merely ask the tradesmen in the neighbourhood whom you consider the most respectable to send in their prices, and if you find that their prices are fairly low, and that what they sell is of reasonably good quality, then you employ them?—I understand what the question means: Do we take tenders every half year, or every year, as is done in the workhouse infirmaries and the unions. We do not do that. Our tradesmen have served us, in most cases, for years, and so long as they continue to serve us well, at the lowest price (of which we are pretty fair judges), they keep the contracts.

22191. How long have you been secretary of the hospital?—Fifteen years.

22192. How often have you changed your tradesmen?—Our butcher has served us nearly the whole of that time; we did change him a long time ago.

22193. The baker?—The baker has served us the whole of that time.

22194. And you have made no inquiry as to the prices of other bakers?—We have constantly made inquiries.

22195. Then do you ever leave it to your subordinate to go round to these shops and find out what their prices are, or do you do that yourself?—I get the tenders myself when I want them.

22196. But do you go round with a view of finding out whether there are not other tradesmen in the neighbourhood, or further off, who will serve you better?—That is done constantly.

22197. You go yourself?—I do not go; I send a clerk, or I myself write, asking them to tender.

22198. But then you must know something about them before you ask them to tender. I want to know how you find out about these tradesmen; whose advice do you go upon when you ask them to tender?—I do not quite understand the question. If I want to change a contract, I invite some half dozen tradesmen, who supply other hospitals, to send in tenders.

22199. Then do you simply invite them because they are employed by other hospitals, or because you get a report from your clerk about them, or because you have been to them yourself?—I should invite them because they serve other hospitals, as being people very likely to serve us well.

22200. Then if you have any doubt as to your tradesmen serving you well, you invite other tradesmen employed by other hospitals, and you would give the preference to tradesmen in your neighbourhood, I suppose, who are employed by a good many hospitals; have you any system at all?—The system is that we get a tender at the lowest possible price consonant with the best quality. We make it a principle to secure quality before price; at the same time we have, I think, about the lowest prices of any hospital in London. If the quality of the service continues, we have no wish to change. If we had to change I should consider the nearness of the tradesman to the hospital. If I could get a man near the hospital to serve me at the lowest price with the best quality, I should employ him in preference to a man a long way off, for the

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Lord Monkswell—continued.

simple reason that if his goods are not satisfactory on any particular day, they can be sent back at once and exchanged.

22201. But my question rather was, when you are inclined to be dissatisfied with a tradesman, and when you think it your duty to ask other tradesmen to tender, what steps do you take with a view to finding out that the tradesmen who wish to tender are the best tradesmen?—In the case of milk, for instance, some years ago we had occasion to complain, and I sent to a hospital of considerable size near, and asked the secretary the name of their contractor, and the prices; and I then went to that man and some others, and eventually we chose that man at the price at which he served the larger hospital.

22202. Why did you go to some others?—Because I thought their experience might be useful.

22203. On what principle?—Because I knew that at that hospital they were in the habit of making careful contracts, and I happened to know from a member of their board, who was also a member of mine, that their contract was a particularly favourable one.

22204. You have not quite understood my question; you say you not only went to that man but to other men; why?—Because they were large contractors, and supplied other hospitals.

22205. Then you went to several hospitals?—To the contractors of several hospitals.

Earl of Kimberley.

22206. Could you tell us what price you are paying now for mutton?—We pay 7d. all round for the best joints.

22207. All round, in beef and mutton?—All round, in beef and mutton, for the best joints.

22208. With regard to the examination that you speak of, whether the applicants for out-relief can pay the shilling or not, what sort of criterion have you as to the wages or position of the person?—The inquiry would depend on our lady dispenser, who has been in the service of the hospital nearly 20 years, and who has acquired in that time a very considerable experience in dealing with out-patients and that class of people, and it would be for her to form some idea as to whether the patient could afford to pay the shilling or not.

22209. But what would be the criterion she would go by; would she regard a man regularly employed at 30s. a week as a fit person to pay the shilling?—I should think, if he were a man with 10 children, perhaps, she would not.

22210. If he were a single man, would she?—I think, in that case she would.

Chairman.

22211. The shilling is generally cheerfully paid, you say?—It is.

22212. Are your patients of the poorer class?—I do not think our patients are of the most absolutely destitute class as compared with some of the other hospitals, but, of course, they are a very poor class; and within the last few years they have seemed to me to be yet poorer; we seem to have had a lower class of people in the monetary scale coming to the hospital than in former years.

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22213. The

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Mr. Cross.

[Continued.]

Earl Cathcart.

22213. The financial pull that you seem to have over all other hospitals is in the small use of drugs; what do you pay for drugs?—We are supplied gratuitously with the homœopathic drugs by Messrs. Gould and Son, of Moorgate-street.

22214. They cost nothing?—The homœopathic drugs cost us nothing. Certain appliances and external applications which we are obliged to make cost us as much as they would cost any other hospital at the wholesale dealers.

22215. That comes to this: that the out-patient costs nothing except advice?—There is considerable expense attached to the out-patient department; there is the dispenser's salary, the assistant's salary, and all the cost of keeping the place clean, all the numerous books and records and the medicine cases, and general expenditure.

22216. Have you never made any proper estimate what your out-patient department costs you per patient?—I have never gone into that.

22217. It would be interesting to do so. With regard to your medical school, you mention one in your various documents?—I perhaps ought to say that we have hardly a medical school in the ordinary sense of the term; as a fact our medical men only profess to teach two subjects, therapeutics and materia medica; all the rest of the subjects would be the same as those taught in the ordinary schools.

22218. I took it from your own prospectus?—I am aware of that.

22219. Then that mention of the school is a little misleading?—It was forced upon us in this way. In the original laws of our hospital it is part of our title. Our hospital was founded to be a medical school; to what extent I am not in a position to say, but in our actual title we were put down as the London Homœopathic Hospital and Medical School; and, as a fact, a few years ago a good many very liberal people gave us, or one of our medical men, a considerable sum of money with a view of founding a medical school, and that was made over to the hospital on the condition that we should re-adopt the title.

22220. Have you any expenditure for your so-called school?—We have a few lecturers' fees.

22221. What does that expenditure amount to in the whole?—Last year it amounted to about 20*l*.

Lord Thring.

22222. Do you consider that your hospital really and truly supplies all the homœopathic necessities of London; in other words, is it large enough for London?—I think not; of course there are other homœopathic dispensaries in London more or less of a private character; but it has been the wish of our board to considerably enlarge the sphere and the work of our hospital.

22223. And you think it would be capable of enlargement if you had more money?—I think there is no doubt about that. At the present moment we are obliged to reduce the number of patients because our income last year was not equal to our expenditure.

22224. Then the supply of homœopathic medicine is not equal, in your opinion, to the demand in London for it; in other words, more people want to be homœopathically treated in London

Lord Thring—continued.

than you can supply?—More than I think the hospital could supply.

22225. Your financial position is particularly strong, you fund all your legacies; is that owing to an original rule or because you do not like to risk any deficit?—It is actually part of an original law of the hospital, that all sums over 50 guineas shall be invested, and the interest only be made available for current expenditure.

22226. You are aware that other hospitals speculate more, so to speak; use their legacies for current expenditure, and trust to the public for making up the deficit?—I am sorry to say that I am aware of that.

22227. But you consider that your position is stronger by funding your property in the way you do?—Not only stronger, but I think it is sounder in every way as a financial principle.

22228. Supposing other homœopathic hospitals were set up in London, do you think that they would injure you at all, or do you think that London could supply both?—My experience hardly enables me to answer, but I should think there are plenty of people to supply both. As a fact, another homœopathic hospital was started 25 or 30 years ago, and after a brief career it did not continue.

22229. Do you adhere strictly to the old homœopathic system of globules, or have you modified it at all?—We mostly use tinctures at the hospital, and triturations, and what we call pilules.

22230. You do not adhere to such very minute doses?—Some of the doctors do.

Chairman.

22231. Are your subscribers mostly large or small subscribers?—I am sorry to say they are mostly small subscribers; as we lose subscribers of 10 guineas, we do not replace them to the same amount; we have to get, perhaps, five new subscribers of two guineas. The tendency seems to be not to subscribe but to give donations.

22232. In the year which you mentioned, 1889, your receipts were 4,706*l*., and your annual subscriptions were 1,000*l*. in round figures?—Yes.

22233. Have you any idea whether that is the usual proportion received by hospitals in annual subscriptions?—I have made no calculation that would entitle me to answer that.

22234. Do you receive any commission on subscriptions?—None whatever.

22235. Does anybody connected with the hospital receive any commission?—No.

22236. You have no collector?—My clerk performs the work of the collector, and his remuneration is included in his salary.

22237. Have you any chaplain in connection with your hospital?—We have.

22238. Is he a salaried officer?—He gets a small stipend.

22239. What?—£. 25. a year.

22240. Does he live in the hospital?—No.

22241. Have you any female clinical clerks?—No.

Lord Thring.

22242. Your cases are principally medical, not surgical, are they not?—We have had a very large

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Lord *Thring*—continued.

large increase in surgical work within the last two years.

22243. And by "surgical work," do you mean that you perform the ordinary surgical operations?—Yes, of every kind.

22244. And then as to your nursing; I quite understand that your medical system is cheaper, on account of the drugs, but is your system of nursing for any reason cheaper than the ordinary hospital nursing?—I should be disposed to think that our nursing arrangements are rather more expensive than the ordinary hospital nursing. Our nurses are very well looked after in every way.

22245. At all events your nursing arrangements are not cheaper than those of other hospitals?—No.

Earl *Spencer*.

22246. Do your patients remain longer in your hospital on an average than the patients in an ordinary hospital?—I think rather less; as far as I have been able to see from the Hospital Sunday Fund returns, rather less. They stay with us about 27 days on the average.

22247. Do you know what the ordinary average is?—I think it is much longer than that. Of course it would depend upon the nature of the case very largely. Some hospitals would keep their patients longer, by reason of the nature of the case, as in cancer.

22248. Do you consider that your treatment would relieve the patients in a shorter time?—We are strongly of that opinion.

Chairman.

22249. Is there anything else you wish to say?—I have taken a great deal of interest in the question of the rating of charities.

22250. What are you assessed at?—At 225 *l.* a year; with our nursing institute it is now 325 *l.* a year.

22251. And what do you pay on that?—We pay on that about 80 *l.* a year. The question I was referring to was the whole question of the rating of charities, as to which I have taken some very active steps in the last few years.

22252. With what view?—With the view of securing the exemption of hospitals entirely from rating. Until the year 1865 the hospitals all over the kingdom were entirely exempt from any rates whatever; but since then, by reason of a decision that was given in the House of Lords on the case of the Mersey Docks and Harbour Board, such action has been taken that the hospitals are now obliged to pay rates. I do not know whether your Lordships remember the case, but the case was really this: the Mersey Docks and Harbour Board were sued by the Liverpool authorities for the payment of rates, and the question came to the House of Lords for decision, and the Lord Chancellor, in the course of that decision, made the observation that, as a fact, no bodies were exempt from payment of rates, and therefore the docks must pay. That was interpreted by the officials to mean that they were entitled to assess hospitals and other charitable institutions, and as a fact they did assess them, and from that time forth all the hospitals have been made to pay. It is a very serious loss to

Chairman—continued.

them, and I am very strongly of opinion, after looking carefully at all the cases and such Acts as have been referred to, that there is actually no warranty for it at all.

Earl of *Kimberley*.

22253. Is your contention then that charitable institutions ought to have a subvention from the rates?—That they should be exempted.

22254. Of course it is exactly the same thing as regards the rates whether they are exempted from the payment of a certain sum in rates, or whether they receive a subvention to that amount from the rates?—In my opinion it is not exactly the same thing.

22255. Will you explain why?—In this way: that the principle of exemption is one admitted very largely in other cases, and is admitted in the case of hospitals as to the income tax, which is not regarded in any sense as a subvention of the hospital from the State.

22256. Why do you say it is not a subvention of the hospital?—I take it that there is a great difference between a subvention and an exemption, I mean in this way: that if the State subsidised the hospitals in any way, there is no doubt the State would be perfectly entitled to claim a share in the management of them.

22257. But do they not subsidise them? What difference is there whether I give you 5 *l.* or exempt you from paying 5 *l.*?—As far as the money is concerned there is no difference, but the principle of action is entirely different.

22258. Will you explain what possible difference there can be between the payment of 5 *l.* in one way or another?—It seems to me that there is a difference. Of course, if a hospital is subsidised by the State, then we have the system, which seems to obtain very largely in France, which is a different system altogether from ours; but if they are simply left as they were left for 250 years without being called upon for the payment of taxes or rates, it seems to me their position is very different altogether from the position of those subsidised by the State.

22259. I should be very glad to hear what possible distinction you can make, in point of fact, between a case where a sum is not required to be paid, and thereby the hospital receives the amount indirectly, and a case where the sum is directly paid to the hospital. Your claim for the charities amounts to this, that the ratepayers should indiscriminately subscribe a certain sum to all charities. That may be the right thing to do, but that is what it amounts to, is it not?—I have never phrased it in that way to myself, nor have I ever heard, that because we are exempted from income tax, or because the authorities at Somerset House return us the amount which is deducted from our dividends for income tax, therefore they subsidise us or give us a subvention.

22260. But then, is not the reasonable conclusion, that if you are liable to the rates, you ought also to be liable to the income tax?—I should rather be disposed to put it, that as we are exempt from the income tax, so we should be exempt from the rates.

22261. Do you think that the principle is a good one, that an indiscriminate subscription should

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Earl of Kimberley—continued.

should be given to all charities without any power on the part of the persons giving it to determine to what charities?—I should say it would be a very bad principle indeed, but I cannot admit that that applies to the question of paying rates.

22262. You draw a distinction between my excusing your paying 5 *l.* due to me, and my giving you 5 *l.*?—The distinction is, that the 5 *l.*, as I claim, is not due; that is to say, that legally, under the original Rating Act of Elizabeth, I contend that the rates are not due, and I base that upon the fact that the Act of Elizabeth directs that part of the rates is to be handed over to the helping of public charities; and I maintain that you cannot, by any possible principle of construction, interpret that to mean that the charities are to be made to pay rates.

22263. That I understand to be a legal question, which of course can only be decided in a court of law?—Can only be decided in a court of law; but I may say that, as a fact, it was decided in favour of the view which I hold, for 250 years, and it was never altered, except in regard to a case which had reference to the Mersey Docks and Harbour Board, and not to any hospital or charity in the United Kingdom at all.

22264. That of course is a matter of legal argument, but I want, on the question of policy, to ask you, do you think there is any good ground for requiring what I call a subvention from the rates?—Yes; because I think that the hospitals of London spend an enormous sum of money, certainly not less than 800,000 *l.*, nearly a million, every year (I am speaking of hospitals only) in relieving the rates of the metropolis. The entire charities spend not less, all told, than two millions and-a-half every year; and it seems to me, if my opinion is asked, an impolitic thing, to say the least, that that vast amount of charitable work should be taxed by the enforcement of rates from which those charities were exempt for so long.

22265. But still I want to know what answer you have to the objection that I make, namely, that it amounts to this, that the ratepayers have to forego a certain contribution towards their expenses without having the power of exercising any discretion as to whether the particular institution should receive that assistance?—The answer to that is, that as a fact certain institutions are exempted from these rates without the State claiming any such power of control; and institutions which are not, on the face of them, so much entitled to exemptions as the hospitals, which spend so much for the public benefit.

22266. That is the argument, is it not, that two blacks make a white?—Assuming it is granted that there is a black and a white.

22267. Is it not the case that some of these institutions, probably, if you apply the principle generally, might be classed under "black"; that is to say, it is scarcely possible to suppose that all institutions are equally worthy of assistance; and therefore the objection is that they get indiscriminate assistance, without any power on the part of any public body to determine whether or not such contribution ought to be made to the particular institution?—May I say, in reply to

Earl of Kimberley—continued.

that, that there was no question of difference between black and white when they were exempt from the taxes.

22268. It might be argued, might it not, that the previous system was a vicious one?—Yes, it might, if the rates had been imposed, because there were blacks among the whites; but there was no such contention.

Lord Thring.

22269. I understand you to say that the decision in the case of the Mersey Docks and Harbour Board was a wrong decision in law?—Certainly I do not presume to say anything of the sort. All I say is this, that it has been interpreted to signify that the House of Lords is of opinion that hospitals should be rated. What I contend is that there is nothing in the report of the case of the Mersey Docks and Harbour Board, nothing in the report of the judgment of Lord Westbury, which leads anybody to form any opinion of the kind. My contention is that hospitals have been rated not in consequence of a decision of the House of Lords, but in consequence of an interpretation which has been put upon it, and an interpretation demonstrably mistaken by official auditors, or the authority, whatever it is, that would put the machinery in motion. As a fact, in the House of Lords five judges were present to give their opinion upon the case, and four of those judges expressed the distinct opinion that, as to hospitals, there was no doubt whatever that they were exempt from the rates. Lord Westbury himself expressed the same opinion. He said, as to hospitals, whether they should pay rates or whether they should not pay, is not now before us, but it is perfectly certain that the Act under consideration exempts nobody by name.

22270. Why do you not try another test case for the hospitals?—There is no money to do it.

22271. But surely, considering this enormous sum that the hospitals pay in the shape of rates, there would be no difficulty in trying a test case?—There is no money to do it, and no one to raise the money to do it.

22272. Why should not any of these great hospitals say they will not pay the charge?—I cannot induce them to do anything of the sort. I have done my best to induce some of them to take a spirited action like that, but it is not possible. They say, with a great amount of reason, that they have no money to spend in litigation. It is perfectly true; the money given to hospitals is not given to them to spend in legal expenses.

22273. That appears to me the most absurd view that can be held. Suppose a hospital can save, we will say, 1,000 *l.* a year by incurring the expense of a case, which, even if it went to the House of Lords, would only cost, at the utmost, from 800 *l.* to 1,000 *l.*, even if it went through every court, do you mean to say that any board of governors would allege that it was not within their functions to try the case?—I should say so, unquestionably.

22274. But is not the difficulty this: do you consider that hospitals are the only charity exempt?—Not at all; I would exempt all buildings (and I have so phrased it in an Act which

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which I suggested) which are exempted from inhabited house duty, because the hospitals and other charitable institutions are at the present moment exempted from inhabited house duty; for the same reason, that they are public charities.

22275. What I mean to say is this: you have told us that the House of Lords case does not cover hospitals; do you consider that the House of Lords case, as properly interpreted, does not cover any charity?—None whatever.

22276. What do you define a charity to be: you are aware that it includes a racecourse, in law?—I was not aware of that.

22277. I am afraid it is the vaguest term you can use?—The term is defined by the Income Tax Acts, in which the term "public charity" is well understood, and under which all income which can be shown to be income expended in public charity is exempt from income tax.

22278. What you mean is this: that you think that the House of Lords case, properly interpreted, does not cover any public charity within the meaning of the Income Tax Acts?—I am quite sure of it.

22279. Then it seems to me the most extraordinary circumstance that this question is not

Lord Thring—continued.

tried?—We have aimed at introducing an Act of Parliament, a Bill which has already been laid before the House of Commons, with the view of getting a short Act passed, as the simplest and cheapest way of settling the whole thing; an Act similar to that which Lord Shaftesbury passed when he secured the exemption of ragged schools from taxes. Of course there are several institutions which are hardly quite so deserving as hospitals which are, as a matter of fact, exempted from rates; churches, for example, and ragged schools, and literary institutions, and some others of that kind; workmen's dwellings under 20 *l.* a year also are exempt; and it seems to me that they certainly have hardly such a good claim as hospitals and orphanages, and other institutions of purely public charity.

22280. I do not wish to argue it; but the question is, would it not be much better, instead of bringing in an Act of Parliament, if these charities are not legally liable, to have them declared not legally liable?

The Witness is directed to withdraw.

MR. ROBERT LAWSON TAIT, is called in; and, having been sworn, is Examined, as follows:

Chairman.

22281. YOU are a surgeon, are you not, at present practising in Birmingham, as your headquarters?—Yes.

22282. You have, on a former occasion, practised in London, have you not?—I have never resided in London, but I am largely engaged in practice in London.

22283. I understood that you were acquainted with some of the larger hospitals in London?—Only as a visitor. I am more familiar with the hospitals in the Midlands and in Edinburgh.

22284. Our present inquiry is confined to the metropolis; but I will ask you a few questions on the general question. Do you entertain any opinion on the question of the advisability of having larger or smaller hospitals?—I am very strongly of opinion that the larger the hospital becomes the less efficient it is for public purposes, and the higher its mortality becomes.

22285. To what cause is that to be attributed?—It is very difficult to say; the causes I have not quite gone into; but it is not difficult to get at some of them. Thus, in the mortality from operations, if one operation should become a source of infection, it is very easy to see that it would be much easier to convey that infection to a number of other operations in a large hospital than in a smaller one.

22286. Would not that be rather owing to a want of proper organization in that particular hospital?—The danger would be increased, of course, just as the organization was defective; but as the nurses and servants, and those who have the immediate charge of patients, do not belong to the highest order of intelligence, and never can, it is not difficult to see that it is much more difficult to keep down sources of danger from that cause in a large crowded institution than in one of moderate size.

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22287. What do you call a large hospital; how many beds do you reckon a large hospital to contain?—Anything over 200 beds I should call a large hospital.

22288. Then you are not against hospitals up to 200 beds?—No, I think not, so far as one can judge from hospital statistics, which of course require qualification, because one does not understand how their indications are arrived at; but 200 beds seems to me the hospital at which the maximum safety, with convenience of administration, is arrived at.

22289. Then also there are a large number of hospitals, certainly in London, with a very small number of beds; 20, and possibly under that?—Yes, many.

22290. Are those advantageous institutions, in your opinion?—It is very difficult to contrast them with others, because in many cases they are special hospitals; but when you get to hospitals where comparison is possible, where the populations seem to be the same, and to be populations suffering from the same kind of diseases, and with the same proportions of deaths, a hospital with 200 beds is much safer than a hospital with 600.

22291. But in reference to these special hospitals with a number of beds not exceeding 20, are those generally advantageous for the population, or the contrary, in your opinion?—I think they are advantageous, because they are generally hospitals for diseases of the eye, for spinal diseases, diseases of women, and so on. They cannot be fairly taken to contrast with the large general hospitals; the purposes are totally different.

22292. Is there any danger of those hospitals originating, owing to speculative purposes?—I think

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think that perhaps that would be a very fair description of the origin of some of them; but, on the other hand, there is a more fair method of explaining many of them. The traditions of the large hospitals get them into the possession of a corporate idea. Take for example, the instance of a large hospital like Guy's; the old fashioned notion, which is not yet quite dead, was, that to become a member of the staff of Guy's Hospital, you had to be an apprentice in youth to one of the surgeons, and that involved a very heavy premium; I forget just now, but my impression is (I will not pledge myself to the exact figure) that in Sir Astley Cooper's time the fee was 500 guineas; it was either 300 or 500 guineas, and my impression is that it was 500 guineas. That of course limited the number of students who could ever have any chance of becoming members of the staff to those who could pay that sum in very early life, in fact whose friends were rich. Then they very seldom went, and indeed they do not often now go outside their own upgrowth, one may call it, for their staff. Therefore, when a man of exceptional ability or industry, or of any other good quality, comes to London, he finds, to a very large extent even yet, the doors of the large institutions closed against him. If he has something to give to the public, or something to say to the public, he is very apt to start a special institution; and in that way I believe many of these hospitals have been started, and have done good. The Samaritan Hospital is an example; St. Peter's Hospital for Stone is another; many of the ophthalmic hospitals are examples of it; but I am afraid there are some to which your Lordship's indication would apply.

22293. In fact it comes to this, does it not, that there are good and bad special hospitals?—Yes.

22294. Is there any tendency, in your opinion, for the large hospitals, as regards diet and dressings and treatment, to be carried on on an extravagant scale?—Yes, I think so. The management must be conducted with very great care, otherwise it becomes very expensive. I remember a very good example of that (I would rather not indicate it by name) which was put into my own hands to inquire into. We found that there were no scales in the kitchen, and nobody responsible for taking in large stores; and my report to the governors was, that the result was that the expenditure upon articles of food in that institution was nearly twice what it ought to be.

22295. Was that a large hospital?—It was a hospital of 120 beds.

22296. Was it in London?—No, it was not in London.

22297. As regards the large general hospitals, they have attached to them large out-patient departments?—Yes.

22298. Have you any opinion upon the advisability of out-patient departments?—It is impossible to do without them altogether, but they ought to be enormously curtailed.

22299. How would you suggest that that should be accomplished; by inquiry?—I do not know that inquiry will answer the purpose altogether, though it might aid a great deal. I think that the proper system to curtail the out-patient

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department is to develop the system of provident dispensaries, and to make the hospitals practically the consulting institutions of the poor, not places to which anyone may run with an attack of diarrhoea, or toothache, or dyspepsia, but places to which serious cases may be referred from the provident dispensary, or whatever system may be adopted. The hospitals ought to have the filtrate and not the great mass of material.

22300. At present owing to the large mass of cases taken in the out-patient departments, the treatment of them is very hurried sometimes?—Hurried; it is ridiculously so. It is a known fact that in some of the out-patient departments less than a minute is given, on the average, to each case. It is impossible adequately to cope with them in out-patient departments of hospitals like St. Bartholomew's, and Guy's, and St. Thomas's.

22301. And you would like to see a system of linking between hospitals and dispensaries, and provident institutions, and so on?—Yes, and also the poor law sick asylums, because there is no reason why a pauper should not have the best medical advice. The cases in those institutions where special care is required, should be referred to the hospitals.

22302. Do you think that in a place like London such an organisation is possible?—It would be a very big thing, but bigger things have been done.

22303. As regards the poor law institutions, would you like to see them open to students?—Most decidedly, for the reason that it is in the poor law sick asylums that we have the patients suffering from the diseases that are most prevalent in ordinary human life. In the hospitals it is more the exceptional cases that are seen; cases that do not occur often in the experience of the average practitioner. He is, therefore, in the hospitals taught rather on exceptional cases than on those that he will meet with every day in after life.

22304. Is not that rather a question of organisation in regard to the admission of cases to general hospitals, might not the organisation be that such cases would be admitted to them?—That would hardly be a fair answer, for you must consider, on the other hand, the position in which hospitals like St. Thomas's and Guy's are placed. Anyone who is suffering, say, in the country from an aneurism of an important artery, desires that that aneurism should be treated with the greatest skill available, and naturally, therefore, he would go to such a place as St. Thomas's, where such cases are frequent. It becomes, therefore, essential that the hospitals should be consulting institutions for special cases. When a surgeon in his room sees a case of popliteal aneurism, or some exceptionally interesting case, it is to expect what is a little more than human to suppose that he would not take that case in preference to some more ordinary ailment; in fact, he would not fulfil his proper function if he did not.

22305. Then would you send the surgeons and physicians of the hospital to the poor law infirmaries; do you think that the difficulty of teaching students as to those ordinary ailments might be got over in that way?—That might be so in special instances, but I think that the better way of working the enormous amount of material

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which is at our disposal, at least for teaching purposes in the sick asylums, would be to establish a system of very numerous clinical clerkships, by which a student would be put in charge of, say, six beds, and he would have merely to carry out instructions, and carefully record the progress of these cases from day to day under the direction of the visiting surgeon or physician.

22306. Then that would alter the principle of the infirmaries very much, would it not?—I think not.

22307. There are no visiting physicians or surgeons in the poor law infirmaries now, are there?—In Birmingham we have adopted a system which I think better than that which prevails in London; a modification of the two. In our large sick asylum, which is, I think, the finest thing of the kind in the kingdom, we have a large staff of resident medical officers, and two visiting medical officers, one physician, and one surgeon; and under them we are adopting already the system of clinical clerkships with great advantage to the patients and no detriment to them, and with great advantage to the pupils. These appointments are made for six months; at the end of that time the students put there are rendered perfectly familiar with all the ordinary ailments they will probably have to meet with in after life.

22308. You alluded just now to a system of co-operation between hospitals and dispensaries and provident institutions; have you anything of that kind existing in Birmingham?—In embryo as far as the Local Government Board will let us go. I sincerely hope we shall be able to influence the authorities of the Local Government Board to let us go still further.

22309. Could you indicate in what line?—Largely by permitting the students of our medical school to serve for periods of six months as clerks in the wards, and by increasing the staff of visiting surgeons and physicians.

22310. I meant more as regards the patients who go for relief to the various institutions?—Do you mean the hospitals as well?

22311. Yes?—The only great modification that I have given any attention to would be to put them under a central bureau like the Bureau de Bienfaisance; it would of course greatly minimise the cost of management and it would do away with a great deal of the feeling of rivalry which exists between all such institutions.

22312. You do not think that a feeling of individuality in a hospital is a good thing?—In some ways it is good, but on the whole it is bad.

22313. Would you have that bureau control the expenditure of the hospitals?—I do not see why it should not. It would be composed of business men.

22314. And would you have it undertake the inspection too?—Yes, inspection. I do not see why they should be relieved from inspection any more than workhouses and asylums, prisons, public institutions dealing with public money.

22315. You would have this kept clear of the rates?—Yes, I see no reason for altering that. There is plenty of money to be obtained from the (24.) e

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public by voluntary subscription, in fact in some instances almost too much, one might say, for it gets frittered away in many ways when it might be saved. I see no reason to advocate putting hospitals on the rates.

22316. I do not understand from you that you would wish to see rate-paid officials working this board or bureau?—No; in any place where public spirit existed, I do not think it would be necessary; what is wanted is more of a community of management than anything else.

22317. And do you approve of the system which at present obtains in London in most cases, of the services of the staff in the hospitals being unpaid, or would you like to see them paid?—I think that the results would be much better if they were paid.

Earl Spencer.

22318. To clear up a part of your evidence, when you alluded to the fees given by pupils to eminent surgeons, you did not mean to say that that goes on now, did you?—I think it does in a modified way; I fancy the system of apprenticeship and heavy indentures does obtain here and there yet.

22319. Do you mean that it is not open for any clever man who wishes to go into surgery to enter and become a pupil of any surgeon in the hospital?—If he can pay the money he can enter on the ordinary *clientele* of the large hospitals, but practically in the old times it was impossible for him to hope to join the staff unless he had paid a heavy indenture fee in addition.

22320. You think there is still something of that sort?—I would not go so far as to say that it would prevent men getting on the staff now, but I think the indenture system still exists in a modified way.

22321. A young man wishing to rise in the profession by getting on to the staff of one of these hospitals would have now to pay a considerable sum?—Not necessarily, but, I think, in some instances it is still done.

22322. Under the rose, or openly, do you mean?—It is not done publicly; I would not say it is done under the rose; that means rather an aspersion.

22323. Is there not some considerable fee paid elsewhere for medical students?—The ordinary curriculum fees vary from 50*l.* to 90*l.* or 100*l.* for a complete curriculum; but what I speak of is over and above that; it is an indenture fee under the old apprenticeship system.

22324. Now, you alluded to special hospitals, and you gave rather favourable evidence with regard to them; you said that they arose to some extent by those who started them being precluded from entering the large hospitals?—Yes.

22325. Now is that from the large hospitals having too strict regulations as to where their medical staff should come from, in fact being too close corporations?—If you will not use the word “regulation” but say “custom” or “practice,” I answer the question, yes. I do not know whether there is any written law on the subject, but it was the custom.

22326. But we understand that many hospitals will not take a medical man or a surgeon who does not belong to one of the London schools?—

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There are exceptions, but the custom is for each big hospital to supply its staff from its own students, and that is a matter of regulation in many places. For instance, to take my own old hospital (I can speak for that), no one can be one of the surgical staff of the Edinburgh infirmary, which is now one of the largest hospitals in the kingdom, unless he is a fellow of the Edinburgh College of Surgeons. That used to be a very close corporation indeed. When I joined it about 25 years ago the number of them were very small.

22327. Do you think it would be an advantage to open these places rather more?—Most certainly. The ideal system is the Parisian system; the *concours* open to all the world.

22328. And you are aware of some cases in London where able men have been obliged to start hospitals on their own account, because of having been shut out from these great hospitals?—Yes.

22329. Now that you are on the subject of the schools, do you consider the way in which medical men are taught in London satisfactory, particularly with regard to their walking the hospitals, which is more our part of the inquiry?—Yes; on the whole I think that the London curriculum is extremely satisfactory; but there is one curious deficiency which arises almost out of the matter that we have been talking about. Each medical school in London (I think there are 11), has a complete staff of teachers, and a man who is a junior say, let him be a young assistant surgeon or physician, is set to teach botany; he knows nothing about botany, and he does not care anything about botany; and as soon as he gets a chance he will take the chair of physiology, and probably he knows as little about physiology as about botany. He waits till he gets full surgeon, or full physician, and then he takes the chair of medicine or surgery, about which he does know a great deal. The result is that the students are badly taught in the subsidiary sciences.

22330. Would you like to see that system changed?—Yes.

22331. How would you like to change it?—By putting it more on the Edinburgh system. A man who is professor of botany in the University of Edinburgh is a botanist *pur et simple*, and never wants to be anything else. He is paid a sufficient remuneration to justify that. That chair in Edinburgh is worth 2,000*l.* or 3,000*l.* a-year, and there is no reason why in London it should not be equally valuable.

22332. For certain purposes of education you would like to centralise the teaching in London?—Yes.

22333. And pay much more highly the lecturers and teachers in certain subjects?—Yes; instead of having 11 lecturers on botany, with an annual income of 150*l.* a-year, and who knows little about the subject, I would give two or three men a good sum.

22334. Would you apply that to other sciences besides botany?—Yes; in fact to all these sciences that do not lead to practice, for that is about the key-note to the position. If a man teaches medicine or surgery, or therapeutics, he is in the line of teaching that will do him good for practice; botany will not do him a scrap of good.

Earl Spencer—continued.

22335. Do you consider that there is any advantage in having an independent school at a particular hospital which has a tradition of its own?—No; and that is the evil from which a lot of this trouble has grown. Each hospital, desiring to be an entity, has manufactured for itself a medical school out of its staff; and, in the case of the smaller hospitals, very inefficiently.

22336. Is there not some advantage, perhaps, in not having the whole of the science taught in one groove; as to the practical part of it, I mean?—I can hardly imagine that, in the case of sciences like botany and physiology and chemistry.

22337. I except those?—Then you grant my case.

22338. I only want your opinion. With regard to the other, the practical part, would you think it desirable to have some independent school?—When you come to the practice of medicine and surgery, there is no reason why every hospital should not teach independently.

22339. There may be advantages in its doing so, you think?—Distinct advantages; I would not alter that.

22340. Only for certain things you would have a central body teaching, and then allow each hospital for the practical part to have its schools?—Yes.

22341. With regard to the workhouses, supposing you established clinical clerkships in London, you would have to alter the whole system of the workhouse infirmaries in London?—I cannot answer with regard to London, because I do not know the system. I imagine that the system of superintendence would have to be a good deal altered, but I think in respect of the welfare of the patients, it would be altered for the better.

22342. You would not, I suppose, allow these clinical students to be taught merely by an ordinary medical man at a workhouse infirmary; you would want physicians of a higher standing to teach them?—I do not know that, because the ailments to be dealt with are quite of the ordinary kind in the great majority of cases. It seems to me that the system of teaching with regard to the ordinary ailments of everyday life in the workhouses and sick asylums should take the place of the old apprenticeship system, by which all of us were obliged to go into the surgery of a country doctor, or a doctor in general practice in the town, to learn our business. Now men are turned out as graduates of universities who have really no familiarity with the ordinary ailments of life, and have to begin to learn their business after they have qualified.

22343. At Birmingham, as I understand, your workhouse infirmaries are managed somewhat differently from those in London; you have visiting physicians?—We have a small staff; I hope to see it materially increased before long.

22344. And you actually have clinical clerks there?—Yes.

22345. And you have seen the practical advantage of it?—Great advantage.

22346. Now you talked of a central body like the Bureau de Bienfaisance; do you think that large voluntary hospitals would willingly come under

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under the control of a central body like that?—I think they would if the body was made up of units from their own committees. If it was not an enforcement; if it was not said by Government, "You will have to come under this control, and there will be a lot of Government officials," I think the voluntary hospitals would jump at it.

22347. Would you give that central body a power of control of the finances?—That would have to be done by the individual charities; it would be a sub-committee of a series of committees. We find that in ordinary business life that works very well. I think it is because that has never been put before the hospital managers as a good thing to do that that has not been done long ago.

22348. But the subscriptions would still go to the individual hospital?—They would be allotted as they are in the Saturday and Sunday collections now. In fact the committee of the Saturday and Sunday hospital collections in Birmingham are a good example of what might be done for the whole of the subscriptions and a great deal of the management.

22349. Do you find that you can regulate certain things in hospitals by means of one central body, and get them to alter other things that you may not approve of?—It has never been tried as far as that, but I do not see why they should not.

22350. With regard to the form of accounts, say?—As a matter of fact it seems never to be difficult at all in Birmingham to take to a new thing if it is good. For example, the old system of electing medical officers to charities was by every governor voting, and in the large general hospital at Birmingham in the last election in 1867 or 1868 it was like a Parliamentary contest. They had to bring up for personal voting persons from Tamworth and Lichfield, and all round, and they had committee-rooms all over the town, and it cost the man who lost it nearly 2,000 £. That was the election of a surgeon to the hospital. It dawned upon somebody that this was a very foolish thing, and that they had better have a committee of election, and the principle was at once adopted; 24 or 26 members of the committee of the hospital were checked by an addition of a slightly larger number, say 30, taken by ballot from the general list of governors, making an election committee of 60. It does not cost the candidates now as many pence as it cost pounds before.

22351. As a rule I suppose the elections of medical officers throughout the infirmaries in the country are on the old system?—Yes: the astonishing thing in Birmingham was that every one of the charities adopted it at once, it was so evidently a good thing to do. In Leamington the other day a contest took place for an appointment in a hospital much less important than any of ours in Birmingham and 700 votes had to be polled.

Earl of Kimberley.

22352. With regard to the poor law infirmaries, would there not be some danger, when such an organisation as you suggest was introduced, that they might supplant the hospitals and gradually become general hospitals, sup-

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Earl of Kimberley—continued.

ported by the rates?—I do not think so; I do not think that such a danger would arise. Of course it is very difficult to see what will come from touching any big institution or series of institutions; but I am rather a socialist in that line of thought, and I would like to see the difference between pauper and non-pauper done away with.

22353. I should like to ascertain clearly what your view is. Would you desire to limit the treatment at the poor law infirmaries to the more ordinary cases, leaving difficult cases to be sent to the hospitals?—I think I should, and I think that unless the arrangements were very fundamentally indeed altered, and altered perhaps more at the hospitals than the workhouses, that arrangement would still continue.

22354. But otherwise, would it not be the case that instead of hospitals supported by voluntary subscription, you would, in point of fact, have hospitals supported by the public purse; that might be the result, might it not?—You mean the compulsory process against the voluntary process.

22355. Would there not be a danger of extinguishing the voluntary institutions?—No, I think not, because there again, speaking from my experience in my own town (which is more visible than in a place like London, which is so enormous that you cannot see what is going on), in Birmingham the tendency is for the hospitals to fall into the support of voluntary contributions from the artisan class. Our Saturday collections are running up by large increments every year.

22356. But still it would be essential that the poor law infirmaries should not supply the very same surgical and medical relief, because, otherwise there would be very little inducement for men to go to the other institutions?—I do not think there would be much danger of that as long as the salaries at these poor law infirmaries are in the very moderate way that they are.

22357. Would there not be some danger that if you got a very able staff at the infirmaries, men of the first class, they would naturally desire to draw upon the more difficult class of cases?—Those men would go to the hospitals.

22358. To turn to another matter, the class of instruction which you would desire to be given to medical students, the preliminary scientific instruction given at the hospital might almost be described as part of a university course?—Yes.

22359. And, if possible, it would be desirable that this preliminary scientific instruction should be combined with the other instruction that the student ought to receive in the shape of a university course?—Yes.

22360. And then, after having passed that, a student would, of course, go to one of the various medical schools for the purpose of attending the clinical instruction; that would be an ideal system?—That would be an ideal system.

22361. You are aware, I believe, that in the great majority of large hospitals in London, the medical appointments are limited to those who belong to the colleges of surgeons and physicians?—That is so.

22362. Do you think that a good system?—No, I think not, unless it be taken in this way, which of course is a very fair defence for it; that

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the membership of the College of Physicians and the fellowship of the College of Surgeons, representing, as they do, certainly, the highest distinctions attainable in this country, in the two lines of life, medicine and surgery, enable the electors at once to clear the way of a number of candidates whose claims would be, relatively speaking, insignificant, and therefore it is a convenient form (I am not quite sure if it is a good one), to say that candidates for these offices shall possess these qualifications.

22363. Do you think it would be a hardship for a graduate, a physician or surgeon, who possessed the Edinburgh degree, to be obliged afterwards to obtain the qualification of the London body?—Not a bit a hardship; I had to do it myself.

22364. You think it could not be considered a grievance?—I cannot see how it can be considered a grievance, seeing that the pecuniary bar is so slight. I came to live in England fully qualified as a Fellow of the College of Surgeons of Edinburgh, and at the cost of 10 *l.*, and some work, I took the Fellowship of the College of England, which opened everything to me.

22365. It has been represented as a hardship in the case of some one who has attained, perhaps distinction, that he should be compelled to go through some examination again to qualify for an appointment of this sort?—But there is no distinction in surgery comparable with the College of Surgeons here.

22366. Do you think that in hospitals, in your experience, there is sufficient pains taken to see that the sanitary condition of the hospital is thoroughly good; I do not mean the drainage, but the whole sanitary surroundings?—I am afraid that I must say there is not.

22367. It has been suggested that in large hospitals it would be an advantage (I have heard that suggested) if there were some special officer whose business it was to see to all sanitary arrangements. It is said that now it is nobody's business to see to them. What is your view as to that?—I think it would be a great advantage. And that is one of the strong arguments against large hospitals; that when you build a hospital for 600 beds you will be very averse to pull it down when it needs pulling down; if it had only 200 beds you would not be so averse to pulling it down.

22368. Take a case which has been brought before this Committee, the drainage arrangements for St. Bartholomew's, and other matters of that kind. Now, if in a large hospital there is no such special officer as I have suggested, a surgeon has the treating of a case without any guarantee that the sanitary arrangements are those which are requisite for the proper treatment of it?—It is a dreadful thing to have a patient brought into a hospital for an operation and send him out a corpse because the sanitary arrangements are not what they should be.

22369. And unless there is some other qualified person who controls such matters, that is liable to happen?—It is liable to happen at any moment, because no one can perceive what is going on underground, and it is a thing which ought to be carefully watched everywhere.

22370. And besides what is going on under-

Earl of Kimberley—continued.

ground, one knows, as a layman, that there has been great progress made now in all the sanitary arrangements, both in hospitals and elsewhere, and they are more likely to be thoroughly enforced if somebody is specially charged with that duty?—Yes; I think the question answers itself in what happens in one's private house: the inspector can come into your house and mine and insist upon this or that being done. How much more necessary is it in an institution where disease is rampant.

22371. Also, a physician or surgeon who is entirely occupied with the actual treatment of the cases would naturally not have time for general investigation of such matters?—And he would not have the skill or the knowledge.

22372. As to the number of out-patients, I suppose you wish to limit the number of out-patients in the hospitals to those necessary for the instruction of the students?—And for special treatment.

22373. And you are in favour of the hospitals being used for consulting purposes?—Yes.

22374. But if the infirmaries were made thoroughly available, that instruction which is so necessary for medical students in the ordinary common diseases would be obtained in the infirmaries?—Yes, largely.

Earl Cathcart.

22375. Were you concerned in the inquiry of Judge Chambers the other day with regard to hospital abuses in Birmingham?—Yes.

22376. And do you approve of the report he made?—I approve entirely of the report so far as it went; I would go much further; but it was very difficult to get any body or a committee, with such a discrepancy of opinion as was manifested, to go to a still greater length. I think it was an admirable report.

22377. But on the subject of out-patients, you would suggest that that report would give valuable information to this Committee?—Certainly.

Lord Monkswell.

22378. Do you think there are too many schools in London?—If two or three of the small schools like Westminster and Charing Cross could be amalgamated into one, perhaps advantage would be gained.

Lord Zouche of Haryngworth.

22379. I think you said that the ordinary ailments of life are much more met with in poor-law infirmaries than in general hospitals?—Yes.

22380. Should you say that that applies to a very large place like London to the same extent as it does to a smaller town?—My experience is so small in London, and the case in London is so exceptional, that I would not like to say; but still every now and then some of these sick asylum officers are good enough to call me in for consultation, and I look round and see very much what I see in Birmingham.

22381. Would not the medical students get sufficient instruction in ordinary ailments at hospitals in a large place like London equal to what they would get at any poor-law infirmary?—I think not; for the more successful a medical school

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school seems to be (it is paradoxical, but it is true) the more difficult it is to get instruction; and that is better seen perhaps at Edinburgh than anywhere else, because there the evil has grown to a ridiculous extent.

22382. Do you mean that they are bound to take more or less special cases?—No, it is this, that there is not material enough. In the years 1860 to 1865, when I went through my curriculum at Edinburgh, we used to have, as clinical clerk, some four or six beds each; there were 700 medical students; there are now 2,000 students, and I believe there are now several students to each bed.

22383. What plan would you suggest to prevent the out-patient department of hospitals being abused by trivial cases?—It is the trivial case that is, of course, the nuisance; and I think that a burden ought to be laid very much upon the medical staff (probably upon the resident medical staff, who, being paid officers, are at the command of the committee in all details) to reject rigidly all cases that are not really cases demanding special hospital treatment.

22384. But with regard to this central body, which you would like to see established, would you give to them any jurisdiction as to what are fit cases to be admitted?—I hardly think that would come under their control.

22385. That is suggested in this report on the Birmingham hospitals?—I should rather think it was the business of the committee of each hospital; but that is a point I have not considered.

22386. I read here, "It" (that is, such a council) "would enable them" (that is, the hospitals) "to support each other in making such regulations as might seem advisable for the admission of patients and the exclusion of unfit cases"?—They might regulate it so, for instance, that one hospital, being near a lot of manufacturing, might take accident cases, and that another, which was removed from such a neighbourhood, should take medical cases. I have no doubt that the central working these would be found advantageous, though I have not considered that question.

Lord Thring.

22387. Your observations with respect to the defective knowledge of young practitioners of common ailments, would apply still more with respect to infectious diseases, would it not?—Yes, very largely; and that is one of the evils that arises out of the concentration of infectious ailments, that we send students out to practice medicine who may never have seen the eruption of small-pox or measles.

22388. And a doctor may go into the country, and not know scarlet fever?—Yes. We have in Birmingham a very large small-pox hospital and a scarlet fever hospital; and one of the advantages of the arrangement just now suggested would be that it would enable us to send the students up in batches to become familiar with all the stages of the disease, which they could do in two or three afternoons.

22389. I understand that a medically qualified practitioner, as he is called in law, although a man who has gone through the hospitals, and who is a very scientific man probably, and has a great

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Lord Thring—continued.

deal of knowledge, may never have seen infectious diseases, also may have seen very little of ordinary diseases, and may never have been present at a vaccination?—That is quite true, and that is the mischief of having done away with the old apprenticeship system; it is to undo the evil of the abolition of the apprenticeship system that I want to utilise the outlying institutions like the sick asylums and the zymotic hospitals.

22390. You would add to all that some examination or test, I suppose, of whether a man had gone through these things?—It is very difficult, indeed, to multiply examinations without some strain upon the physique.

22391. I mean some practical certificate that a man had gone through a fever or small-pox hospital; you might require that?—Certainly, just as the examining boards require a certificate that a man has vaccinated so many.

22392. Or had so many cases in midwifery?—Yes, exactly the same line.

22393. Then, I understand your system, in short, to be this: that you consider that, having regard to the imperfect opportunities of learning the treatment of infectious diseases and, as you say, the ordinary diseases, you would open the poor-law hospitals, and you would make it imperative on the younger men to have gone through some ordinary course of training, such as practically would enable them to learn the treatment of infectious diseases and ordinary diseases?—Certainly.

Chairman.

22394. Is there anything else you would like to say?—I think not; all the ground that I was anxious to express an opinion upon has been traversed.

Earl Spencer.

22395. About the large hospitals, you say that, in your idea, they should be about 200 beds, not more. I suppose your objection to large hospitals is more to the structural part of the hospital than to anything else?—It goes to that a great deal. In a book which I published a little time ago I tabulated, as far as it is possible to tabulate, the result of a series of operations performed in the various hospitals throughout the country. The result was certainly very startling. Take, for instance, a common operation like an amputation for disease below the knee, which I suppose is one of the most common serious surgical operations we have: the mortality of that operation in hospitals of under 20 beds was 5.5 per cent.; from 20 to 100 beds it was 14.53 per cent.; from 100 to 199 it dropped to 11; I do not know how that was, but you see there is not much difference between 100 and 200. Then when you get to over 200 beds it is nearly 21 per cent. Now of course figures like these would require months and years of investigation to understand what the true meaning of them was; but that clearly shows that the size of the hospital is a factor in the deaths.

22396. But I suppose you might have a large hospital divided into separate buildings and organised in that way, so that practically you get the advantage of a hospital with only 20 beds?—There is an experiment there (*pointing to St. Thomas's Hospital*) that has not proved successful.

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22397. You

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Mr. TAIT.

[Continued.]

Earl Spencer—continued.

22397. You would attribute the want of success to organisation, would you, as well as to the structure of the hospital?—I am afraid you must excuse me from assigning the reasons. I have not gone into them; I can only give you the facts. But if you have a population spread over a large area; take a case like Birmingham where we have an especially widely-spread population (the people nearly all live in two-storey houses or little cottages, and the streets are wide), we have no exceptional zymotic diseases that are worth talking about. Typhus fever is absolutely unknown; cholera has never entered the town; showing that for area we are perfection. We have two large hospitals: sometimes an injured person has to be carried four or five miles to one of them. It would be better instead of having two to have six.

22398. The management would be more costly if that were done, would it not?—I do suppose that the management would be more costly, but I think it could be done by shrewd care so as to reduce that extra cost.

Lord Thring.

22399. Is it not a fact very well known, however it may be accounted for, that if you mass human beings together, even healthy otherwise, you pollute the air?—That is ascertained in the case of typhus fever. The moment you get above a certain density of population (I do not know the exact figure), the moment you pass that density of population typhus fever reigns, and if you keep well down below it you cannot get typhus fever to live; you may pour it in by the bucketful but it does not stay an hour.

22400. Is it not the fact that any disease if you mass it together becomes infectious?—Yes.

22401. Is not the Vienna hospital the largest in the world?—It is.

22402. And the worst?—And the worst.

The Witness is directed to withdraw.

Mrs^s MARIAN BREW, is called in; and, having been sworn, is Examined, as follows:

Chairman.

22403. You are the Lady Superintendent of Nursing of the London Homœopathic Hospital?—I am

22404. How long have you occupied that position?—Nearly 17 years.

22405. And previous to that had you experience in nursing?—Yes, I have been in Liverpool.

22406. Where did you first obtain your training?—At Liverpool as a lady pupil and then as a sister in Liverpool.

22407. At what hospital?—At the Royal Southern Hospital in Liverpool.

22408. Will you tell us how many nurses you have at your homœopathic hospital?—Fifty-five.

22409. And does that include probationers?—That includes probationers.

22410. And does it include those whom you send out for private nursing?—Yes; I have 34 private nurses.

22411. Then you have 21 for the hospital itself?—Yes. I have one at our home at Eastbourne.

22412. Could you tell us from any return you have what the hours of these nurses are?—They go on duty at seven in the morning, and of course they get off for meals; they are on duty from 7 till half-past 10, and then get a quarter of an-hour for lunch; then half-an-hour at 1 o'clock for dinner; half-an-hour at half-past 4 for tea; and they go off duty at 8.

22413. Does the day-nurses' day end, then, at 8?—Yes.

22414. Do they have their breakfast before they go into the ward?—Yes.

22415. At what o'clock?—At half past 6.

22416. Do you consider that the half hour is sufficient for dinner?—Yes.

22417. Sometimes the dining hall is a long way from the wards?—Ours is not.

22418. How many beds have you?—We can

Chairman—continued.

make up between 85 and 90 beds, but we have only from 62 to 65 in work.

22419. Then your night nurses come on at 8?—Yes.

22420. And at what time do they go off?—At half-past 8.

22421. And what meals do they have?—They get two good meals in the night, and they have a good meal when they come on duty and when they go off in the morning.

22422. Do they have a meal before they go into the ward?—Yes.

22423. What you call a breakfast?—Yes, it is quite a good meal.

22424. When do they get their dinner?—Between 12 and 1, as they can arrange it with their work; it is quite a good meal also.

22425. What meal do they get besides that?—Tea at a time when they can fit it in with their work; but those kind of things they must arrange during the night.

22426. They can get refreshments during the night?—Yes.

22427. And then when they come off duty they get another meal?—Supper.

22428. At that 12 o'clock meal what do they get?—They get meat and vegetables, and bread and butter and tea.

22429. Where do they have it, in the wards?—In the ward kitchen, the kitchen of the children's ward.

22430. And do you keep your nurses on day duty and night duty for a long period of time together?—I have one night nurse who has charge for six months, one of my senior nurses. She has probationers under her who take two months in turn. I regard their night work as part of their training; they get about two months' night work in the year.

22431. Then as regards the holidays, do they get any holidays?—Yes.

22432. How

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Miss BREW.

[Continued.]

Chairman—continued.

22432. How long?—A fortnight is the rule, but they often get three or four weeks; the private nursing becomes slack in the summer, and then I can give the girls longer holidays, particularly those of them who have their homes at a distance in Scotland and Wales; I can give them three or four weeks, and I am enabled to send them for a week occasionally to our home at Eastbourne; through the kindness of Major Morgan I am enabled to do that.

22433. There is no other holiday except the fortnight or three weeks in the year?—That is all in the rules.

22434. How long do you train your nurses before you put them on the private nursing staff?—A year. Our place is very small, and they get a great deal of instruction in that time. I think a year is enough for them; I know they are quite equal to the case they go to.

22435. Then is the system this, that you denude your wards of nurses so as to send them out to private nursing?—Never. We have sometimes a little strain of work by sending out nurses; but a nurse may come back the next evening, or in the morning. I may take a nurse from a ward to send her out, but I never leave a ward insufficiently nursed.

22436. Do you give certificates for nursing?—Yes, at the end of three years. They are supposed to give two years' work for their training.

22437. Could you tell us what wages the nurses receive?—The probationer gets 12 *l.* a year and uniform. At the end of one year they get 18 *l.*, and at the end of three years 25 *l.*; at the end of 10 years they get 30 *l.*

22438. Do you know what the average stay of the nurses in your hospital is?—My senior nurse has been in the hospital 17 years; the nurse who has charge of my children's ward has been 15 years; the nurse in charge of the men's ward 10 years. But the private nurses leave. I have nurses that have been with me eight or 10 years.

22439. What is the size of your wards?—Our largest wards take 14 beds; our children's ward takes 22 cots.

22440. Do you have more than one nurse in a ward?—Two; we have no ward maids; the nurses do all the cleaning.

22441. And at night do you have one night nurse in each ward?—One for each floor, except the children's, and we have one, and sometimes two nurses for the children. We have one nurse on each floor in the other parts of the building. Of course, for special cases I get special nurses.

22442. Is there any communication between the wards?—They are very near, and the doors are open, and they can hear from one to the other; but if there is a case requiring constant attention there is special nurses put on it.

22443. When you want a special nurse where do you get them from?—I have my own.

22444. You mean you take them out of your private nursing establishment?—Yes.

22445. What do you charge for your nurses when you send them out?—They get from one to two guineas a week; two and a-half guineas in infectious cases.

22446. Do you give your nurses any percent-
(24.)

Chairman—continued.

age on what they earn?—That is a thing that will be arranged; that, of course, I have nothing to do with. I think we all look forward to a pension fund.

22447. You are not associated with the National Pension Fund?—No; we hope to be.

22448. Do you think that in the last few years there has been a tendency in nurses to make a shorter stay in hospitals?—I do not know in hospitals; I think the private nursing tends to make them go from place to place.

22449. I was speaking of nurses employed in your wards?—No, I do not think they would leave.

22450. They are inclined to stay, you think, as long periods as before?—As long as you keep them in the wards.

22451. Do you have the appointment of nurses?—I choose the probationers, but the agreement is with the committee.

22452. And the same thing with regard to their dismissal?—I have the power of dismissal, but I do nothing without talking it over with the secretary and the house committee. The power of dismissal must be left with me in a certain sense; I should never dream of dismissing them without talking it over with the committee.

22453. Then the committee would practically give you the authority?—Yes.

22454. Is it a nursing committee or house committee?—House committee.

22455. Is there a nursing committee?—I do not think so. There has been a special one.

22456. If one of your nurses is ill, what becomes of her; does she go into the ward?—Our place is very small, and I cannot give up a sick room to her, but we have one bed screened off. They are well cared for when they are ill.

22457. And who looks after them, the staff?—Yes, in turn.

22458. The members of the senior staff?—Yes, the visiting physicians.

22459. A former witness, Mr. Cross, said something which gave me this impression, that you had a portion of your hospital which you gave up at one time to nurses, and at another time to patients?—I think Mr. Cross is mistaken in that.

22460. I understood him that sometimes you lodged your nurses in your wards?—No, I do not think he could have meant that, because we have a house at the opposite side of the street for our private nurses' bedrooms. We have not room in the hospital for them.

22461. Then they have to come across the street to come into the wards?—Yes, but it is not so far as they have to go from one part of St. Bartholomew's to another.

22462. Still you hope, I suppose, when you have got the 30,000 *l.* to re-build, to alter that?—I hope for great things.

22463. Do you think it a good thing for nurses to do these cleaning duties you spoke of, as a general question I mean?—I think so; I think they learn how things should be cleaned by doing them.

22464. But such things as cleaning grates and so forth?—They do not do that; the scrubber does that. The scrubber scrubs the floor and cleans the grates. The nurses clean all their lockers

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Miss BREW.

[Continued.]

Chairman—continued.

lockers and tables, brasses, and it does them good.

22465. It may do them good, but still it considerably augments their duties, does it not?—I think not; I think my nurses can do it, and do it well.

22466. If you had got the room and could manage to arrange matters with your committee, would you not like to have some wardmaids?—Yes, sometimes; and sometimes I think they are a great nuisance. I cannot tell very well about that.

22467. There are disadvantages as well as advantages connected with them you mean?—Yes, they cause a great of trouble; and a strong healthy girl makes very light of the housework she has to do.

22468. Is the health of your nurses good?—Yes, I think it is fairly good.

22469. As at the other hospitals, do you subject them to medical examinations before they come?—They come with a doctor's certificate, and if I have any doubt at all I get a physician to examine them.

22470. Where do your nurses dine, in a dining-room?—They have a good dining-room.

22471. Have they a separate kitchen?—No.

22472. Everything comes out of one kitchen?—Yes.

22473. Do you find that the nurses complain much?—I have had a little complaint, not very much.

22474. Supposing a complaint is made, what course is pursued; do you lay it before the house committee?—If it is a complaint of cooking I send it to the housekeeper, and she tries to put it right. Of course such things may occur in every institution.

22475. You told us that these nurses have certain holidays; I do not think you said whether they have any recreation in the day?—They get two hours off duty every second day and one long day every month, and if I can possibly manage to give them the night with that long day, I do.

22476. At what time is the two hours?—It depends upon their hours of work and the doctors' visit; sometimes in the morning, sometimes in the afternoon, occasionally in the evening, but I do not care very much for it to be in the evening.

22477. Have you any garden attached to your institution?—No; we have a key to Lincoln's Inn Fields.

Chairman—continued.

22478. Do you ever have to employ any male attendants?—We have a trained porter, an Army Medical Corps man, but we do not want him very often.

22479. He does that work?—Yes, he is supposed to; if it is a very bad case we have to get a commissionaire.

Earl Cathcart.

22480. Do you test your probationers in any way to see that they belong to your own medical persuasion?—They all become converts immediately.

22481. But you have no particular test as to that?—No, I never ask them whether they believe in homœopathy, or allopathy.

22482. Have you ever known cases where they wished to change?—Yes, they have gone into Guy's or St. Bartholomew's, but they have always come back to be physiced by our doctors.

22483. They wish to change sometimes?—They wish to work in the large hospitals, because of the greater variety of work and other attractions that the large hospitals offer.

22484. They are not wedded to any particular medical doctrine?—No; we believe in nursing.

Earl of Arran.

22485. You have got a private nursing association of your own?—Yes.

22486. Do you prepare nurses solely for homœopathic modes of treatment?—I prefer taking cases under homœopathic doctors; but we sometimes send nurses to others.

22487. Then I should gather from that that there is no difference in the system of bringing up nurses for the homœopathic treatment?—The nursing is the same. Of course there are many things under allopathic treatment (that would be under very old doctors) that they would know nothing about; they do not know anything about leeching, or anything of that kind; it would not be in their line.

22488. Do they come to you from other hospitals at times?—Not as a rule; I have had one or two who came to me I knew something about; but as a rule I prefer to get my own workers and train them myself.

Chairman.

22489. Is there anything else you wish to say?—Nothing more.

The Witness is directed to withdraw.

MAJOR WILLIAM VAUGHAN MORGAN, is called in; and, having been sworn, is Examined, as follows:

Chairman.

22490. WE have had all the details of this hospital, as to the management and the nursing and so on. I will ask you a question about the convalescent home at Eastbourne; is that linked on to your hospital?—In a sense it is, and it is managed by the hospital committee in London; but it is kept quite distinct, and the nurses or patients from the hospital have to have letters for the home, like any outside institution. It is

Chairman—continued.

not an adjunct of the hospital, but still it is principally used by the hospital; but the hospital has really no advantages in regard to it except that the hospital subscribers subscribe to the home as well, and they give the matron a quantity of letters, so that she has always a letter to give to a poor patient in the hospital.

22491. So that practically anybody in the hospital can go there, if necessary?—Yes, if necessary;

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Major W. V. MORGAN.

[*Continued.*]*Chairman*—continued.

necessary; but it is not kept for the hospital. If you subscribed to the home you could send a patient down there quite irrespective of the hospital.

22492. How long has the home been built?—Five years. This is the third year that we have occupied it.

22493. Was it built as a convalescent home?—Not at all; only as a little residential place in Eastbourne.

22494. What had you to pay for it?—I think 1,100 l.

22495. And how much does it cost per annum to keep it going?—That depends a great deal upon the number of patients we have in it, and we have a great many more patients in the summer than in the winter. But in the little convalescent home book you have the exact figures, where you will find what it has cost for the last year.

22496. Perhaps you will refer to that and tell us how much it costs per annum?—In 1890 it cost 502 l.

22497. And how many people can it accommodate?—Twenty-one.

22498. Is that paid out of the funds of the hospital, the 500 l.?—No; the hospital does not pay anything towards it at all.

22499. The hospital originally paid the 1,100 l. for the first purchase, did it not?—No; I got up a special fund, quite distinct and separate from that of the hospital. There are many persons who subscribed to that fund who do not subscribe to the hospital. A person who does not subscribe a guinea to the hospital might, perhaps, give 10 guineas to the home. May I be allowed to say a word or two on some other points?

22500. Yes?—No question has been asked in the room to-day as to our idea as regards the system of accounts. I should like to express a very strong opinion that the system of accounts for all hospitals should be the same; it would be an immense help to the hospitals, and I am sure to the public as enabling to judge of them. And then I should like to say a word also about contracts. We are a small hospital and we do give out contracts to certain persons we think proper; and we have samples in bread, for example; and we are now at the present moment considering the contract for cocoa; we have got a lot of cocoa in. But when we have once given out a contract to a good man, a butcher for example, and when we find, by comparison with other hospitals, that we are having the articles at the same prices, and, as we know, of the best quality, we do not give out fresh contracts. We have two or three members on our board who are on the boards of other hospitals; and if we find that we are getting the best meat at the same price as the Middlesex Hospital, for instance, we know we are doing about right, because they buy altogether very much more than we do. Then we have one member from St. Bartholomew's, and one from University, and we get to know from those. We do not keep on changing. Then again, in connection with that, we periodically appoint a committee to consider the whole question of the expenditure of the hospital, including the contracts, and we always find, when that

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Chairman—continued.

committee goes to work, that there are some items or other that are antiquated, and that require alteration; and therefore, I think we pursue a very strict system of contracts in our view.

22501. How long do you make your contracts for?—We generally make them for the year; but in point of fact, take, for instance, our contract for milk, it runs on until we stop it. And I also would like to call attention to the fact that our hospital, though a homœopathic hospital, and therefore always being put among the special hospitals, is not a special hospital, but is a perfectly general hospital, conducted upon the same principle as the general hospitals, that is to say, we refuse no case of any kind, except a contagious case; we take every possible case in medicine or surgery, and therefore we are as general a hospital as any general hospital can be; only we prefer the system of homœopathy. If in any items our medical men find the old system better, then they use the old system; at all events in connection with our own. Further, I should like to explain, that we do not make any charge to out-patients. That shilling charged to an incoming out-patient is the registration fee, to pay the expenses of registration, and also for bottles and things of that kind; we do not call it a charge, and if any person pleads poverty and can prove it, or brings a letter from a subscriber, he does not pay that shilling. Therefore you will see, that if about five per cent. is the number of persons who do not pay that shilling, the number who are unable or unwilling are very few, because that includes the letters; but as a rule persons in the habit of coming to our hospital, if they cannot pay the fee, bring it from their employer, or from somebody, or some institution.

22502. With regard to the fees do you agree with Mr. Cross, that you do not draw most of your patients from the lowest and most destitute class?—Yes, as regards our out-patients I think that remark is true; but, as regards in-patients, they are the very lowest and poorest, as a rule.

22503. As a hospital administrator, would you see any objection to a central board for the consideration of various questions?—No, not for their consideration; but I should object to a sort of board of control to have the power to say whether a hospital should be established or whether it should not, because I am perfectly aware of the fact that if that had existed 40 years ago this hospital would not have existed, the prejudice against homœopathy was so great 40 years ago. In point of fact the Medical Council went so far as to burke the Government evidence in regard to the cholera in favour of the hospital, and after they had authorised it to be got they actually refused to put it into their report until it was brought forward by Lord Robert Grosvenor in the House of Commons, and then, under the order of the House of Commons, this Report was published. That showed what might happen, not only with homœopathy, but with anything else in which you might have a new fashion. Medical men are exceedingly averse to new ideas; you cannot put new ideas into them.

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22504. What

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Major W. V. MORGAN.

[Continued.]

Chairman—continued.

22504. What is the Report you refer to?—A Report in connection with the cholera in 1854. The Government appointed a medical man, whose name I forget for the moment, to report on the treatment of cholera in all the hospitals, so that they might have a comparison of what the treatment was. This gentleman happened to be a personal friend of Mr. Cameron, who is still alive (he is 85 years of age now), who was medical officer in charge of the homœopathic hospital in those days, and he induced him, with great difficulty, to come and see the homœopathic hospital and the treatment of cholera, and he found that the treatment of cholera there was infinitely more effective than in any other hospital in London, I think it was something like 18 to 35 per cent., and he came every day or three or four times a week, and this gentleman was so struck with this that he put it into his Report, and when it came before the Medical Council of the Board of Health, as I said before, they left it out, and it was considered of course by us (I was not present in those times) so important that Lord Robert Grosvenor, who has always been a very ardent homœopathist, was asked to bring the matter before the House and insist on its being published.

22505. How long have you been connected with the hospital?—Altogether about 18 years in the two capacities of treasurer and chairman; I succeeded Lord Ebury as chairman.

22506. Is there any other point you wish to mention?—About the medical school his Lordship

Chairman—continued.

on your right seemed to think we were rather using a misnomer. If we are using a misnomer it is not our fault. We have a medical school; we have a fund specially subscribed which I have charge of for the purpose of conducting this medical school, but in consequence of the regular examining bodies not only ignoring homœopathy, and saying to the young man, "It is no importance at all whether you understand it or not," but actually giving a man a black mark if they know that he has studied homœopathy, we found, when we established this school, that very soon the students ceased to come. It is not simply that it is not beneficial to them, but it is actually the other thing, and in consequence they did not come, and we, of course, have closed our school. The main fund is still in hand, and some day or other I hope it may come forward; but that is really the reason why the medical school is not continued. We do continue it as far as we can, that is to say, we say to medical students, and medical men of every kind, "Come whenever you like to the hospital for clinical instruction; come and see the patients treated for yourselves, and ask how they are treated, and why they are so treated, and everything else." Therefore, we do all we can in that way to continue our school. I merely wished to explain that it is not a misnomer in any way.

The Witness is directed to withdraw.

MR. EDWARD ALDER, is called in; and, having been sworn, is Examined, as follows:

Chairman.

22507. You are the Secretary of St. Saviour's Hospital, are you not?—Yes.

22508. What is St. Saviour's Hospital?—It is an institution principally established for the treatment of cancer.

22509. And where is it?—In Osnaburgh-street, Regent's Park.

22510. When was it founded?—That I really do not know. I think it was about 14 or 16 years ago, but long before my time, originally in Brompton.

22511. How long have you been connected with it?—I am in my eighth year now.

22512. How many beds have you?—We can make up 36 beds for patients.

22513. And how is this hospital managed?—It is managed by Mrs. Palmer; Mr. and Mrs. Palmer are the owners of the institution, and it is managed by Mrs. Palmer.

22514. Do the patients pay there?—Yes. At the present time nearly all our patients are paying patients.

22515. And do you apply to the public for funds too?—We have very little outside support, scarcely any; the support last year from outside was only 54*l.* 10*s.* in donations and subscriptions.

22516. Do you apply to the Hospital Sunday Fund?—We had for several years contributions from them, and also from the Saturday Fund, but for the last two years we have had nothing from

Chairman—continued.

the Sunday Fund, and last year we had nothing from the Saturday Fund.

22517. Did that donation cease from the Hospital Sunday Fund owing to your not applying, or did you apply as usual?—I applied as usual and gave them all proper statistics, but what they allege is that our system is not in accordance with their rules, because we have no managing committee.

22518. Then the fees paid by the patients almost defray the expenses of the treatment?—Oh, dear, no; not by a great deal. Mr. Palmer and Mrs. Palmer pay considerably more than half the expenses of the institution, besides giving the place free of charge. Mr. Palmer's payments last year were 1,249*l.*, and Mrs. Palmer 535*l.* odd; the whole of her income she spends upon the hospital.

22519. What is Mr. Palmer; a medical man?—No; Mr. Palmer is one of the Board of Governors of the Bank of England.

22520. Where do your funds come from, then, if they do not come from subscriptions?—The funds come from the annual subscriptions, and the patients' payments, and we had a bazaar last year, and then the balance is paid by the Lady Superior and Mr. Palmer.

22521. What payments are asked from these patients?—We have one general ward where the patients pay half-a-guinea a week; then we have a special ward for a different class of cases at a guinea

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Mr. ALDER.

[Continued.]

Chairman—continued.

guinea a week; and we have certain private wards at a guinea, two guineas, and three guineas, according to the accommodation and treatment.

22522. How do these people who pay the lowest price get into the hospital; merely by application?—Merely by application, because there is no occasion for tickets from subscribers.

22523. Do you take any steps to find out what price these patients can pay?—Yes; that is a special arrangement made between themselves and the Superior, because all cases have to be submitted to her before any admission.

22524. Who is the Superior; Mrs. Palmer?—Mrs. Palmer.

22525. What number of nurses have you got?—I think we have 15 nurses and probationers at the present time, including a resident night nurse.

22526. Do you train the nurses yourselves at your hospital?—Yes; there are some who have had no other training than at our own institution, and there are others who have been trained elsewhere.

22527. And then, as regards your staff, have you a number of surgeons and physicians, or how is it managed?—We have one hospital physician, Dr. Owen Pritchard.

22528. What is he; does he reside in the home?—No, he is not resident; he only visits, and he is only an honorary physician at the present time. He was engaged up to last year as a visiting physician at a salary of 200 *l.* a year, but he has given his services since March of last year. Then the Superior has lately given a ward of five beds free to a committee consisting of Sir Morel Mackenzie and other doctors and Mr. Stead, to thoroughly test the Mattei medicines for cancer cases.

22529. Do you admit any students to your hospital?—There are no students; no teaching for medical men at all.

22530. Would you give us the items of where your income last year came from?—The annual subscriptions were 52 *l.* 10 *s.*; the donations, 4 *l.* 6 *s.*; the patients' payments, 359 *l.* 2 *s.* 9 *d.*; the bazaar, 147 *l.* 18 *s.*; the payments by the treasurer, 1,249 *l.*, and by Mrs. Palmer herself, 535 *l.*

22531. No legacies?—No legacies.

22532. And no invested property?—No invested property.

22533. Have you a resident surgeon or physician?—No, Dr. Pritchard is non-resident.

22534. He does not reside on the premises?—No, not on the premises; he never has resided on the premises.

22535. Do you reside on the premises?—No.

22536. Are you a salaried officer?—I was up to last March, but I am giving my services just now. My salary has only been 20 *l.* a year; and, of course, I have not been supposed to give the whole of my time, and have not done so.

22537. Under whom is the hospital; under Mr. and Mrs. Palmer?—The management is in Mrs. Palmer's hands entirely.

Earl Spencer.

22538. Who is responsible in case anybody is suddenly taken ill for getting medical advice?—Mrs. Palmer resides on the premises, and they send for the doctor in such circumstances. When

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Earl Spencer—continued.

there is occasion they send for the doctor any time day or night.

22539. Is there a matron?—Mrs. Palmer is the head in every department; there is no matron; there is a housekeeper under the Superior but no matron.

22540. And Mrs. Palmer manages all the work; the superintendence of the nursing, for instance?—She manages everything; she is a lady of very great experience.

22541. Has she ever been in any other hospital?—She has had an immense amount of experience in nursing, but I am not able to say as to that. She was nursing, at the time of the cholera, in the East-end.

22542. Do the premises belong to Mr. and Mrs. Palmer?—They belong to Mr. and Mrs. Palmer; they are under a Crown lease; they pay 100 *l.* a year ground rent.

22543. How long have they had it?—I think about 10 or 12 years.

22544. Have the nurses any holidays?—They have not any stated time, but when they wish it they make a request, and generally they get whatever time they wish for.

Earl Cathcart.

22545. The fact has not yet been mentioned, but it is a hospital entirely for women?—It is a hospital entirely for women.

22546. Does Mrs. Palmer never go to her own home at all?—She makes the hospital her home.

22547. But Mr. Palmer does not reside there?—Mr. Palmer does not reside there; their own house is in process of rebuilding.

22548. It is mentioned in the book before me here that you have out-patients?—Dr. Arthur Kennedy, who is the physician to the Mattei ward under this new committee, is allowed the use of the dispensary for his own private out-patients once a week.

22549. And are these out-patients numerous?—Sometimes there are 20 or more who come on Wednesday afternoon.

22550. Are they only cancer cases?—I do not know; I think they are general cases. The institution itself is principally for cancer, but I think that Dr. Kennedy's Wednesday afternoon patients are general cases.

22551. And are the out-patients recognised by Mrs. Palmer as part of the business of the establishment?—It is quite in Dr. Kennedy's hands. Mrs. Palmer does not have anything to do with that.

Chairman.

22552. Are the patients brought by the surgeons as a rule; how do they find out about the existence of these cases?—By inquiry; the patients come to inquire and we advertise.

Earl of Arran.

22553. When was the hospital first established in Osnaburgh-street?—I am not prepared to say; I think it was about 10 or 12 years ago.

22554. I believe you moved from somewhere in Brompton?—Yes.

22555. And it was established I believe for testing the treatment of cancer by the Michel process in the first instance?—Yes, without using the knife.

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22556. Does

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Mr. ALDER.

[Continued.]

Earl of Arran—continued.

22556. Does that go on still?—Yes, and very successfully.

22557. Some time after the establishment in Osnaburgh-street other processes were adopted, tentative processes?—Yes, every remedy that has a fair chance of success has a trial.

22558. Then as each process is adopted for trial does the physician or surgeon who is chiefly identified with this particular process have the right of entry, so to speak, into the hospital?—Yes, certainly; it is always done under the guidance of the physician to the institution. He can come at any time.

22559. But the physician to the institution might not approve of all these different processes which are tried in the hospital?—I understand what your Lordship means.

22560. Because these different processes are more or less (I do not want to use the expression in any offensive sense) empirical, and therefore they are probably identified with some particular physician or surgeon?—At present the Michel treatment is our principal remedy; but that can only be applied to outside cancer; it cannot be applied internally.

22561. Then besides the Michel process, and the Mattei process, what other systems of cure are tried in the hospital, if any?—I have nothing to do whatever with the wards, so that I could not answer your Lordship exactly upon that point; but Dr. Pritchard himself is an allopathic physician, and Mrs. Palmer herself has had a great deal of experience with regard to drugs and herbs.

22562. Who dispenses the drugs?—We have one of the nurses as dispenser, under the doctor, and under Mrs. Palmer's directions.

22563. Then is Mrs. Palmer herself the chief dispenser?—She superintends everything; everything is done with her knowledge and sanction, and under her direction.

22564. I think you said there is no committee?—There is no committee, except for this Mattei ward, in which Mrs. Palmer does not interfere.

22565. When the hospital was originally established was there a committee?—I have been given to understand that there was a committee of ladies at that time, but when I first joined the institution there was a committee of noblemen and gentlemen, but they scarcely took any interest in it, and their meetings were not regularly attended, and after a little time they dropped off one after another; eventually the meetings were altogether discontinued, and for the last two years there has been no committee whatever.

22566. Can you tell us at all what the result of the treatment by the Michel process has been, I mean with reference to treatment, say at the Brompton Hospital, for cancer; what the percentage cured under the Michel process has been in proportion?—I have made no comparison; in fact I have had no statistics from any of the other hospitals; I have no experience or any other hospital but this.

22567. Have any cases treated by the Michel process been absolutely cured?—Yes, Mrs. Palmer has recently issued this pamphlet (*producing a pamphlet*) which states the cases, and gives the particulars of cases of undoubted cure. In fact we have one cured patient in the house now who has been at work in the hospital for several years.

Earl of Arran—continued.

22568. Is there no physician or surgeon at all connected with the hospital except the gentleman whose name you mentioned, Dr. Owen Pritchard?—Not at the present time.

22569. He is the sole physician?—He is the physician.

22570. And he operates by the Michel process?—Yes.

22571. Does he operate with the knife at all?—Not at the hospital.

22572. What was the building used for beforehand?—I have been given to understand that it was built for an orphanage originally.

22573. Then who provided the funds for the alteration?—Mr. Palmer.

Chairman.

22574. Do you have a good many applications for admission to the hospital?—There have been a good many more lately; but the cases that are past all hope are not admitted; unless there is a hope of either relieving or curing, we cannot take them in, because it simply increases the death rate without doing any good.

22575. You said that there had been a good many applications; what do you mean by "lately"?—Since the issue of the pamphlet.

22576. What is that pamphlet?—It is a pamphlet giving the particulars of the cures that have effected by the Michel process.

22577. You think that the increase of applications is owing more to the fact of the hospital being more widely known than to the increase of cancer?—Yes, certainly more to that than to the increase of cancer.

Earl Spencer.

22578. Are the patients brought to the institution merely for the sake of making experiments in these various processes, or for general relief?—For general relief, because these processes are not used except quite with their consent and by their wish. They come in on purpose for this treatment.

22579. But the only condition is that they are never to be operated upon with the knife?—Yes, the superior will not consent to knife operations. A good many of our cases have been cases of recurrence after knife operations, and they are cases in which the treatment has been very successful.

22580. And in case no good is done by the curative processes, are they sometimes sent to another place?—Yes, some of our patients have been sent to the Middlesex.

22581. For operations?—Not for operations, but when they have been past hope.

Chairman.

22582. Have you any plan of your drains?—No. I have not.

22583. Do you have any inspection of your drains?—The system of drainage has been entirely renewed; the drainage of all parts of the house has been rebuilt at a very great expense lately. The hospital is very near to the underground railway, and it was found that there had been a settlement of the land since the building
of

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Mr. ALDER.

[Continued.]

Chairman—continued.

of the tunnel, and that it had injured the plan of the drains, and they had to be taken up and remade in all directions.

22584. Do you have an annual cleaning of this hospital?—Yes, more often than that. There is almost a continual cleansing process

Chairman—continued.

going on; we keep two house porters who are cleaning at all times.

22585. Is there anything more you wish to tell the Committee?—No.

The Witness is directed to withdraw.

MR. ARTHUR L. A. FORBES, is called in; and, having been sworn, is Examined, as follows :

Chairman.

22586. You are one of the surgeons belonging to the St. Andrew's Hospital for Eye and Ear, are you not?—Yes.

22587. Will you tell us where this hospital is situated?—At 67, Wells-street, Oxford-street.

22588. And how long has it been a hospital?—I founded it myself, about the end of 1882.

22589. And what was the building before it was a hospital?—It was a new house, and I took the basement of it for out-patients only.

22590. Are you on the staff of any general hospital?—No, not now. When I first came to London I was on the staff of the Metropolitan Ear and Throat Infirmary, but I resigned that, and founded this hospital for myself.

22591. How many beds have you?—It is entirely for out-patients; we have no beds at present.

22592. It is entirely an out-patient department, in fact?—It is entirely an out-patient department.

22593. It is, practically, what they call a dispensary?—Yes.

22594. Do your patients make any payment?—Yes; we do not receive a penny from charity; it is altogether on the provident system, and self-supporting; that is, we do not expect any charitable aid whatever. It was founded with the intention of being made self-supporting.

22595. And does it support itself?—It does now; it did not for the first two or three years, but it now just about pays its way.

22596. And how do you regulate the payments which you require from the patients?—We have a definite understanding that all persons presenting themselves the first time shall be seen for nothing, if they say they are poor. After that they are charged not less than a shilling a week; and if they are too poor to pay that, it being a special hospital altogether, we consider that they would be better treated at some general hospital where they can get proper nourishment; in fact, that they do not come under the class of people whom we treat.

22597. Do you give them anything in for that shilling; do you give them the medicine?—Everything is provided.

22598. Do you apply to the Hospital Sunday Fund as a dispensary?—No, we have never applied to that. It would be useless applying, because it is entirely self-supporting; there is no necessity to ask any charity.

22599. The only payment made, then, is the shilling; you have no subscriptions?—No, there are no subscriptions.

22600. Have you any assistant?—There is a dentist attached to it, and a gentleman who has

Chairman—continued.

made a specialty of teaching the dumb by the oral system; but beyond that I am the principal representative.

22601. Are these other gentlemen qualified?—All legally qualified.

22602. Are there any hospitals near to you?—Yes, the Middlesex and the London Throat Hospital in Portland-road are quite close.

22603. How many patients did you have last year?—I have not that at the moment with me, but we had about 1,500 attendances; allowing an average of about three attendances to each patient, that is about three weeks that each patient might be under treatment. That was to the end of last year, and up to the end of May of this year we had about 554 attendances.

22604. Have you compared at all the results of your treatment with those of the general hospitals?—No, I have not; but as the treatment is on the usual allopathic system, the ordinary medical system, I do not take it that there would be very much difference in the results.

22605. Do these patients belong to the poorest class?—No, they do not; they belong, I should say, with scarcely an exception, to the well-to-do tradesmen class. It is not very well situated for the poorest classes; it is too far from the East End; but, however, when they do come they are treated free the first time, and medicine and advice given to them; but they are expected to pay a shilling if they can; if they cannot pay it they are seen for nothing.

22606. Would not all these patients of yours be as well treated in a general hospital?—No, I do not think so; I do not think they would get the same special attention or the same time; and the class of patients who come to special hospitals object to the necessary handling, if I may term it so, that they get from students. A student cannot examine a patient without learning how to do it, and he has to learn on some one; and the better class of people object to that, and therefore they come to special hospitals.

22607. Then are these people who pay you a shilling a week too poor to pay practitioners themselves and to be seen in their own homes?—There is no means of preventing their coming. That opens up the question of hospital abuse, a question on which I feel strongly. I certainly feel that many of them would very fitly and properly pay the practitioners, and many of them do, but in these cases they come for special advice, and they are quite willing to pay a reasonable fee.

22608. Have you ever had patients sent from the

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Mr. FORBES.

[Continued.]

Chairman—continued.

the general practitioners or other dispensaries to you?—Yes, several times; and the general practitioners support me to a certain extent on account of my charging a fee. They imagine, and very rightly, that there is some protection to them, as people will not be seen by me for nothing.

22609. At the same time you see them more cheaply than the practitioner does?—I do not think so. The shilling charge is the lowest, and, as a rule, they pay perhaps from 2 s. to 2 s. 6 d. a week; and in the poorer parts of London the general practitioners do not even get as much as that.

22010. Have you any other institution of the same description in any other part of London?—No.

22611. Have you ever had any bazaars or dinners?—No, I have set my face against that, and I will not appeal to public charity in anyway. I believe that, speaking generally, the whole of the special hospitals in London could be made self-supporting with a little better financial management, and a little more attention to the fact that people should not be treated for nothing where they can pay reasonable fees. I will merely say that in my own opinion the out-patient department of these special hospitals should be made to support the in-patients as far as possible.

22612. Then you would like to see an inquiry officer at every hospital, would you?—I would make a distinction between the special and the general hospital. I think the general hospitals stand in a different category altogether because, first of all, they must deal with accidents; secondly, they must be schools for clinical medicine; and, thirdly, they must have wards where they treat all classes of people, sometimes at great expense, with special appliances. But as to the special hospitals proper I think the abuse consists in the small fees they ask of well-to-do people who leave the general practitioners and come to specialists; and also in the fact that they do not work the out-patient department sufficiently.

Earl Spencer.

22613. Do you visit at the houses of the patients?—No; I might add a word as to my intention in founding this hospital. When I came, some 12 years ago, to London as a specialist, having undergone special training elsewhere, and in London, I considered the abuses so great that I determined not to apply for a hospital appointment, or not to go in for it in the usual way, but to endeavour to establish what is so common on the Continent, a *clinique*. Every Paris and Vienna specialist has his *clinique*, and if that system could be introduced here it would check the whole of this abuse from the very root.

22614. When you say that you are a specialist, what is your speciality?—That of an aurist and oculist; I have done nothing else since I have been in London; that is the special line I have taken up.

22615. Do you belong to any of the colleges in London?—No, I belong to Edinburgh.

22616. You said that yours was a provident institution; do you mean by that that they sub-

Earl Spencer—continued.

scribe during health as well as during sickness?—No, I meant merely that it was self-supporting; perhaps I ought not to have used the term "provident."

22617. They only pay when they come to be treated?—Yes, when they come to be treated.

22618. Then have you no subscriptions?—No, we have no subscription list at all.

22619. You do not, I suppose, publish any accounts?—No, I have not published anything yet about it, except a statement in the Medical Directory that it is open.

22620. Do you take any private practice as well?—Yes, I merely look on this as a means of seeing the poorer patients, and of doing some useful work for them. A good many I see for nothing; I give my time and so on; and at first I did it at a very considerable loss.

22621. If you had not a private practice do you consider that this would pay itself?—It is a difficult question. After 12 years a specialist gets known to a certain extent. I think if it was wholly unknown it would hardly pay its way.

22622. What is the number of times on an average that a person comes to be treated?—About three; that would be about three weeks' treatment.

22623. And he pays for that, what?—He will pay for that about 3 s. to 4 s., including everything.

22624. Have you different rates, or does every one pay the same?—Every one is expected to pay a shilling as the lowest rate.

22625. Then you have different rates?—Yes, that is to say that some persons pay 2 s. or 2 s. 6 d. a week.

22626. Why should a person pay 2 s. or 2 s. 6 d. a week instead of a shilling?—That is when they are quite unable to pay any more than a shilling; but we think that from 2 s. to 2 s. 6 d. is a fair rate.

22627. How do you settle which class they are in; which rate they are to pay?—I explain it to the patient, saying "We expect you to pay 2 s. or 2 s. 6 d.; if you cannot pay that you may pay 1 s.; if you cannot pay that you may get advice and medicine, but next time you must bring some contribution"; generally a shilling.

22628. How would you divide these people; are there more that pay a shilling or more that pay 2 s.?—I think the average of the great number of attendances is about 3 s. that a patient will pay during treatment spread over the time. It is impossible to give the amount for each individual patient; there are hundreds of them; but taking the collected averages and working it out, I calculate that the expense is about 3·1 s., and the actual cost about 3·3 s. or 3·4 s.

22629. Have you any idea what wages these people who come to you get?—Yes, I have definite information on that subject from their own statements.

22630. Can you give us that?—From 2 l. to 3 l. a week many of these persons receive; it is very seldom that anyone confesses to less than 1 l. a week; but of course the ear class of case is somewhat different from the general run, inasmuch as a person can go on working while he is deaf; it does not lay him up.

22631. You

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MR. FORBES.

[*Continued.*

Earl Spencer—continued.

22631. You do not get the poorest?—We get a certain number from the East End, but it is too far for them to come; the railway journey would cost them too much; but I get a number of provincial people and from the suburbs.

22632. Sent up by medical men, do you mean?—Some sent by medical men, and some recommended by friends in London.

22633. Do you take any steps to advertise your dispensary?—Yes, in common with most special hospitals, it is advertised in the medical directories and also in the Sunday papers.

Earl Cathcart.

22634. Is there a charge made for the supply of instruments; have you any difficulty in regard to the supply of the instruments?—No, I do not think we have; they do not ask for as many tubes and that sort of thing as might be supposed. They come in the hope of being benefited, and if they are not benefited in two or three weeks they go somewhere else, and we lose sight of them altogether.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, at Twelve o'clock.

Die Lunæ, 8^o Junii, 1891.

LORDS PRESENT:

Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord SAYE AND SELE.

Lord SANDHURST.
Lord MONKSWEILL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MISS LOUISA TWINING, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

22635. You have been for a long time, and until lately, a guardian of the poor in London, have you not?—Yes; for about six years I was a guardian of the poor at Kensington.

22636. How long have you ceased to be a guardian of the poor?—For one year. It is only since the election of 1890 that I have ceased to be a guardian.

22637. And you have an intimate knowledge of the working of the metropolitan poor law infirmaries?—I visited the Kensington infirmary constantly during that time. It was my chief interest in the poor law work there, and I have seen a good many others.

22638. Is the Kensington Infirmary one of the new infirmaries established under Mr. Gathorne Hardy's Act?—Certainly; it was separated then; before that time it was united with the workhouse.

22639. And are there others still in London not separated from the workhouse?—No, I think not; I think all the 24 metropolitan infirmaries are under the same rule of separation.

22640. Are they all built?—Except Bethnal Green, which is being built.

22641. One of the points to which you have paid particular attention is the nursing of these establishments, is it not?—Yes.

22642. And in the poor law infirmaries in London what is the organization of the nursing?—There is a matron over the nursing department, and over the nurses, in every one, separate entirely from the workhouse, and a steward, and a medical superintendent, or two medical superintendents in most cases I believe; and the nurses are engaged by advertisement or by other means; and up to the present time it has not been essential that they should be trained. I believe now it is considered necessary that they should have been a year in some institution for training.

22643. When you say "they," are you alluding to the nurses or the matrons?—The nurses.
(24.) e.

Chairman—continued.

There has been no regulation given at all for the matrons.

22644. As regards the matrons, a year ago at any rate when we went into this subject, were the matrons trained nurses or were they not?—There were 11 of the 24 infirmaries that had hospital-trained matrons.

22645. And from your experience do you think that that is a good plan?—I think it is absolutely essential. If there are to be trained nurses, they must have trained matrons to look up to.

22646. Do you know whether there is any tendency to improve in that respect at present?—Certainly; in every instance where there has been a vacancy in the former type of matron I think an educated hospital-trained woman has been elected; but in our opinion, I mean the opinion of the Workhouse Infirmary Nursing Association, that might have been done very much quicker if some recommendation had been given by the central board that that should be the case with infirmaries. It has been done with regard to the metropolitan asylums but not with regard to the infirmaries.

22647. How are the matrons appointed?—Entirely by the guardians.

22648. Irrespective of their general qualification or want of qualification as nurses?—I think so, because in many instances in the beginning of them, the guardians simply appointed a former officer of their own whom they had had for many years in the workhouse, without necessarily any knowledge of nursing whatever; she could only have had experience, certainly not trained knowledge of nursing.

22649. And then to whom was she responsible?—To the medical superintendent entirely.

22650. And to whom was the medical superintendent responsible, to the board of guardians?—To the board of guardians and of course ultimately to the central board; the central board have to approve the appointments in every instance, even down to the nurses and servants.

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22651. Then

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Miss TWINING.

[Continued.]

Chairman—continued.

22651. Then as regards the relative positions of the matron and the medical superintendent, the matron is under the superintendent?—Entirely.

22652. Is she under the superintendent to the extent that he could dismiss her?—Certainly not; that is entirely in the hands of the guardians. Of course he can make complaints and influence the guardians; but he has no power at all of that kind. No nurse, no servant, can be dismissed without the sanction of the guardians.

22653. Then has the matron in the poor law infirmaries supreme control over the nurses and the female servants of the establishment?—Not sufficiently, as we think. We think that she should have more undivided authority over the nurses, except of course in the medical point of view. In that respect, as in a hospital, they would be entirely under the doctor's orders; but we think that she should have much more power over the nurses with regard to their management in all ways, except the medical care and nursing of patients. We think that as now the matrons are competent and trained and educated women, the nurses should be much more left under the matron's care with regard to their going out and her signing their certificates, and all such things as those. As they are qualified now, we think that the power ought to be given to them.

22654. At present in the matter of leave of going out or of absence, the medical officer is the supreme authority?—Yes.

22655. Does he exercise that authority?—By courtesy, and by good will between the different authorities, that has now given way. The medical superintendent leaves these things in the hands of the matron; but he is not bound legally to do so; he can interfere in every possible arrangement.

22656. That is to say, the present arrangement gives every possibility of friction between the workhouse infirmary authorities?—Entirely, we think.

22657. And that would be done away with, to a certain extent, if not entirely, supposing your plan of the matron being supreme over the nurses were put in force?—I think it would, certainly.

22658. Have you made any representation to the Local Government Board on that point?—As to the recommendation for trained matrons, a deputation from our Workhouse Nursing Association went before Sir Charles Dilke, President of the Local Government Board, and we gave a strong recommendation that now none but hospital-trained matrons should be appointed. They said that no fresh general orders had been issued for infirmaries. That has always been delayed and I believe never has been done. Separate orders are given on the establishment of each new infirmary, we were told, but in none of them has there been the recommendation that there should be a hospital-trained matron, though Dr. Bridges has distinctly made it for the metropolitan asylums.

22659. Is the amount of nursing in the poor law infirmaries sufficient do you consider?—It is gradually improving, I think, and as the plan

Chairman—continued.

is adopted of taking probationers, of course that is a very great help. It is gradually increasing; I think people see that the numbers have been inadequate, especially with regard to the night nursing; and that is gradually being improved, certainly.

22660. Would you like to see these probationers trained from the beginning in the workhouse infirmaries?—Certainly.

22661. Is it the case now at all that they are so?—Very few indeed. Marylebone trains its own probationers; Kensington has been talking of it for a long time, and now they have just adopted the plan of training, I believe, for three years; but in no instances in London do they train for other than their own institutions. The plan adopted in Liverpool and Crumpsall has never been tried in London.

22662. What is that plan?—Trained outside probationers for other infirmaries and other institutions that have not a large number of sick of their own; and that is a point we are very anxious about, because the difficulty of getting properly trained nurses is very great just now, and it seems to us a great waste that these large infirmaries should not be utilised for training young women, for themselves, by a course of three years, or one year for other outside infirmaries. I understand that Marylebone trains 16 in the year for themselves, and that Crumpsall trains 60 probationers for other purposes than their own; of course they train their own.

22663. Then also that need of a fixed period of training would apply to nurses for special cases?—We are particularly anxious to see an extension of probationers in the lying-in-wards of metropolitan infirmaries or workhouse infirmaries. In some infirmaries those wards are not kept; the patients are in the workhouse; but wherever they are under competent superintendence, it seems to us a very great pity that nurses are not trained for that particular department. It is a complete waste of all that large material that there is; but Kensington is the only infirmary that trains that class of probationers.

22664. How many beds are there in the Kensington Infirmary?—Fourteen beds in the new lying-in-wards lately built.

22665. What is the total number of beds at Kensington, do you remember?—Between 550 and 600; at times of pressure it has been 600, and it is now about to be enlarged, and another 30 or 40 beds added.

22666. And the number of nurses in your time was what?—About 50, I think; it would be very much improved if they adopted the probationer plan and kept these nurses for three years. Of course the assistant nurses are always coming and going; you have no hold over them whatever.

22667. But 50 nurses with possibly 600 beds is a very much smaller number of nurses in proportion than you find in a general hospital?—Certainly, but the cases are hardly of the same character.

22668. Should you say that the infirmaries were undernursed, or the hospitals overnursed?—I should

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[Continued.]

Chairman—continued.

—I should think that would hardly be the case. The majority of cases in workhouse infirmaries are of the nature of chronic cases, or much less severe than those in the hospitals, though many severe cases do exist; you could not compare an infirmary to a hospital full of serious cases.

22669. You do not think that any comparison would be a fair one?—No, I do not think it would be a fair one; it is an entirely different class of cases. I certainly think there ought to be a tendency to increase the number of nurses in the workhouse infirmaries. Many of the nurses are overworked, not to the extent of nurses in hospitals.

22670. Do you think that the hours of nurses employed in infirmaries are too long?—No, they did not appear to me to be so at Kensington; I am not quite sure whether the same hours apply to all the infirmaries.

22671. I understood you to say that you considered the nurses were overworked; that was why I asked the question?—I do not think they are overworked, as to the length of time.

22672. Do you mean as to the responsibility?—I really could hardly say as to that; it depends so very much on the different wards, and the class of cases. Extra help can be given in special cases of need, I think, in the wards.

22673. And where you have a small number of nurses like that, it is more than ever necessary, I presume, to have a properly trained matron?—Yes. Now at Kensington we have a trained assistant matron in addition; we have had that for the first time for the last two years; before that the head matron was the only trained person in the establishment, and now, of course, it is far better with a trained assistant, who is able to personally supervise the nurse's work.

22674. There is no nursing done by paupers now?—None in Kensington, and I believe the rule is that it is not allowed in any metropolitan infirmary; even the scrubbing is done by paid women from the outside; nobody from the workhouse is allowed to enter the infirmary.

22675. Should you like to see outside medical men admitted into the infirmaries?—Certainly. I said the same thing 30 years ago, when I was before the Committee in 1861. It seemed to me one of the greatest necessities to increase the medical supervision in these large buildings.

22676. Are the guardians very much opposed to it, or why has not any advance been made in that direction?—I cannot say what is the reason. Individual guardians have been opposed to it, simply, I think, because it is a new idea; and the majority of guardians are not competent to judge of the medical advantages; they are not medical men, and they are not able to at all appreciate the amount of work that is done by the two resident doctors.

22677. There, again, do you consider that any comparison between infirmaries and hospitals would be unfair, because in an infirmary with 600 beds you have two medical men, and in a hospital you have an unlimited number almost on the medical staff?—It is perfectly impossible for two medical men to give adequate attention to 500 cases, whatever they may be, whether they

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are slight or serious; it is impossible that they can be attended to.

22678. Are these medical superintendents, as a rule, young men?—Yes, I think generally.

22679. They come fresh almost from hospital training; is that so?—I believe so.

22680. And are they appointed by the guardians, or recommended by the guardians?—Yes, applications are sent in, and they are elected on their respective qualifications.

22681. Are they elected by the guardians, or does the appointment come from the Local Government Board?—By the guardians entirely; they have entire control.

22682. Of course, there is a large amount of material for education wasted in the poor law infirmaries?—A very large amount indeed, and it is not only our opinion, but Dr. Bridges himself has repeatedly said that there is an enormous waste of material in regard to cases which are never seen elsewhere except in these infirmaries, where people remain for years and die; an entire waste of material. Students never see them.

22683. What is the great objection; have the guardians an objection to admitting students?—They had in our case; but when we recommended it from Kensington, I believe that it was objected to by the central board; the Local Government Board said it had not been contemplated. But since that time there has been a great advance in opinion about that, and Paddington has adopted something of the same plan, an extension of medical inspection and supervision; and I think Whitechapel and St. Pancras also have another resident.

22684. Is there a great objection on the part of the poor to students seeing their cases, do you know?—Not the slightest; I believe that is a complete delusion. The poor feel themselves neglected occasionally, and, I believe, they would be delighted to have an additional visit of any sort or kind to relieve the monotony of the life.

22685. Is it your experience that the position of the patient is the prouder the more medical men he has around his case?—I have heard it said so in St. Thomas's, and from my own experience I believe it to be the case.

22686. Then with reference to the position of the medical superintendent, would you like to see the general control of the establishment taken out of his hands and put into the hands of a layman?—Yes. I think it is far too much work for any man, very often a young man, to have the control of these large establishments. He has to be responsible for everything; he has to look after everything; and when you consider that there are 500 or 600 patients, I think it is only common sense to say that he cannot supervise the management of a large institution like that. I think it is quite incompatible with his duties as a medical man.

22687. You say he is responsible for everything, as well as being responsible for all the medical department; is he responsible for the house-keeping, and the food, and the cleaning, and so on?—So far as he is supreme over the steward. The steward is responsible to him, but he is the final authority upon everything; and

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and if he sees work not properly done he is bound to report it, and speak of it.

22688. Do you know if such an organisation exists elsewhere than in London?—At Birmingham in the new infirmary, which has lately been built, with 1,600 patients, they have adopted the plan of a lay superintendent, a gentleman who is entirely responsible for the management; of course he has nothing to do with the sick and the nursing arrangements, but he is responsible for the management of the whole concern, and, relieves the medical officers from an enormous amount of work and responsibility.

22689. And this layman is responsible to the Board of Guardians?—Entirely.

22690. In the London workhouses, which you have been acquainted with, is the supervision of the wards sufficient on the part of matron, or whoever is responsible for them, as regards details of management in the hospital, with which the lay Board of Guardians cannot be acquainted?—When there is a qualified hospital-trained matron, I think that is quite sufficient; or if, when the numbers become larger, as at Kensington, a trained assistant matron is appointed, I think that is quite sufficient if there are trained head nurses over two, or perhaps three, wards.

22691. But in the case of an untrained matron?—I do not know what you could do then, because it is no use having trained nurses under an untrained matron; there is nobody to supervise their work.

22692. Therefore, without having a trained matron, everything must fall into a state of disorganisation?—Quite so; I think it is not fair to trained nurses, who have been looking up to their superiors in hospitals, to put them in a position where they will be under persons to whom they cannot look up professionally; it naturally lowers and demoralises the whole tone of their work.

22693. Are there any visitors amongst the guardians whose business it is to go round the wards and see how things are going on?—Yes, weekly; there is a rota every month for a certain number of guardians who are supposed to visit constantly, at least once a week.

22694. In the case of an infirmary having an untrained matron, is that supervision of any very great practical value?—I should not like to say that it is of no value, but when you consider that there may be amongst guardians no one who has ever seen a hospital ward or who knows anything about the management of the sick, I think one can see what a very poor supervision it would be. Of course they see that the wards are neat and cleanly and tidy and all that, but it is impossible that they can be judges of anything else.

22695. It would hardly occur to a lay guardian to look into beds and so forth?—Certainly not.

22696. Or to poke about in sculleries?—Certainly not.

22697. Would you like to see further powers of detention in lying-in wards?—Yes, certainly. I think there is great improvement required in the lying-in wards. I was speaking on Saturday to one of my former colleagues at Kensington, and I understand that it is a frequent thing, and perhaps the most common thing, for the young women to come direct to the infirmary with no power to compel them to go through the receiving

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wards in the workhouse; and they have equal liberty to go out just as soon as they like, direct from the infirmary. The consequence is that the slight stigma (perhaps it is only slight, but I think we do well to preserve it as much as we can) which some of the more respectable do feel in going to the workhouse is entirely done away with. They go to a splendid hospital; our lying-in wards at Kensington I think would compete with any other institution of the kind in London; they have every comfort, one may almost say luxury; they have the best attendance of nurses, they are free to come and go exactly as they like; there is no stigma. There is no power of keeping them till inquiries are made as to their circumstances; there is no check whatever to the liberty. I think it is a great and growing evil, the facilities that are afforded to these young women. Numbers come up from the country for the sake of avoiding the publicity at home, and get into these London wards.

22698. You would like to see them compelled to return to, or go through the workhouse, before leaving?—Certainly; it is not always possible, on their arrival, but it would always be possible before they leave.

22699. To return for one moment to the nurses, is the nursing in the workhouse infirmaries popular with trained nurses, or have you difficulty in getting them?—I do not think we have any difficulty in London. Just now there is an immense run upon nurses of all kinds of course, and they are more free to choose; there is a great demand now for district nurses; but we have never had the slightest difficulty in such an institution as Kensington in getting women.

22700. And, as a rule, are they content with their wages?—They know that so thoroughly before they come, because it is on a scale fixed by the Central Board; they begin at a certain wage; and then everything is found for them, uniform and everything; and they rise up by so much to 28 *l.* or 30 *l.* a year, I think. I have never heard any discontent expressed with that.

22701. And they are equally well acquainted with the opportunities for recreation and holidays that they will have?—I think that many value the knowledge of what there is beforehand; and on that account so many prefer it to private nursing, because they know exactly what they have to do and expect, and they are not at the mercy of their employers.

22702. Are you acquainted with the St. John's Sick Asylum in Cleveland Street?—Very well indeed.

22703. Could you explain to the Committee what the organisation is, that is to say, what patients go there, and where do they go there from?—The sick patients are sent there from the Strand Union, which has its workhouse and schools at Edmonton, and from St. Giles-in-the-Fields and St. George's, which is a United Union, and from St. James's, Westminster, the workhouse being in Poland-street. Since I came here I have been told that orders have been given to extend the accommodation in Cleveland-street, where the present Sick Asylum is, which I had not heard before. It seems to me rather an extraordinary plan to extend it in such a very crowded

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crowded inadequate part as that is, engrafting it on to the old buildings which were never the best suited for the sick. Of course, it has been thoroughly inadequate till now, and the consequence of that is, that a large number of the sick are kept in the workhouse of St. Giles's, and St. James's, Poland-street, and at Edmonton, with, as we believe, a very imperfect organisation of nursing and management. They are not adapted for the sick, and are under the master and matron who know nothing about the sick, and I believe the nurses are never of the most competent description that will go to workhouse wards.

22704. You think that if any increase is to be made to the buildings of St. John's Sick Asylum, the increase ought not to be made there, but elsewhere, wherever they can find a better situation?—I should have said it was a great pity to keep so many sick in such a crowded neighbourhood; it seems natural that they should be taken out a little way further off. Of course, all the asylum infirmaries that can be moved have been moved I believe. Holborn has moved the sick up to Holloway from the very centre of London, but I know nothing about their property or the possibilities of an increase of it.

Earl Cathcart.

22705. I can rather sympathise with you, having been a chairman of a board of guardians myself some time ago, and I know that the poor law system is a very rigid thing; that is your experience?—Yes.

22706. And that the guardians really have very little power; they are bound to act according to the Consolidated Orders and Regulations of the Poor Law Board or the Local Government Board now; that is so, is it not?—Yes, but I think there is ample liberty for the guardians to do a great deal more than they do; I never found that we went to the extent of our powers.

22707. If the guardians were to try and delegate their powers to the matron and others, you would suggest that that power on the part of the matron, or anybody else to whom it was delegated, would not fit into the poor law system?—That I quite agree with; it is only done by mutual courtesy; but the medical superintendent can do a great deal to make the position of the matron pleasant.

22708. I rather gather that you wish that the matron should have considerable powers given to her, but that extension of power can only come from the Local Government Board?—I quite agree with that.

22709. You have seen in the newspapers lately perhaps reports as to the infirmary nursing which have not been very satisfactory; whether rightly or not, I am not in a position to say, but you have seen that complaints have been made of the management of some of the infirmaries or asylums?—Those are the metropolitan asylums, I think; we are not speaking of them now.

22710. Do you mean that there is no analogy between their working and the working of the poor law infirmaries?—They are a different set of institutions; they are under the management of managers, a large body selected from the boards of guardians; it is not exactly analogous

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to the other. But with regard to this excellent plan that has been recommended by Dr. Bridges for the metropolitan asylums of trained matrons, and an increase of students, because they found there was no possibility of young medical men at the present day ever studying fever or these special cases which are never kept in the infirmaries; those two plans which have been adopted in the metropolitan asylums we are most anxious to see enforced for the infirmaries; and we can see no reason why the one class of institution should not have the same recommendations as the other.

22711. I am glad to hear that this arrangement meets with your approval of throwing open the infirmaries?—It seems to me so self-evident. I really cannot understand the opposition to it. It would harm nobody, and it would be an enormous amount of benefit in every way. It would throw daylight into these institutions and encourage the nurses; it would help to cure the sick; I am quite sure many cases might be got out of the infirmaries if they could have more medical supervision and care.

22712. We had the pleasure the other day of hearing that that system has been largely followed in Birmingham?—I believe Birmingham is quite a pattern of improvement; I think it is wonderful what they have done. Of course they started on a new foundation, which is always such an advantage.

22713. You have been interested for a good many years in regard to workhouse management and workhouse nursing, and have written a great deal on the subject?—It is nearly 40 years since I first began to visit the Strand Union.

22714. You were so good as to send me your pamphlet, "Suggestions for Women Guardians," to which is added, "Thoughts on the Diet of Nurses in Hospitals and Infirmaries." You are still of the same opinion as is expressed in that publication?—Entirely.

22715. And do you find that the cooking has improved in recent years in these infirmaries?—I think there is no reason to find fault with that, as far as I know. Of course a great deal would depend upon the carefulness of the individual matron; but there was nothing to complain of at Kensington in the diet.

22716. And the food is good?—Yes.

22717. You know what a powerful weapon the audit is in the poor law system; they surcharge people at once in every kind of way?—Yes.

22718. And they are not particular whom they surcharge; you would not be surprised perhaps if you heard that they had surcharged me?—I have never heard that our doctor could not recommend anything he chose to order for the sick.

22719. We have been told here by nurses themselves that in the poor law infirmaries they are comfortable; we have had evidence here to that effect?—I believe they are. It entirely depends of course on the matron set over it.

22720. Some of the infirmaries are most admirable buildings, the more modern buildings, are they not?—Quite.

22721. And you are familiar with those buildings as well as the Kensington?—The

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Kensington is not entirely modern but it has been added to from time to time; they are now going to add fresh blocks.

22722. But you are familiar with the new buildings?—Yes, I have been over Marylebone and Paddington and others.

22723. And they meet with your approval?—I think they are excellent, as good as they can possibly be.

22724. The consumption of stimulants and beer and that sort of thing you think may be diminished a good deal; you are in favour of not giving beer, but giving the money in lieu of the beer?—We have given up those things almost entirely now; there is no beer consumed at Kensington; and the diminution in the infirmaries is something wonderful. I believe it has in many cases gone down from hundreds of pounds to a few pounds.

22725. And is money given to the nurses in lieu of beer?—Yes, there is, and they all receive it.

22726. Do you remember what they have?—I am not quite sure about it; I think it is 1s. 6d. a week or 2s.; I am not quite sure which.

22727. You suggest in your book that hospital nurses should have coffee as well as tea, or that they should alternate coffee with tea?—Yes; we adopted that in Kensington, especially for those on night duty. Of course those are mere trifles comparatively, if there is a proper matron who is accustomed to the management of nurses.

22728. You lay great stress upon the importance of having a properly-trained matron as the absolute head of all these establishments?—Certainly.

22729. That is not the case now?—There are 11 out of 24 metropolitan workhouse infirmaries that have trained matrons.

22730. You would suggest that the Local Government Board should insist upon it that the matron should be always a person properly trained and duly qualified for the appointment?—I should certainly like a recommendation to that effect; I do not know how far the guardians would like insistance upon it, but I think the least they could have done was to have given a recommendation. That is a necessity for the head of an establishment for the sick.

22731. And you think it is essential that at each of these institutions, for the reasons you have given, there should be a trained matron, properly qualified?—Quite; I am quite sure it will be done; but then at present it is only done as these matrons die out who have been already appointed.

22732. Do you think the doctor is not afraid of the audit; do you not think the audit keeps him rather in terror?—I have never heard that at all. At one time at Kensington we found there was a great abuse in visitors bringing in things for the sick, and we were obliged to put a stop to it; and we passed a resolution that the steward and the medical superintendent were at liberty to order anything that he thought necessary for the benefit of the sick. It was said that he could order champagne (I suppose that was a sort of extreme) or anything he considered would help the recovery of the sick; he was at liberty to order lemonade and so on, anything

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that could be suggested as of value in a hospital; and I have never heard that there was the slightest objection as to the cost.

22733. Many of the visiting guardians are clever people; there might be architects among them and just the sort of men to go and look round the sculleries and so on, might there not?—You may have that class; we had a very superior set of guardians at Kensington, but as a rule I do not think you would have those men among them. They can see that the places are clean; but I more especially referred to the management of the sick wards; unless they were in some way connected with a hospital or were medical men, I do not think they could understand the things that require looking into.

22734. I do not wish to convey an opinion of my own, and it may seem ungallant and ungenerous to repeat it, but we have been told here both by matrons and by medical men that they did not consider it desirable that ladies should be put on the board of hospitals?—So I have heard.

22735. What is your view on that?—I am strongly of opinion that it would be the greatest possible help, and I do not think I should have much opinion of a matron who objected to it.

22736. And what sort of proportion would you have of ladies on a hospital board; could you mention any proportion?—No, I could not say. I think a woman should have an opinion in such decidedly domestic matters, and especially when half or more of those under their care are women or children.

22737. I think I asked an experienced matron here whether she would like to have the assistance of a board of ladies, and she answered at once, certainly not?—I quite understand that. Ladies can make gentlemen think anything; I can quite understand that they do not like the interference of women, who are much more sharply sighted in certain questions.

22738. But still with your great experience and knowledge of the subject you think it would be advantageous to have ladies on boards of hospitals?—Decidedly, and I have never known an objection to it. I have known matrons in the country and in London who said it was the greatest possible advantage to have a lady to speak to; there were things they could not discuss with gentlemen; and it seems to me reasonable that in all domestic matters they should be glad to consult with one of their own sex.

22739. And in your publication you lay great stress on the importance of having ladies, with a view to the arrangements for dress, and so on?—Yes, I have heard of gentlemen discussing an hour about details of dress, which it does not appear to me suitable for gentlemen to have to discuss.

Lord Zouche of Haryngworth.

22740. Do you know what reason has been given for not permitting medical students to visit the workhouse infirmaries?—One of our guardians objected that it was cruel to the paupers to have people coming to discuss their cases; that they had no choice about coming in as people have into voluntary hospitals, and as they

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they were compelled to come in, they thought it was very hard that we should enforce a plan which they would object to. I have never heard the slightest evidence that they would object to the plan.

22741. Any other reason?—No, I really do not know any reason; I do not know any board of guardians that has tried it with the Local Government Board except Kensington; and our medical superintendent there was most warmly in favour. He wished to have, in fact he did bring round with him privately, now and then, students from the West London Hospital, at Hammersmith; and he has always been urgent for the plan, that it would be desirable.

22742. And when these students were brought in I suppose no objection was made by the patients?—Not the slightest. It was only for their own benefit of course. It was not in any way to look after the sick or assist the medical superintendent. I think nobody would urge that regular medical students from the first beginning should come in. Of two or three plans I have heard suggested, one is, that advanced students should go, and that there should be lectures, as at Paddington, given in the infirmaries; and of course that would be a very great advantage (I think that is done in two or three places), and that consulting physicians should be brought in, because there are often most obscure cases. Several times we have had serious operations and severe cases in Kensington. I think it is quite unknown to the public outside that there are such cases as those in the infirmaries; they think they are all chronic cases of old people, and that anything is good enough for them.

22743. Could you name the sort of case that you refer to, or the class of cases that you refer to, which are not generally met with in ordinary hospitals?—I am afraid I could not do that.

22744. But we may take it that there are a great number of cases of that kind?—And of those that are turned out from the hospitals, because they cannot be kept more than a few months.

22745. Who would carry out the severe operations?—Our medical superintendent. Our medical superintendent was a St. Thomas's student, and is perfectly qualified to do everything, and he has been most successful. He has treated many cases during the time I have been there, and he has said himself that there have been many cases which he would have been glad to have shown and explained to other people, cases not kept in the hospitals for years till they die. Incurable cases there is no opportunity of studying in our hospitals if they last beyond a few months.

22746. Speaking generally, do you think that the dietary of the nurses in workhouse infirmaries is as satisfactory as that which obtains in other hospitals?—I do not think I have a good opinion of the dietary in hospitals.

22747. You would perhaps put the dietary of the workhouse above it?—I took very great pains about it, and I believe that is a thing that only women can look into. I believe I was the first to ask the nurses what they liked, and to try to find out. I think it is most important for the health of nurses that they should be well fed

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and have what they like; and I was able to make a few suggestions which the guardians very willingly agreed to; but I never found that any guardians visited the nurses at their meals; it is not likely they would, and if they did, I do not think young women would speak to them in the same way as they would to a lady. With regard to complaints about the diet in hospitals and the paper which I wrote about that five or six years ago, I am bound to say that very great improvements have been made since then; I do not think it is entirely true now as it was at the time I wrote it, but then my experience was that the dietary of nurses was most inadequate in hospitals. But it is five or six years ago that I made all those inquiries.

Lord Thring.

22748. With respect to the nurses what number of hours do you think a nurse ought to work?—Our day nurses begin at seven at Kensington, and they go on till seven; and of course they have hours for their meals.

22749. Do you think that that is overwork or not?—No, I should not think that it is with nurses in good health.

22750. But when they have, as we are told they have, 14 hours sometimes, is that too much?—I think 12 hours would be quite sufficient.

22751. I presume if they had more holidays they could bear more work during their working time?—They are well provided with afternoons; an afternoon a week and a day once a month; and in every case they are allowed out once in the day, either in the afternoon or in the evening. Of course we are very anxious that all afternoon leaves should be adopted instead of the evening hours.

22752. Then you think that your infirmary nurses, with 12 hours a day and the period of rest you give them in the course of the day, are not overworked?—I think not.

22753. Then with respect to the dietary, it really depends on the cook does it not; a good cook will make all the difference with no more expense for the food; is not that the fact?—The steward I think it rather depends upon; the steward has the ordering of everything. The cook only carries out the cooking, but the steward has the power of ordering everything and varying the diet occasionally. We were very fortunate at Kensington in having a very good steward who listened to suggestions and made the diet as varied as he could.

22754. The steward, if he has associated with him a good cook, can give nurses extremely good food, without increasing the expense of the food at all?—Certainly.

22755. It is only a difference of management?—Of course the quantities are fixed entirely by the Local Government Board, the amount of meat, and bread, and all that, is put down for every officer; but within that margin there is an immense opportunity for improvement.

22756. You know a great deal better than I do, I dare say, that the same quantity of meat or the same quantity of bread, or any article of food, when nicely cooked and well prepared, will go further and cost less than when badly cooked and badly prepared?—Certainly.

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22757. With respect to the matron, I did not quite understand you; do you consider that the matron ought to be over the men's wards and to manage the whole of them, or over the female wards only?—I think she should be, as matron, over the whole of the establishment as regards the nursing.

22758. You do not mean that the master of the workhouse should have any authority at all, but that the matron should be over the whole of the nursing establishment?—There is no master in the workhouse infirmaries. The matron and medical superintendent are the two officers in authority in the workhouse infirmaries in London; in the country it is different.

22759. And how would you arrange what the duties would be; would the medical superintendent be superior to the matron, or would they have concurrent powers?—The medical superintendent would be superior in every sense as regards the management of the sick, and the orders to the nurses as to their duties in nursing; but the matron should have entire authority over the domestic arrangements, as to their hours of leave and everything that comes under a woman's management, except as to the care of the sick and the medical orders.

22760. There you rather surprise me. The doctor, I understand you to say, should be able to order the nurses; I always understood that the doctor should tell the matron what he wanted, but that the matron ought to have the power to give the executive order; in other words that she ought to manage the nurses, but that she ought to do, or have done for her, the acts which the doctor wishes. Take an example; supposing the doctor wanted a special nurse sent to a particular patient; I thought that the proper form of hospital management was (I am not giving any opinion of my own) that the doctor should tell the matron, "I want a special nurse sent to Jane Smith," and that the matron should order any nurse to go to her?—I cannot say. It entirely depends upon the good feeling between the medical superintendent and the matron. I have known many instances of orders being given direct to the nurses in a way which I thought entirely set the matron's authority aside; but that is a matter of personal feeling between the matron and the medical superintendent.

22761. Would it not be wise that there should be a general rule that the matron should have the full executive power, but that she should be bound to carry into effect the orders of the doctor?—That is exactly what we want.

22762. Then you would not have the doctor give the orders direct to the nurses. I think it is a point of considerable consequence in the management, though it appears a small point, and I am anxious that your opinion on it should be clearly given to us?—I am exceedingly strong on that point, but the excuse of course for its not being done has been that the matrons have not been competent people.

22763. Presuming there was a competent matron at an infirmary, you would think she ought to have the entire management of the nurses, subject to her obligation to obey the orders of the doctor?—Yes.

Earl of *Kimberley*.

22764. Would it do to have a divided authority in an establishment of that kind; would it not be essential that the supreme authority should lodge in the medical superintendent?—I do not think there would be any difficulty in that any more than in a hospital.

22765. Would it do in a hospital if there was not a supreme authority; did you ever hear of a hospital where there was not?—I think you can hardly put it in that way. It seems to me the duties of the medical superintendent and the matron are so distinct.

22766. Is it not essential in every large establishment that some person should be responsible for everything, and have supreme authority?—Yes.

22767. And if you gave the matron any authority apart from the medical superintendent, would not that inevitably lead to confusion and dissension?—I have never found that so when the medical superintendent had a competent matron to deal with. Their duties are so distinct, of course, that there would be no question about the medical part and the orders to the nurses as to their duties in nursing.

22768. Then should these establishments be an exception to all administrative experience, namely, that it is necessary to have one supreme authority for administrative purposes?—I think the medical superintendent would be called the head, and would be the superintendent still.

22769. I understand that you quite admit that the medical superintendent should have supreme authority; all you wish is that there should be a reasonable division of duties?—Yes.

22770. And that the medical superintendent should not interfere with certain domestic arrangements?—Yes. I do not think anybody would wish to call the matron supreme head of the whole institution.

22771. You mentioned in the Kensington Infirmary a resolution was passed approving of any medical necessities, such as the medical officer thought necessary, being supplied to the sick?—Yes.

22772. But is it not the case that it is in accordance with the usual practice, if not the invariable practice, that the medical officer in poor law establishments has power to order whatever he thinks necessary for the sick?—I conclude so, within the limits laid down; I never heard the orders applying to those cases called in question at all; but in many cases where visitors are allowed to bring little delicacies to the sick, I believe that is thought to be a substitute; and no one would object to an orange or things of that kind being taken for the sick, but we found it led to such immense abuse that we were obliged to make a general rule against anything being brought; and then to avoid hardship, we said, "These things, if necessary for the recovery of the sick, must be provided."

22773. I believe the medical officer has, in fact, the power to order whatever he thinks necessary for the sick, and that there is no limit to his discretion?—No, I believe not.

22774. Of course, if he were to exceed all reasonable limits, the proper course would be to make complaints of him to the Local Government Board?—I suppose so.

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22775. The guardians might remonstrate with him, but they could not prevent him from ordering what he thought necessary?—No, I think not.

22776. The responsibility rests entirely with the medical officer?—Entirely; and there is not the same limit of course in regard to quantities for the sick as there is in other things.

22777. With regard to the serious cases which you say are treated in infirmaries, are they never sent to general hospitals?—Never, I think, because we have a perfectly competent medical man to attend to them.

22778. I thought you objected to them being treated in the infirmaries?—No, not at all; but I think he should have assistance. It adds greatly to the interest of the institution, and if you have trained nurses it is well that they should have some more interesting cases than the chronic cases that are supposed to be found in the inmates of infirmaries.

22779. Is it not on the whole better that difficult cases should be treated in hospitals where the very best advice can be obtained rather than that you should institute a system of treating difficult cases by the best medical skill in the infirmaries?—I have so often been told that the hospitals are full enough without all these cases, that they have as many as they can take already.

22780. Of course if the hospitals are not able to take the cases that would be a sufficient answer; but should you not think that the better arrangement would be that the really serious and difficult cases should be removed to a hospital rather than that you should transfer an infirmary into a first class hospital?—That I cannot say; I had nothing to do with their admission; I do not know how they came there, but they were inhabitants of Kensington, and I suppose they came there as the nearest and most available place.

22781. But I suppose from your experience in the country more especially you know, that where a very difficult case arises, the first thing they do is to send it to a hospital?—Yes. Then again I believe many of these cases would last too long for a hospital, that they would not perhaps keep them in a hospital; they might for some actual operation.

22782. I was rather alluding to operations?—I cannot give the details of how it was. Whether they were likely to be very long cases, or why they were sent to the infirmary, I cannot say.

22783. With regard to the objection to students being admitted into the infirmaries, are you aware that the Act which was passed some years ago which enabled students to be admitted to infirmaries, was after that time repealed, because (I do not know whether rightly or wrongly) it was alleged that there was a serious objection on the part of the poor to students being admitted?—I am quite aware of that. In 1869 I think it was repealed.

22784. And it is only recently that an Act has been passed to remove that bar. Now may I ask, do you think, from your experience, that the poor would object to the attendance of students?—I think there never was a more

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Earl of Kimberley—continued.

groundless objection; I believe it is a complete delusion. Why should they object to it any more than they do in general hospitals? I am told that the more people come to look at them and talk over their case the more pleased they are. Besides, with the enormous expense that there is to the rates for treating these people, surely we are not bound to consult them about admitting students if it is for the good of the public and the advance of science. I am sure it is not necessary and that they would be pleased.

22785. I suppose you are aware that there are sometimes objections made (I have heard of objections being made) by patients in hospitals, and have you never found a prejudice on the part of some people against being examined by students?—I do not think any case has ever come before me; in fact I think the complaint is the complaint of such a minority that we are not in the least bound to take notice of it; we must do for the best in a large scheme like that.

22786. Did you ever hear that there was any objection on the part of the guardians from the notion that if outsiders, physicians and surgeons, and students, were admitted into infirmaries, it would interfere with the management?—No, I never heard that. Of course it must be with the entire consent and concurrence of the medical superintendent, and I cannot see who else there is to interfere with. There is nobody but the medical superintendent and the matron.

22787. Then you think that is an objection that is groundless?—Entirely groundless. I do think that for consulting physicians to be brought in is exceedingly important; I am quite sure it would help to cure, and it would be such a very great help and comfort to the medical superintendents to have some other opinion that they could rely upon.

Chairman.

22788. You wish to say a word about female inspectors of workhouse infirmaries, I believe?—Yes, I should like to say how much we do wish for that. What I should like to say in a general way is, that I think medical knowledge is so exceedingly necessary for the Local Government Board Inspectors. The majority of our inmates in workhouses now are the sick and the infirm; there is nobody else worth speaking of. Able-bodied labour is not found in the country workhouses now; rarely in London; and it seems to me that the care of the sick is by far the most important part. Therefore it seems to me such an extraordinary thing that we have one medical inspector for all London, and one only for the whole of the country. In our Workhouse Nursing Association we have over 100 nurses, and we hear a great deal that goes on in the country in sick wards and infirmaries. A few gentlemen inspectors go round; it is hardly likely, if they are not medically trained, that they can inspect the nursing in these country workhouses; and it would be an enormous advantage to have a medical man go round. We have but one for the whole of the country, and it occurred to us that if we could have a woman who was trained

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Chairman—continued.

in hospital work, it would be the greatest possible advantage for all our nurses to have their work inspected. We could not expect a lay gentleman going round to notice the defects in the nurses' work. The matron of the workhouse is never trained; she cannot possibly keep up the standard of the nurses to any high degree; and there is no real inspection of their work; and we thought if we could have women inspectors for the country who have been trained as hospital nurses, their influence would be most important in looking after the state of the sick wards in the country, failing qualified medical men; but even if we had that, I think there would be room for a woman also to investigate the work of our nurses, who have no encouragement at all as it is.

Earl of Kimberley.

22789. I rather gather from your statement that you have great faith in inspectors?—I have, if they understand their work; but I do not think lay gentlemen can possibly understand the work of these women nurses, and the state of the sick. I think everything wants to be investigated, the state of the nursing, the state of the appliances, there may be no thermometers, none of the most necessary appliances for the sick. You cannot expect a lay-gentleman to ask about these things; he does not know they are wanted in a hospital; and, of course, he does not notice their deficiency in sick wards.

22790. Your experience leads you to think that the visit of an inspector once a year is of little benefit?—Especially if they are conducted round by the master, before whom the nurses would not think of saying a word.

Chairman.

22791. Is the health of the nurses in the London Workhouse Infirmaries good?—I think so. We have them at Kensington nine and ten years remaining in the infirmary; I never heard any complaint on that score.

22792. And I gather from what you said just now to Lord Kimberley, that you would like to see our enquiry extended to the country?—I think it is most important. I am sure there is a great deal more in the country that now wants re-consideration. We are asked for trained nurses now from all over the country, but there is a great deal to be done before they can be satisfactorily supplied. The relations of the nurses to the present untrained matrons are most unsatisfactory, and I am sure, seeing the lack of able-bodied help, and the unwillingness of the guardians to provide paid labour, it must come to some alteration of plan soon; and I most earnestly trust the country will not be left out.

Earl of Kimberley.

22793. My impression is that the Local Government Board now for the most part require trained matrons?—I believe they wish it; they have not made it a condition in workhouse infirmaries.

Lord Thring.

22794. In order to work the nursing in the rural districts, would it not be absolutely essential to centralise the hospital management?—That is entirely my opinion; but I am afraid of going into that as we are not to talk about the country. I think it must come to that; we must make district hospitals and concentrate the sick.

22795. And is there not still more necessity for that being done in regard to infectious diseases in the country?—I think so.

22796. Then your proposal would be that in all rural districts, what I mean in sparsely inhabited districts, the sick poor in infectious cases should be put into infectious hospitals, and you think that the chronic and ordinary sick ought to be conveyed to a moderately centralised hospital?—Entirely. I think we shall never meet the difficulty otherwise, because the guardians will not employ and pay a trained nurse for perhaps 10 or 12 sick people.

22797. They will not make the proper order, you mean?—You cannot do it, it is too difficult. And in the same way I think the epileptic and the feeble-minded ought to be classified and separated. As the able-bodied no longer exist in our workhouses, I think you should take separate institutions for those cases.

Earl of Kimberley.

22798. Is there not this objection on the part of the poor to being invariably treated in an infirmary, which would be a very serious objection, that they would object to be moved from their own homes?—I do not think so. The Holborn sick poor in London are taken to Holloway; the Marylebone poor are taken some miles from their own homes. I think it should not be such a very large area.

22799. Have you any experience of the poor in rural districts?—A great deal.

22800. Have you not found that they have the greatest objection to be moved to any workhouse at all if they can obtain treatment in their own homes?—Yes, that is quite reasonable, and we ought to encourage that idea; I am afraid their friends are only too willing to neglect them when once put into a public institution.

22801. As I gather it, your opinion is that there is a very great objection to very small institutions for taking care of the sick, because you cannot get thoroughly trained nurses in them?—You cannot get it. And another point is the necessity of separating infirmaries from workhouses; you cannot amalgamate the two classes. The officers fit for a workhouse are unfit for the management of the sick; they know nothing about it, and yet they are exceedingly jealous of those who do; and therefore as long as we have the general workhouses mixed up with serious sick cases or chronic incurables, I think we shall never get them properly managed.

The Witness is directed to withdraw.

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MR. REGINALD BRODIE DYKE ACLAND, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

22802. You are a Barrister-at-law ?—I am.

22803. And you are connected with the Hospital Saturday Fund ?—I am Chairman of the Hospital Saturday Fund.

22804. How did that fund originate ?—It originated in the year 1874 at a meeting called at Captain Charles Mercier's house of working men interested in the hospitals ; and then and there I believe it was determined to try and form a fund which should interest working men, as being the persons who had most direct interest in the hospitals, in their management, and in raising a fund towards contributing to their support.

22805. It was to be a working men's fund ?—It was to be a working men's fund, and is to this day (though I am here to-day as representing it) a thoroughly representative working men's fund. There are only two or three of us who work at it who do not belong to what I may call the working class, either as actual artificers or foremen, or men in the upper grades.

22806. What is the organisation of the Hospital Saturday Fund ?—At present it is incorporated under the Companies Act as an Association not for profit. That was done last year, because it was hoped that it would give it a sort of stability which a mere voluntary association has not got. Perhaps I may say that in the first start off in 1874 some 258 *l.* was collected in the streets ; and about 5,000 *l.* in the workshops. Last year a sum of 5,096 *l.* was collected in the streets, and 15,237 *l.* in the workshops, and similar places.

22807. So that the collection in the streets has increased in a greater proportion than in the workshops ?—Yes, the proportion is greater : but the streets' collection in my opinion has almost got to its limit ; the workshop collection, I think, has infinite capacity in it for extending. With regard to the actual income derived from the workshops, we think that it is really a new source of income to the hospitals altogether. It comes from a class who hitherto have not subscribed, and it comes from a class (I say this without at all wishing to make any difference between the Hospital Saturday Fund and the Hospital Sunday Fund) who, as a class, are not very large subscribers to the Hospital Sunday Fund. That is obvious if one looks at the collections made in different churches.

22808. Do you take subscriptions from clubs ?—Yes, but the subscriptions from the clubs come to a very small amount, as a rule. Our largest subscriptions come, I think, I may say from printers. I see that Spottiswoode & Co. sent us 140 *l.* out of one shop last year ; and the next largest subscription I have seen was something like 60 *l.* or 70 *l.* from Marshall and Snelgrove's.

22809. Would not printers be people in receipt of rather higher wages than ordinary workmen ?—Not than engineers and not than railway people I should think.

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Chairman—continued.

22810. Do the railway people subscribe to this fund ?—Not to any large extent compared with other trades ; but I imagine that that is largely because they have sick benefit clubs themselves ; the North Western Railway Company has.

22811. Do the workmen and foremen alone subscribe or do the heads of firms subscribe ?—Practically the workmen and foremen alone subscribe. Some of the firms I believe have said, in order to encourage it, that they will give in addition ; I believe that is not the case with Spottiswoode.

22812. What is the constitution of the fund ?—At present the board of delegates, which is a body elected by the workmen in their different workshops, is supreme over everything. It numbers I think now between 300 and 400. That board meets quarterly and exercises a control over the committees which are elected by the board. The committees are four in number, besides the executive committee. There is a distribution committee for distributing the money when we have got it, and the letters which we receive in return for our grants. There is a finance committee exercising the usual financial control over the affairs of the Hospital Saturday Fund. There is a surgical appliance committee which has a special work which consists in purchasing and distributing the surgical appliances to those who need them. And there is the workshop and street collection committee, which has the actual control of collections in the workshops and the streets on Hospital Saturday. These committees meet fortnightly. Besides these there is an executive committee which consists of the chairman, the treasurer and four honorary secretaries, and one member elected by each of the committees ; so that we focus the work of all the committees on the executive committee. The executive committee meets every week, considers all business that is brought before it by the paid secretaries, and then distributes it, sometimes with and sometimes without an expression of opinion, among the different committees within whose work it seems to come.

22813. Are there any working men on the executive committee ?—I think there must be seven or eight actual working men.

22814. And what you term "working men" take part in all committees ?—In all committees. The other committees are 12 in number, with one honorary secretary and the chairman and treasurer *ex-officio* members.

22815. Then there is this large quarterly meeting of which you say there are 300 or 400 members ; what sort of numbers attend as a rule ?—It varies. When there is any particularly interesting business, perhaps 150 to nearly 200 ; in an ordinary way 80 to 90. We meet on Saturday afternoon at 5 o'clock, so as to give the ordinary working man an opportunity of attending ; and all the committee work is done in the evening from 7 to 8 o'clock, for the same reason. Then besides these I should say that there

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there are local committees in different parts of London, about 30 of them, which are not really committees of the fund, in the sense of being composed of delegates, but the local committees are people interested in the different districts where they work the Hospital Saturday Fund; and their principal work is organising the street collection, and getting the services of the ladies, who are seen about the streets on Hospital Saturday, to take the different positions and to undertake all the work that has to be done by those ladies in collecting the money in the streets on Hospital Saturday.

22816. What number of firms have you among your subscribers?—The actual number of firms, I think, is 4,301; that was the actual number of firms last year.

22817. Do the numbers regularly increase?—For the last two years they have increased very much indeed. When, in 1888, a letter was written to the “Times,” which called attention to the possibility of a penny a week collection, the Hospital Saturday Fund thought it would be a good opportunity to extend their work, if possible; so we obtained the assistance of the then Lord Mayor, Sir James Whitehead, and he organised, he working at it very hard indeed himself, a regular system of visiting all the workshops with paid organising secretaries. I shall have to say presently that that was very expensive, but I think it answered. Until then, though our secretary was anxious to do so, we found it impossible to cope with the enormous size of London, and to get into all the workshops to get sufficient from them.

22818. Then on what principle do you distribute your grants?—It is very carefully decided, after considering a form of return which is sent out about this time of the year (*handing in the form*). That form of return is sent to all the hospitals which have practically hitherto received a grant from the Hospital Saturday Fund. And then, besides that, about the beginning of May in each year, an advertisement is put into the daily papers, asking all those institutions who desire to participate to send for a form of return, and then this is sent to them. The funds are then distributed, after the consideration of this form, in accordance with what is called “the plan of award,” of which, without reading it, I may say shortly, the principle is this: the whole amount to be divided is divided into three parts. Three-fifths go for relief, and one-fifth each for economy and efficiency. Now the relief marks are determined in this way: for each bed which is occupied on the average throughout the year, one mark is given; for each 2,600 attendances of out-patients one mark is given. The totals of those are added up; I mean the totals for all the hospitals, and then the amount to be distributed under the head of relief is divided by the total number of marks. That gives the value of each mark for relief. Then, of course, it is a mere arithmetical sum working out the amount to be given to each hospital under the head of Relief. For economy the marks (the maximum number being 15) are distributed in this way: We have attempted, more or less I think I may say with

Chairman—continued.

success, to arrive at different standards of cost per bed per week for in-patients and per attendance for out-patients. Then according as the different hospitals cost more or less, they get more or less marks for economy. Then the marks are added up in the same way as for relief and the value of the economy mark is arrived at, and the amount is distributed among the hospitals. According to our plan of award we are bound to give special consideration to certain hospitals, lying-in-hospitals, chest hospitals, throat hospitals and convalescent homes, those being the institutions which working men consider they get practically the most advantage out of, and therefore being institutions to which they would like that a larger proportion of their donations should go. With regard to the efficiency marks (of which the maximum is also 15) they are distributed according to the answers to the series of questions that you see on the page before you. One important question from the point of view of the Hospital Saturday Fund is whether or not their is evening attendance; another important question from their point of view is whether or not they will receive a governor as representing the Hospital Saturday Fund; and then according as the questions are well or badly answered, so the marks for efficiency are given. One point I am very anxious to make which is this: that the Hospital Saturday Fund absolutely refuses to give any grant to any institution which is not governed by a committee elected by the subscribers.

22819. Are there many of that description of hospitals in London?—That rule of the Hospital Saturday Fund is very well known, so we do not hear of many of those. One or two instances do come before us generally in the course of the year, and we always reply that we regret that we are unable to make a grant.

22820. Did you refuse any last year on that account?—Yes, we refused one for that reason, the St. Saviour's Hospital for Cancer in Osna-burgh-street. It is a *bonâ fide* attempt to distribute the money in our hands according to the amount of work which is done by the hospitals, the cost at which it is done, and the general efficiency of the hospital; and we are always trying to improve it, and if we can see any way of doing so we shall be only too thankful to improve it further; but I think it does fairly work out that a hospital which does a good amount of work at a reasonable rate gets a much better grant than a hospital which does its work expensively and not well. One other point I ought to make on the distribution, and that is this: that all hospitals who receive money from their patients have deducted before the amount of relief marks is arrived at, all the patients who are paid for by their own contributions. The importance of that you will see in some of the hospitals which actually make a profit on their out-patient department.

22821. Have you ever made any calculation as to the difference in the relative cost of management and maintenance between large and small hospitals?—Yes, I have. Last year I was Secretary of the Distribution Committee, and I had the whole 150 or so returns through my hands, and I was very much struck at the time
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Chairman—continued.

at the excessive cost of small hospitals for management as compared with the large hospitals; and since then I have taken some nine of the larger hospitals, taking as the larger those which have over 150 beds, and compared the cost of management in comparison with the amount spent in maintenance by nine average small hospitals: that is to say, hospitals whose beds are under 40 or 50; and I find that in hospitals like Charing Cross with 143 beds, Guy's with 419, King's College with 163, London with 622 (these are the average number of beds occupied throughout the year, not the actual number of beds in the hospital), Middlesex with 254, North London with 179, St. George's with 316, St. Mary's with 251, and Westminster with 175; they expended in maintenance 197,700 *l.*, in management 15,143 *l.*, which gives the result that a sum about equal to 7½ per cent. of the amount spent on maintenance is expended on management. Now take nine small hospitals, though I have not selected them exactly at random; I have not selected on any sort of principle at all, except that I tried to take average examples of quite small hospitals—

22822. Under what number of beds?—Under 35. The largest I see has 34, namely, the Chelsea Hospital for Women. Then the National Hospital for Epilepsy, which has 21; the National Hospital for Diseases of the Heart and Paralysis, with 18; the London Skin Hospital, which calls itself a hospital, and has no in-patients, and no beds at all; St. John's, with 11 beds; that is, St. John's Hospital for Diseases of the Skin (I rather think there has been an increase this year, I am not quite sure); St. Peter's for Stone with nine beds; the Central London Throat Hospital with 11; the London Throat with 18; the Paddington Green for Children with 23; and the Chelsea Hospital for Women with 34. They spent a total sum on maintenance of 15,542 *l.*; on management, 3,478 *l.*; which gives a sum equal to something like 25 per cent. of the amount spent on maintenance expended on management. Now, in order to follow that out a little bit, I tried to see what came from the patients in these hospitals, large and small; and I find that at Guy's they received 734 *l.* from patients; at King's College, 111 *l.*; at the North London, 115 *l.* 2*s.* 6*d.*; and in none of the other large hospitals did they receive anything at all. In the small hospitals, the National Hospital for Epilepsy, spending on maintenance, 9,523 *l.* 8*s.* 3*d.*, received 1,882 *l.* 7*s.* 3*d.* from their patients, or 18 per cent.; the National Hospital for Diseases of the Heart, spending on maintenance 1,554 *l.* 7*s.*, received from their patients, 357 *l.* 12*s.* 5*d.*, it comes to about 23 per cent.; the London Skin Hospital, spending 327 *l.* in maintenance, received from patients 368 *l.* (I am omitting the shillings and pence), or 112 per cent.; St. John's Hospital for Diseases of the Skin, spent 1,391 *l.* in maintenance, and received 1,627 *l.* from patients, 117 per cent.; St. Peter's for Stone, spent 2,426 *l.* in maintenance, and received 1,984 *l.*, or nearly 82 per cent., from their patients; the London Throat Hospital spent 817 *l.* in maintenance, and received from patients 522 *l.*, or nearly 64 per cent.; the Hospital for Diseases of the Throat in Golden-

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Chairman—continued.

square spent 2,349 *l.* in maintenance, receiving from patients 2,558 *l.*, or 108 per cent.; the Paddington Hospital for Children spent 1,902 *l.* in maintenance, receiving from patients 154 *l.*, or 8½ per cent.; the Chelsea Hospital for Women spent 3,512 *l.* in maintenance, receiving from patients 639 *l.*, or 18 per cent. I quote those figures which are taken from the Returns furnished to the Hospital Saturday Fund for what they may be worth. I do not want to express any opinion at all, either for or against paying hospitals; but, of course, where the hospital poses as a charity (I do not say whether these do or not, I do not wish to express any opinion), where the hospital professes to be a charity, and yet you find them receiving from the patients amounts varying from 50 to 114 or 115 per cent. of the actual amount spent for the benefit of the patients, one really begins to wonder where the charity comes in, if I may be allowed to use such an expression.

22823. Do you, through your collectors, receive any letters of recommendation from the hospitals?—Yes; we receive letters of recommendation in proportion to our grants, sometimes according to the same scale as that in which they give them to ordinary subscribers, and sometimes according to a special scale. We distribute those through the men in the workshops who actually collect for us; and I think that it is a very good way of distributing them, because the collectors are the actual class from which the hospital patient are, as a rule, drawn, I suppose, and they are very jealous, for the best of reasons, not to give them to people who really ought not to have them, because it diminishes the supply for people who really are fit recipients of the charity. Occasionally, but very occasionally indeed, a complaint is made that a Hospital Saturday letter gets into the hands of a person of the class for whom the hospitals are not supposed to be intended; but that is very rare indeed, and I think that as a rule the letters do really get into the hands of the people who are the proper objects of charity at a hospital.

22824. Is the administration of your fund very expensive; do you pay any commissions?—No, we pay no commissions, but we have been obliged in order to extend the work, to pay very considerable salaries. That has been very much reduced, and we hope that at the end of this year we shall reduce our expenditure, at all events, to about 10 per cent. of the total receipts; and we can, if the work goes on extending as it has done in the last two or three years, reduce it to 5 per cent., I think, because the expenses will not increase at all in the same proportion to the amount of work which is to be done. Once we get into a shop and the men begin to subscribe regularly weekly, and tell their friends about it, we find that the work extends more or less by itself, and that if the men get really interested, the contributions increase without any more expense to the fund at all.

22825. Can you tell us at all what the subscription is that is given by the individual workman?—The subscription we aim at is a small regular weekly contribution; we are not above taking a halfpenny; we prefer a penny; and we do not expect to get into the class to whom more

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than a penny a week would be a practicable subscription.

22826. Are you connected with an institution called the Morley House Convalescent Home?—Yes. That arose more or less directly, I may say directly, out of the work of the Hospital Saturday Fund. It was founded in about 1883. There was a difficulty in obtaining letters of recommendation among working men, I do not believe by the Hospital Saturday Fund, that is not one of our great objects, but among workmen generally there was a difficulty in obtaining letters of recommendation for convalescent homes after they had been ill; and with characteristic energy the working men said they thought they would try and make a convalescent home for themselves. A committee of the Hospital Saturday Fund was formed, and in the result a small property of about seven or eight acres was bought near by Dover, at St. Margaret's, close to Dover, and there is now there a convalescent home which contains about 30 or 40 beds, and which has received 2,500 patients since the home was opened, and last year something like 600. I believe the exact figure was 585; it is now going to be extended; they propose to add 50 beds now. I think it has 1,000*l.* or 1,500*l.* already in hand towards the extension fund. That again is absolutely managed by working men, and I do not think it has the disadvantage, if I may say so, of any what are ordinarily called gentlemen on that committee at all. Your Lordships will understand that I do not use the expression in any way unkindly, but it is absolutely and entirely managed by men belonging to the working class.

22827. Can you tell us how the money was got for the Morley House Convalescent Home?—First of all an appeal was made through the agency of the Hospital Saturday Fund to all the collectors in the workshops; that produced a sum of 400*l.*, and it was then determined that an attempt should be made to start a convalescent home on that capital sum. Search was made to see if premises could be rented which would do, but it was found that they would practically have to buy. Some subscriptions were asked for and a sufficient sum was raised to purchase this freehold property at St. Margaret's, subject to a mortgage to Messrs. Hoare, the Hospital Saturday Fund bankers; they advanced the money. It has since been paid off gradually by the subscriptions given almost entirely in the workshops; now that debt has been paid off, and there is about 1,000*l.* in hand towards extending the work.

22828. As regards the distribution, what you aim at, I understand you to say, is to give your grants to the hospitals where most good work is done at the least cost?—Yes, where the most charitable work is done at the least cost.

22829. Somebody gave evidence here the other day with reference to a dispensary, a certain Mr. Johnson, and in Question 21910 he was asked: "How many people did you relieve last year?" and his answer was "Four thousand six hundred new letters were made use of." Then I asked him how much he got from the Hospital Saturday Fund, and he said 53*l.* Then we went to another dispensary?—Is that a dispensary of which Mr. Johnson spoke?

Chairman—continued.

22830. That is a dispensary, the Westminster General?—There is a dispensary called the Westminster General.

22831. And then in reference to the Bartholomew Close Dispensary we are told that there were 5,273 new cases last year, and 3,769 visits paid to 1,015 patients at their own homes, and that from the Hospital Saturday Fund they only got 22*l.*?—If your Lordship will allow me just to look at our return book I will explain it in a moment.

22832. Certainly. (*The Witness refers to a book*)?—The Westminster General received 53*l.* 11*s.*, but then the figures the witness has given you are not the same as the figures he gave us; for the total number of new out-patients in our book is 5,204; the total number of attendances for the past year was 26,069.

22833. Now that was contrasted with the Bartholomew Close Dispensary?—They received 22*l.* 13*s.*

22834. The witness told us he had 5,273 new cases and 13,800 attendances?—That is the Royal General Dispensary in Bartholomew Close. He returned to us the total number of new out-patients as 3,638; total number of attendances for the past year 11,695.

22835. In answer to Question 21978, he said: "Last year we had 5,273 new cases, and 13,800 attendances at the dispensary"?—I think I see where the mistake has arisen. Was that evidence given a few days ago?

22836. Yes?—Last year you see was 1890. What our grant was made on last year were the figures for 1889. I have no doubt that that is the explanation of it. These returns are for 1890, and our grant was made on the figures for 1889.

22837. What amount do you disburse for surgical appliances?—Last year a grant was made of 750*l.*; that is to say, last Christmas. The amount the Surgical Appliances Committee had to work on last year was 500*l.*; this is expended in purchasing surgical appliances, and then the patients come up every Thursday, and they say what they want; they are seen by a medical man who advises what is the proper thing for them to have, and then they agree, unless they are absolutely unable to do so, to pay by instalments, at least half the cost; in that way the committee received 349*l.*; they received considerably over half last year; so that the amount available was 849*l.* for spending in surgical appliances. 2,099 patients were relieved by being supplied with all sorts of instruments, from spectacles up to wooden legs; and we decided last week that teeth should be supplied in suitable cases as an experiment; we are going to see whether that was a desirable work to undertake. May I before I leave the work actually connected with the fund mention one other thing started within the last year? It was found that very often in cases of serious illness there was a great difficulty in getting people to the hospital who ought to go there; and, of course, the class whom we attempt to benefit are not the people who can send round a carriage, or can obtain carriages easily, either by hire or otherwise. We have now made an arrangement with the Invalid Transport Corps that on a minimum payment being

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Chairman—continued.

being guaranteed to us of 3 s., we will undertake to remove a suitable case from the home of the patient to the hospital. It has been done in a few instances, and I believe has proved an immense advantage to some of the poorer people whose sufferings have been enormously increased by being carried to the hospital in four-wheeled cabs, as sometimes is done.

22838. You have had great opportunities of discovering whether the workmen have confidence, as a rule, in the hospitals?—I think, unbounded. Whether their confidence is always well applied is a question which your Lordships will have, sooner or later, to determine. Some of the hospitals which one hears most unfavourably about, are perhaps the hospitals which are most popular with the working classes.

22839. Do you think there is any reason for that?—The reason is, that they are made comfortable and get kindly treated. Whether the treatment is the best thing for them, looking at them as patients, is a question which I, of course, am not able to determine.

22840. But in reference to the general hospitals, have they confidence in them?—Yes, I think so; I have never heard any complaints against the treatment.

22841. What is the definite aim of your fund?—The first and principal aim of the fund is to enable the working classes to contribute to the hospitals from which they themselves get so great a benefit, and the amount we aim at getting is 100,000 *l.* a year. Personally, I believe that is hardly possible in London, but I think we may very well look forward, I personally look forward, to getting at least 50,000 *l.* in the course of a few years. The amount collected has increased in the last two years, in the workshops I mean; since 1888, it has increased from 6,900 *l.* to 15,237 *l.* in 1890; this year we hope to get out of the workshops alone about 20,000 *l.* Whether we shall have or not may depend on a variety of circumstances; but I look to getting at least 50,000 *l.*, sooner or later. Then, apart from the money question, the Hospital Saturday Fund, as being a representative hospital organization for the working classes, has two or three definite aims. One is to obtain evening attendance at hospitals; that has been often expressed, and if you look at our form of questions you will see that that is one of the questions which is asked. Personally I do not know whether or not that is the best thing for them, but still that is one of the aims of the Hospital Saturday Fund; and I wish to identify myself with the fund. And another one about which I have no doubt whatever, is to obtain representation of the working-class element upon the boards of hospitals; and I am satisfied myself that if we can select the right men (and I can myself put my finger certainly on a certain number of the right men, as Hospital Saturday Fund delegates), it would be an enormous advantage to the hospital; I mean men who take a very intelligent interest in the management of hospitals, and men whose experience of their own class of course is absolutely beyond what an ordinary philanthropist (I am using the word in the kindest sense) can possibly have. I believe that if we can get satisfactory men it would be a great advantage

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Chairman—continued.

to the hospitals, and to the working classes themselves. Most of the hospitals do now allow working men governors to be elected by the Hospital Saturday Fund; in fact very nearly all do. Of course the difficulty is, that the meetings are at present arranged, not with a view to the attendance of that class, and it is very difficult for a man to get away and leave his work at three o'clock to go and attend a hospital meeting. Some of them, however, do so; and I hope that in time they may get from the ordinary courts of governors on to the boards of management. Then I think that the Hospital Saturday Fund further has this, not exactly aim, but rather effect. I think that the Hospital Saturday Fund has had the effect of bringing into the workshops a knowledge of and a great interest in the work of the different hospitals, and that I think will, in time, also bear the most excellent fruit. Then, lastly, the Hospital Saturday Fund, when perhaps they are more kindly recognised than they are at present (we do not find ourselves altogether kindly recognised in London), will be able to exercise a very good influence on the management of hospitals. Your Lordships must now be fully aware that there are a great number of hospitals in London which do require a beneficial influence to be supplied from somewhere; and nobody knows it, perhaps, better than those who have worked on the Hospital Sunday Fund and the Hospital Saturday Fund; because they annually see all the accounts and reports of the different hospitals; and it is hoped that, by degrees, we may assist in creating a standard of efficiency and economy which it is impossible for an individual to create, and which possibly a central body of good standing and good position may create. Then there is one other thing that I think perhaps I ought to mention to the Committee, and that is this: that although the Hospital Saturday Fund are most anxious never to meddle with the internal management of the hospital, further than decide, of course, whether or not we shall make it a grant, yet it is, I believe, a great advantage that there is a body subscribing, as we do now, about 17,000 *l.* or 18,000 *l.* a year to the hospitals, through whom a complaint of the treatment of any particular patient can be made. We have found that several times; persons going with our letters have, or think they have, some cause to complain about their treatment at a particular hospital; and they write to us, and our routine is this: We always send a copy of the letter to the hospital, and inquiry is always made for and in the name of the Hospital Saturday Fund. Of course, we do not disclose the name of the patient if we can help it; and, I think, it is only fair to say that in many instances complaints which I have assisted in investigating at the executive committee, 19 out of 20, if not 29 out of 30, have turned out to be perfectly unfounded; and, better than that, on communicating with the subscriber, or the person who has made the complaint, we have generally been able to satisfy him that it was his fault and not the hospitals; not always; but the existence of a body which is considered to have more or less influence, through whom these complaints can be made

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Chairman—continued.

made and through whom investigation can be made, is an advantage to the patients and to the hospitals themselves.

22842. How many institutions did you assist last year?—We assisted, last year, altogether, 144; namely, 27 general hospitals, 59 special hospitals, 31 dispensaries, 14 convalescent homes, and I have six miscellaneous and seven special awards. If I may refer to an answer made by Miss Twining just now in evidence, with regard to the spread of district nursing, I believe that we have received this year a great many applications from district nursing associations to participate in our award, and last year we made a grant of 50 l. to the East London Nursing Society; and we hope to make more grants to well-established district nursing associations in the future.

22843. What are district nursing associations; are they for nursing patients in their own homes?—Nursing patients in their own homes, persons who either cannot or will not go to hospitals, and are not well enough off to obtain the services of a nurse in the ordinary way.

22844. Is that done free?—That is done free.

22845. Is it increasing?—I do not speak as an expert; but from a slight knowledge I can say that that is increasing very much indeed. Miss Twining has been one of the great advocates of that.

22846. How does your fund differ from the Sunday Fund?—In this way, that the collections are made in churches and all places of worship once a year in the case of the Hospital Sunday Fund, and all the advocating of the claims of the hospitals is done by the clergymen in their pulpits in their ordinary sermons. For us, the collection is attempted to be made weekly. I have a sheet here which we send into the workshops, ruled for every Saturday (*handing the sheet in*); and we attempt to get these small weekly contributions which are remitted to us at the end of the quarter. That sheet (*producing it*) is one for the annual collection which is made where we cannot get a weekly collection. The fact that all these sheets have to be sent out, and the fact that there is a great deal of work to be done in registering them, and receiving a large number of small amounts, very largely increases, of course, the expenses of our fund as compared with the Hospital Sunday Fund; but as the amount of work or the number of sheets issued increases, the proportionate expense will decrease; we shall not want any larger staff to do half as much work again.

22847. From your study of the various reports and accounts and balance sheets of the hospitals, would you like to see a universal system of accounts?—I should very much indeed, if it were possible. I understood that there was a meeting at the Mansion House, to which I am sorry I could not go (I intended to go to it), to advocate or bring before all the secretaries of hospitals some uniform system, and that a committee of secretaries had been appointed to consider the question.

Earl Cathcart.

22848. It is always assumed here that the Sunday Fund is an absolutely permanent institution, and it probably will be so?—Yes.

Earl Cathcart—continued.

22849. And I suppose the same with regard to your Saturday Fund?—With regard to our Saturday Fund, we hope it will be as permanent, at all events, as the Sunday Fund. We have now the advantage of being incorporated as a company, which gives us, of course, an existence independent of any trustees.

22850. Then you are a company under the more respectable form of the “Limited” being left out?—The “limited” being left out.

22851. In your interesting evidence you stopped short in one answer; you said that you paid a large sum for secretaries to go round to the different workshops to canvass, but you did not explain how the secretaries are paid?—I am glad your Lordship has given me an opportunity of explaining that. The secretaries are all paid fixed salaries. If you desire to hear what we do pay them I will give you the actual figures.

22852. Will you enlarge a little on your former answer, which was not so detailed as I wished?—The general secretary and the financial secretary, the two heads, receive 250 l. each; there are two assistant organising secretaries at the present day who receive 200 l. each; their duty is to go round among all the workshops to advocate a systematic collection on behalf of the hospitals, and as far as possible to introduce the Hospital Saturday scheme into the workshops. Under the scheme which was instituted by Sir James Whitehead, we started with four of those assistant organising secretaries, and we have now been able to dispense with two because the ground has been covered. That has been, so to say, a capital expenditure; and in this October another one will disappear, and the outside staff will be reduced to one man, of whom, with the general secretary, the chief duty will be to go round and introduce, and advocate subscribing to the different hospitals in the workshops.

22853. These canvassers who are specially appointed to go to workshops are of the class of working men?—Yes; one is a Mr. Webster, who was, I think, the founder of the Hospital Saturday Fund in Sunderland, which has been for the number of working men in the place the most successful which has been founded in England at all; and the other one is Mr. Taylor, who came, I think, out of the office of the London Hospital, a clerk in the office of the secretary of the London Hospital.

22854. Then you trust to their spontaneous zeal?—Yes.

22855. Otherwise you would pay by result?—Yes. We trust in their spontaneous zeal; we give them so large a minimum salary for this reason: they have great possibilities or opportunities of dealing with small sums of money, and on the strong advice of so good a man of business as Sir James Whitehead, it was decided that we would pay them such a salary as would put all temptation out of their way, seeing the small amounts which they would have to deal with. But London is divided into districts, and after a certain amount is reached in the district, the men get an additional 1 per cent. on the amount collected in their districts beyond a specified sum.

22856. And the results have justified your confidence?—The results have entirely justified our confidence.

22857. I think

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Lord Zouche of Haryngworth.

22857. I think you mentioned that certain hospitals were rather more looked upon with favour by the management of the fund than others?—No, I did not say that. I understood the question of his Lordship in the Chair to be whether the working classes of the country in my experience have confidence in the hospitals, and I said yes, but I thought that perhaps that confidence might be in some cases misplaced, as your Lordships might find out. In certain hospitals they appear to be very well treated.

22858. My question had reference to a remark you made some time ago, where you said that the working classes thought that they got rather more benefit out of certain hospitals than others?—That was in a different part of my evidence; lying-in hospitals, surgical aid societies, convalescent homes, and institutions specially for the treatment of the throat and chest diseases are the hospitals which have special consideration, because, as I understand it, the working classes think that they obtain greater benefits from those hospitals than from others. Take a case like Brompton, for instance; any subscriber to Brompton knows that letters are always being demanded from him for Brompton Hospital, much more than in the case of any general hospital; and that idea has got into the heads of the founders of the Hospital Saturday Fund.

22859. Then, in consequence of that, do you think that those hospitals you have mentioned would receive rather favourable consideration; I do not mean undue consideration?—They do actually receive additional consideration, and the way in which it is now done is this: that a special grant is made to one of the hospitals which is found to receive special consideration according to the plan of the award. Take Brompton, for instance; the figures at Brompton might work out to give them a grant of, say, 300 £. (I am taking imaginary figures), and then the committee might say, "Well, we are to give them special consideration"; and probably an additional grant of, say, 100 £. would be added on to the 300 £. which they would otherwise receive. Apart from that special consideration in the case of those three or four classes of hospitals, the award is made most absolutely correctly, or as nearly mathematically correctly as can be in accordance with the plan of award.

Lord Monkswell.

22860. You say you pay salaries without commission?—Yes.

22861. Do you find it answers better than with commission?—We have not tried commission; we thought this the better way to do it.

22862. You have not thought about it very much?—We have not thought it out very much, one way or the other. It seemed to us the better way to let a man know what was the minimum he was going to get.

22863. You give 15 marks for economy, I understand, in this form?—Yes.

22864. Is it not difficult to determine the claims of one hospital with another as regards economy?—We work out the figures from those supplied to us by the different hospitals.

22865. Then do not you make any allowance for different kinds of diseases?—No.

Lord Monkswell—continued.

22866. So much per bed you take?—So much per bed. We have attempted to do that which you speak of. I hope, if we get a satisfactory standard, we shall be able to do it; but it is almost impossible to get a standard. If some great hospital authority will give us a standard we can do it.

22867. You acknowledge that your system would be the better for revision?—Our system I do not think is perfect at all, but it is the nearest approach for distributing the fund that we have been able to discover to a perfect system.

22868. You have had this question of distributing the money, in some respects according to the different types of disease, under your consideration?—Yes, that has been attempted to be done.

22869. And the greater care required in nursing, for instance, in certain cases; then again, with regard to smaller and larger hospitals, you find that the smaller are naturally more expensive than the larger ones; do you make any allowance for that?—No, because we try to get the patient doctored as cheaply as possible; and if a small hospital is more expensive than a large one, we think, *pro tanto*, the award ought to be reduced.

22870. But we had evidence the other day to show that at all events as regards accidents it was desirable not to have a hospital very large?—Your Lordship will understand that I do not profess to speak as an authority on hospital management; I look upon myself merely as an apprentice on that at present; and we are attempting to distribute a fund which has been placed in our hands by a number of subscribers for distribution among the hospitals in the best way we can; and we have not a sufficient knowledge to erect standards for hospitals for different diseases and different sizes of hospitals.

22871. I should have thought that both as regards sizes of hospitals and diseases something might be done; it seems rather hard to only allow small hospitals the same cost per bed as the larger ones; in some cases it may be necessary to have a small hospital; it may be a very peculiar disease, and from the nature of it a small hospital may be necessary?—That is a question of course whether that particular disease could not be better treated in a general hospital, about which I understand you have had a great deal of evidence already, and as to which I should hardly like to express an opinion.

Chairman.

22872. Is there anything else you would like to say?—No. If it would be any assistance to the Committee that I should work out the returns in the same sort of way, comparing the large hospitals with the smaller ones, I should be very happy to do so. At the same time if it would be no assistance, I do not want to inflict it on the Committee, or to have the trouble to do it. If your Lordship would kindly let me know if it would be of any assistance I should be only too happy to do it; but I do not want to undertake the work if it would be no good at all.

Chairman.] I will let you know.

The Witness is directed to withdraw.

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Mr. ROBERT J. NEWSTEAD, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

22873. ARE you the Secretary of the Royal London Ophthalmic Hospital, Moorfields?—I am.

22874. When was that founded?—In 1805; on the 4th of January 1805.

22875. And how many beds have you?—One hundred.

22876. And this is a hospital entirely for diseases of the eye?—Entirely for diseases of the eye.

22877. Do they send cases to you from other hospitals and dispensaries for treatment?—That would only be exceptional; but we have cases from the infirmaries of the workhouses, from something like 80 in England.

22878. I ought to have asked you before how long you have been secretary?—Nineteen years.

22879. How is your hospital managed; what is its constitution?—It is governed by the governors, represented by a committee. That committee should be 24; at the present moment they are only 12.

22880. How often do the whole body of governors meet?—Once a year absolutely, but they may be called together at other times; as a matter of fact they have not been called together, except for the election of surgeons or for the petition being made to Her Majesty The Queen to incorporate the hospital.

22881. And then this committee, how often does that meet?—Once a month.

22882. And that is the executive of the hospital?—That is the managing committee of the hospital.

22883. In the absence of this committee you are the supreme authority in the hospital?—Quite so.

22884. Have you the right to suspend officials?—Certainly not; my duty would be to report them to the committee.

22885. But the committee might not meet for three weeks?—I should suspend a porter or anyone of that sort.

22886. Before this committee, does every description of books used in the hospital, account books and so on, come?—Every account book comes before the committee.

22887. Is there a finance committee?—No, the committee themselves act as a finance committee.

22888. Have you an honorary treasurer?—We have a treasurer; John Deacon, Esq., of 20, Birchin-lane, E.C., Banker.

22889. Are all those books then initialed by some governor or governors?—They are ticked off. The cash book of the hospital is examined once a month previous to the meeting of the committee by an accountant from the office of one of the committee.

22890. Are your auditors members of the Society of Chartered Accountants?—No, they are not members of the Chartered Accountants.

22891. They are honorary auditors?—They are honorary auditors.

22892. Now on that question, from your experience as a hospital official, do you think an

Chairman—continued.

audit of that description once a month a sufficient check on the expenditure?—I think so; I think the once a month better than the once a year by the professional accountant.

22893. But would not once a week be better still?—You cannot make the accounts up so well once a week. Everything is balanced off once a month, the donations and so on that come in are checked, and the vouchers for payments are produced and examined.

22894. At any rate your governors are satisfied with once a month?—Certainly.

22895. Where do your funds come from?—From the public.

22896. First of all, what was your expenditure and income the last year that you have there?—The expenditure in 1890 was 6,349 l.

22897. And income?—The net income was 5,496 l.

22898. And whence did that income come?—From subscriptions, donations, legacies, dividends, and so on.

22899. Could you tell us what the amount was in each case?—The annual subscriptions were 806 l. 12 s. 10 d.; the donations, including the almsboxes and grants from the Hospital Saturday and Sunday Funds, were 1,651 l. 6 s. 11 d.

22900. Have you got the amounts given by the Hospital Saturday Fund and the Sunday Fund separate?—I think I can give you these; they are not separate in this account, but I have got them here. From the Hospital Saturday Fund, 176 l. 8 s., and from the Sunday Fund, 572 l. 18 s. 4 d.

22901. Then the next source, legacies?—Congregational collections I have next, 36 l.; legacies of 100 l. and under, 190 l.; legacies exceeding 100 l., 1,890 l.; dividends, 871 l.; sale of old material, kitchen waste, 49 l.

22902. What do these dividends come from?—They come from 20,000 l. invested in Consols, left some years ago by one of the founders of the hospital, and 4,400 l., Brighton and South Coast Railway; and New South Wales and other securities.

22903. You have no land?—No land; the hospital is freehold.

22904. Any house property?—No house property.

22905. What occurs when you have a deficit, as you had last year, of 900 l.?—A sale of some stock is made to make up for that deficiency.

22906. Do you generally have a deficiency?—For the last four years there has been, more or less, a deficiency, some in larger amounts, some smaller. Previous to that there had been exceptional years of deficiency only.

22907. Has there been any extraordinary expenditure to account for that deficiency; any building?—In 1876 a new top-floor was built on the hospital, with 26 more beds, and that led of course to a much larger expenditure.

22908. And is that sum of practically 2,080 l. in legacies an average year?—The year before altogether it was only 470 l.; the year before that, 1,480 l.; but taking this year, I have already knowledge

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Mr. NEWSTEAD.

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knowledge of legacies amounting to 6,500 *l.*, and subject to some annuities, the 1-10th share of 49,000 *l.*

22909. But, on the whole, I may take it that 2,080 *l.* is a sort of average year in legacies?—Exactly.

22910. Have you a large out-patient department?—Very large; an average of 300 a day.

22911. Would those be fresh cases?—No.

22912. That is the attendances?—Yes.

22913. What is the total number for the year of fresh cases?—26,000 fresh cases.

22914. And we must multiply that by three or four for the attendances?—They were 133,000.

22915. Is it a free hospital?—Quite free.

22916. Are there no letters of any kind?—We have letters printed for the subscribers if they wish it, but a poor person is free to come in without a letter; letters are not demanded.

22917. So that a patient with a letter has no preference over a patient without a letter?—They have a preference to this extent, that I note on the letter that they are recommended by a subscriber, but they have no absolute preference.

2218. Do you make any inquiry as to the condition of the people that you treat, or do you treat anybody that comes?—Every patient, except an accident, has to give the name, address, and occupation. If the surgeons or the clerk have any reason to doubt that they are proper recipients of charity, they are sent up to me to make inquiries, and are refused relief if the inquiries are unsatisfactory.

22919. You make inquiries?—I make inquiries; but those inquiries are entirely confined to their own evidence; we do not make further inquiries.

22920. Do you take any payment from out-patients?—We take no payment from outpatients, except that they may put something in the box. Boxes are provided in the institution into which they drop small coins.

22921. As they feel inclined?—As they feel inclined; but there is no asking them for anything.

22922. Then as regards your nurses, how many nurses have you?—Three sisters and six regular nurses; that is nine nurses.

22923. For 100 beds?—Yes, 100 beds.

22924. Are they large wards or small wards?—They are different sizes.

22925. Do you require any night nurses?—Yes; we have two.

22926. And they circulate about in the wards?—Yes.

22927. And you have a matron?—Yes. The matron is present to answer any question you may please to put to her. Two of the surgeons have been nominated by the medical council of the hospital to attend, and would have attended to-day, but one, Mr. Tweedy, has had to go to Gibraltar in consequence of having had influenza; the other, Mr. Nettleship, will come at any time that will suit this Committee, and was not desired to attend to-day.

22928. Then as regards your contracts for food, who makes them?—We have no contracts for food. In the case of the butcher, we take the

(24.)

Chairman—continued.

meat on the same price as the contract for at St. Bartholomew's Hospital.

22929. You are guided by the contract for St. Bartholomew's Hospital?—Yes.

22930. And what happens with regard to the bread?—As to the bread it is the same thing. One of our committee is on the management of St. Bartholomew's.

22931. Then you make no contract?—We make no contract.

22932. Who is responsible for the food coming into the place?—Seeing to the quality of the food, do you mean?

22933. Yes?—The matron.

22934. Does she see it herself?—She sees the food and has it weighed.

22935. Have you any house steward?—No.

22936. What is, as a rule, the duration of a case of an in-patient?—I should judge it to be about 14 days, taking it all round. Some are much longer than others.

22937. What is your medical staff?—The medical staff consists of nine surgeons, two resident house surgeons, and one curator and librarian.

22938. What qualifications does your board insist upon for the staff?—Every member of the staff must be a Fellow of the Royal College of Surgeons in England.

22939. Are there no physicians?—The physicians are only to be called upon in case of one of the patients having some other disease unconnected with the eye, or in case of illness among the servants.

22940. Are the residents paid?—The residents are paid.

22941. Are those long appointments, or for a short time?—They stay various times; the present senior house surgeon has been about two years; the other 18 months. Some stay three or four years; some do not stay so long.

22942. May I ask what salary do you receive?—£. 250.

22943. And board and lodging?—No, only my lunch.

22944. You live away?—I live away.

22945. Who is in command at night while you are away?—The matron, or the senior house surgeon.

Lord Saye and Sele.

22946. You said that there ought to be 24 members of the committee of management, but that there were only at the present time 12; what has become of the others?—The others have died or resigned.

22947. It was thought better to reduce the committee then, was it, as their places have not been filled?—No, the great difficulty is to get new members on the management; and the committee would be glad at the present time to make up their number to 24.

22948. What is the average attendance?—The management consists of something like six or seven of these 12.

Lord Monkswell.

22949. You mean that six or seven are generally there?—Yes, generally.

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22950. Are

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Mr. NEWSTEAD.

[Continued.]

Chairman.

22950. Are there any sub-committees?—Only for special purposes.

22951. You have no standing nursing committee?—No standing nursing committee.

22952. No finance committee you said?—No finance committee, except that the General Committee go into the finance at every meeting.

Earl Cathcart.

22953. I supposing eye-patients do not require so much nursing as other patients; they are able to help themselves?—They require as much nursing in one way, but not as much waiting upon.

22954. They can get out of bed and walk about for instance?—Yes, quite so, after two or three days.

Chairman.

22955. Is there anything else you wish to say to the Committee?—I know that Moorfields has been said to have a great many people come there for advice, who are able to pay; but I think that their number is very much over-estimated. Many are sent away, five a day I think: and there are very few who really get the advice who could afford to pay a fee of a guinea to a specialist.

Earl Cathcart.

22956. Do you have to give many appliances?—Only artificial eyes and spectacles.

Chairman.

22957. Are the two night nurses in addition to the nine you mentioned?—No, they are included in the nine. I will leave the charter of incorporation as well as the report (*handing in the same*).

The Witness is directed to withdraw.

MISS ELIZABETH NICHOL, is called in; and, having been sworn, is Examined, as follows:

Chairman.

22958. You are the Matron of the Moorfields Hospital?—Yes.

22959. We have been told that you have altogether nine nurses?—Yes.

22960. Is not that a less proportion than usual for 100 beds?—Not for eye cases.

22961. The nursing is of a light description, is it?—Yes, the patients can attend to dressing themselves, and that sort of thing; the nurses have only to attend to the eye.

22962. How long have you been matron?—A year and a-half.

22963. Where were you trained?—At Newcastle-on-Tyne.

22964. What are the hours of the nurses?—From seven in the morning till half-past nine, and they are off duty every other day from six in the evening until 10.

22965. Where do they feed; have they a dining-room of their own?—Yes, they all feed in the dining room; they have all their meals there, except afternoon tea, which they have in their own rooms.

22966. Do they sleep in dormitories?—They each have a bed-room and sitting-room combined.

22967. Is their health good?—Very good.

22968. And do you train them yourselves?—As a rule they are trained nurses, who have been trained in general hospitals. When they come to us we train them as eye nurses.

22969. How long do you keep them, as a rule?—One sister has been there five years, and, I think, all the others have been there over three.

22970. And then as to wages?—The nurses receive 20 *l.*, and two of the sisters receive 26 *l.*, and the senior sister 30 *l.*

22971. And your own salary?—£. 60.

22972. You are boarded and lodged?—Yes.

22973. What hours have the night nurses?—From half-past 9 at night to 10 minutes to 9 in the morning.

Earl Cathcart.

22974. You come from a general hospital at Newcastle?—Yes.

22975. Were you matron there?—No; I was nurse there; and then I was sister at the Royal Ophthalmic Hospital for five years before I was matron.

Lord Monkswell.

22976. You say that the nurses begin at 7 and go off duty at half-past 9 at night. That seems rather long hours; how much time do they have for their meals?—They have breakfast from 8 until half-past; dinner from 2 until 3, and afternoon tea in their own rooms, which they take when they like.

22977. How long do they take off for that?—They take that when they like; there is no set time.

22978. You would not object to their going off for half-an-hour for that?—No. They have a rest in the afternoon.

22979. How long is that rest?—I could not exactly tell you, but there is a time when they can rest.

22980. Do not you know how long it is?—It is no fixed time.

22981. Have they got an hour or half-an-hour for it?—I should say they have always an hour in the afternoon.

22982. They have about three hours then in the day off duty for meals?—Instead of having two hours every day they have four hours every second day off duty.

22983. In addition to their meals you mean?—Yes.

22984. Therefore on ordinary days they would have three hours off duty for meals, and 11½ hours on duty, and on other days they work about nine hours?—Yes, I think it would be that, and once a week they are off duty from 3 o'clock until 10.

22985. You said that they go off duty on ordinary days at half-past 9?—Yes; their hours on

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Miss NICHOL.

[Continued.]

Lord Monkswell—continued.

on duty are from 7 in the morning until half-past 9.

22986. Then why do you say that once a week they are off duty until 10; would it not be until

Lord Monkswell—continued.

half past 9?—I mean that they are allowed out until 10.

22987. And as to holidays, how long holidays have they?—Three weeks' holiday.

The Witness is directed to withdraw.

MR. EDWARD MORTON DANIEL, is called in; and, having been sworn, is Examined, as follows:

Chairman.

22988. YOU are the Honorary Secretary of the British Hospital for Diseases of the Skin?—Yes, of the committee of management.

22989. When was that hospital founded?—About 20 years ago.

22990. And by whom?—By myself among others.

22991. By a syndicate in fact?—Yes, by a number of gentlemen who wished to found a hospital for the treatment of a special class of diseases.

22992. And it is situate where?—As you see, it has two branches; one in Poland-street, facing Great Marlborough-street, and there is a branch at Newington Butts.

22993. How many beds has it?—There are 11 beds in one branch.

22994. And what is the other branch?—That is an out-patient department. The business of the hospital is mostly an out-patient one.

22995. What is the number of out and in-patients you treated last year?—Three thousand four hundred and seventy-two out-patients, and two in-patients. In other years there have been many more in-patients.

22996. Does that number of two patients include both branches?—Yes.

22997. And the 3,000 odd out-patients equally include both branches?—Yes, in the same way.

22998. And how is the hospital going on as to its funds?—The total receipts last year were 1,180 *l.* 19 *s.* 11 *d.*; of that, 26 *l.* 5 *s.* was from donations; 39 *l.* 14 *s.*, annual subscriptions; 249 *l.* 8 *s.* 6 *d.*, interest on investments; and 865 *l.* 12 *s.* 5 *d.*, from patients' contributions.

22999. What are your investments; are they consols?—£. 8,708 2 *s.* in the 2½ per Cent. Consols, and a sum of 1,000 *l.*, Local Loan Stock.

23000. Is that the result of appeal or legacies?—Of accumulations and a number of legacies.

23001. You had a surplus in that year, had you not?—The expenditure of 1890 was 950 *l.* 6 *s.* 9 *d.*, and the investments, 1,127 *l.* 10 *s.* 6 *d.*; and taking the account of income and expenditure from the 1st of January to the 31st of December 1890, which I have here, we commenced the year with a balance from the preceding year of 1,395 *l.* odd, and we ended with a balance of 498 *l.* odd.

23002. Do you ever receive any legacies?—Yes, occasionally. There is a question about a small legacy now that another hospital claims; the question is now pending.

23003. Then as regards this large sum which in one year the patients paid themselves, 865 *l.*, on what system do you get that; what is the

(24.)

Chairman—continued.

question of payment?—The system is this: small payments are made by patients who can afford it; 5 *s.* for a month's attendance and medicine; 1 *s.* 6 *d.* for a week's attendance and medicine; sometimes less and sometimes rather more; nothing at all if they are very poor and have subscribers' letters.

23004. As to that term "poor" do you make inquiries?—The people in attendance make inquiries, when the patients attend.

23005. Do they make inquiries beyond the patients themselves?—Yes, when circumstances appear to require it; it is not as a rule done.

23006. Do you appeal to the public for funds?—We have not for a good many years; not for several years.

23007. Do you apply to the Hospital Saturday or Sunday Fund?—No.

23008. You never have done so, do you mean?—In the first instance we applied to the Hospital Sunday Fund a good many years ago, and we got a contribution; the second time we did not get a contribution; and we understood that it was not the policy of the managers of the fund to make grants to small special hospitals of this sort, so we have not carried the matter further.

23009. Are you managed by a committee?—We are managed by a committee.

23010. Do you have your accounts audited by a member of the Society of Chartered Accountants?—Yes. Your Lordship will see that I have brought you a print of the last year. The accounts are always very carefully audited, and for many years have been, by Messrs. Turquand.

23011. Do you ever co-operate at all with any of the larger hospitals or dispensaries, or with the medical practitioners round about by receiving cases from them for consultation?—Yes; that is to say, we are perfectly willing to do it; we are perfectly willing to show our cases; we are very anxious to co-operate with every one.

23012. Have you found your willingness to co-operate appreciated and reciprocated?—Not very much.

23013. Do you require your medical men to have the qualification of the surgeons and physicians of the Royal Colleges?—Yes.

23014. So that unless a man has that qualification he could not come to your staff?—We consider our men to be men of considerable eminence in that branch.

23015. I understand that they must have the qualification of one of those two colleges; that is a *sine qua non*?—Yes, that is a *sine qua non*.

23016. Have you any nurses in the hospital?—No.

4 G 3

23017. No

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Mr. DANIEL.

*Continued.**Chairman—continued.*

23017. No nurses in the out-patient department?—No, no nurses. You see that most skin diseases do not require severe treatment indoors; the cases are treated by applications and medicines.

Earl Cathcart.

23018. Was your institution started by any eminently skilled doctor?—I make no doubt that the hospital would not have lasted so long but for the interest that eminent and skilled doctors take in it.

23019. Is there any eminent name associated with it, such as that of Sir Erasmus Wilson?—No.

23020. You mentioned that you had only two in-patients?—Yes.

23021. And how do you graduate the establishment so as to suit two in-patients. Suppose you have one cook and one nurse, that would be one person in attendance for each patient; how do you manage?—We have to manage according to the calls upon us.

23022. I suppose if you have two patients the nurse does everything, cooks and everything?—Yes.

23023. Then your establishment consists of one nurse?—Practically you may take it so. We are not equipped for a large number of in-patients.

23024. And supposing the nurse goes out, the patients take care of themselves in her absence?—If we had a large number of in-patients we should have to increase our staff accordingly.

23025. But when the one nurse goes out, what do you do with regard to the patients?—I understand that arrangements are made to look after the patients properly.

23026. And some medical men from outside look in as to their medical attendance?—Yes, there is no resident medical officer.

23027. The fact is that the two in-patients must be very much in your way?—No, I think not. No doubt they are an expense, but there are sufficient funds forthcoming to support them.

23028. But still two-in-patients is not a satisfactory working number of in-patients?—No.

Chairman.

23029. You said just now that you presumed that in case of the absence of the nurse certain arrangements would be made; who would be in command; you do not live in the place?—No.

23030. Then who, supposing you have two of those patients there, would be in charge of them?—The principal medical officer would be the person in command.

23031. Does he live there?—He lives close by in Weymouth-street. The main branch of the hospital is in Great Marlborough-street.

23032. But it is, in fact, such a rare occurrence to have anybody in the hospital that it is not necessary to have anybody at all in command?—We find that the applications for treatment inside the hospital are very few and very rare. It is a kind of disease that does not seem to require treatment inside the hospital.

Earl Cathcart.

23033. Is the common itch a disease that prevails in London?—To a great extent.

23034. You must make those people in-patients?—It is a very rare thing, because they do not wish to become in-patients.

23035. But for that class of complaint you must treat the people very severely?—I am not a doctor, but I understand that the treatment consists in washing the patient, bathing the patient, and anointing with sulphur ointment. I understand that that treatment suffices.

Chairman.

23036. When you do have in-patients you get in a nurse to look after them?—Yes, we make proper arrangements.

Lord Saye and Sele.

23037. How many skin hospitals are there in London?—I do not know; I am only interested in this one.

23038. You spoke of a legacy?—Yes.

23039. I suppose that was sent to the Hospital for Skin Diseases?—To the British Hospital for Skin Diseases at Finsbury. At that time we had a branch there.

23040. You laid claim to it?—Yes.

23041. What was the amount?—It is some hundred pounds; it is a substantial amount. It appears to have been left by an old patient of the hospital.

The Witness is directed to withdraw.

MR. GORDON JONES, is called in; and, having been sworn, is Examined, as follows:

Chairman.

23042. You are the Secretary of the Hospital for Urinary Diseases, in Soho?—I am acting secretary for the present; I am medical officer; I am not really the secretary, but our secretary is away, and I am acting for him.

23043. When was this hospital started?—In 1878.

23044. And by whom?—By Dr. David Jones, my father.

23045. How many beds have you?—Twelve.

23046. What is your working number; what

Chairman—continued.

number of beds do you generally have full?—It varies; for the last two or three years we have had some long cases; perhaps four or five beds are occupied, and sometimes six or eight; sometimes they are all full. I could not give any exact average now.

23047. Do you have a large number of out-patients?—Between 2,500 and 3,000 in the year.

23048. Are your in-patients free?—No; it is a self-supporting hospital; entirely paying.

23049. And it actually does pay its way?—It does.

23050. Do

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Mr. JONES.

[Continued.]

Chairman—continued.

23050. Do you appeal to the public for charity?—No, nor ever have done so.

23051. Do you apply to the Hospital Sunday Fund?—No.

23052. And you get nothing except what you get from the patients?—From the patients; that is absolutely all. We have had one or two donations from patients of five guineas or 10 guineas.

23053. Therefore you do not co-operate at all with other hospitals or dispensaries?—I forgot to add that the hospital is conducted on homœopathic principals; so that fact, of course, negatives any connection with any other hospital excepting the homœopathic ones.

23054. But there are two or three homœopathic hospitals in London, are there not?—Yes, but I take it they treat their own patients. We have patients sometimes sent by medical men; a good many.

23055. From medical men in the district?—No, from different parts of London.

23056. What is your scale of payment?—Indoors 2 l. 4 s. weekly, and the out-patients payment is a shilling each patient, each time. My father really instituted this hospital for those patients who were not in a position to afford high fees, and yet who objected to receiving gratuitous advice. There are many like that: they do not object to pay something, but they cannot pay much.

23057. Have you any different grades of payment for in-patients?—We have two free beds constantly going. There was a donation made to my father some years ago of 1,700 l., and with that he founded two free beds; so those are always free.

23058. And the interest upon the 1,700 l. is a

Chairman—continued.

sufficient payment for the maintenance of those beds?—I will not say that; but we call them two free beds. They are free always and no charge is made for them at all.

23059. Is there any other staff besides yourself?—Yes, there are three medical officers.

23060. What sort of standing are those men: are they men of a certain age or young men?—I am the youngest; one is 38, the other is over 60.

23061. Do they hold the qualifications of the College of Physicians or Surgeons?—One is M.R.C.S.; one is a M.D. I am an Edinburgh L.R.C.P.

23062. Have you ever applied to be appointed a member of the staff of a general hospital in London?—No.

23063. Was that because they knew that you were connected with homœopathy?—No, because I had private practice of my own.

Earl of Kimberley.

23064. You could not qualify for the College of Surgeons or Physicians as you are a homœopathist?—I am afraid it would be rather a hopeless attempt.

23065. You could not as a professional homœopathist?—I could go up for the qualification, but I doubt if I should have any chance of getting through; I am afraid not. Of course there is a good deal of ill-will, I will not say animosity, but still ill-feeling exhibited by allopaths to homœopaths.

23066. But they would examine you on the other system?—Yes, allopathically; there is no homœopathic examination; one must qualify as an allopath before practising homœopathy.

23067. Would they test you and ask you if you were a homœopathist?—They would probably know that I was one.

The Witness is directed to withdraw.

MR. ROBERT FITZROY BENHAM, is called in; and, having been sworn, is Examined, as follows:

Chairman.

23068. You are the Founder and Medical Officer of The "Queen's Jubilee" Hospital, are you not?—Yes.

23069. Will you tell us what The "Queen's Jubilee" Hospital is?—It is a general hospital, but we do not take in infectious diseases, such as small-pox or scarlet fever.

23070. What year was it founded?—In February 1887.

23071. You were the founder?—I was

23072. How did you manage to find the funds; where did your funds come from for building and so forth?—I took a house and I supported it.

23073. Did you appeal to the public?—After it was founded. After it was started, I asked a number of my own patients for support.

23074. And did you get enough to carry on the hospital in that way?—Not in a lump sum, but in small subscriptions from time to time.

23075. Is it still working as The "Queen's Jubilee" Hospital?—It is.

23076. And how many beds have you?—Ten.

(24.)

Chairman—continued.

23077. Are they always full?—Always full.

23078. That involves a considerable expenditure; have you a large annual subscription; perhaps you will tell us where your yearly income comes from?—In 1888 the donations were 15 l. 8 s.; subscriptions, 71 l. 11 s. 6 d.; collecting cards, 18 l. 13 s. 4 d.; collecting boxes, 154 l. 3 s. 1 d.; Saturday street collections, 132 l. 12 s. $\frac{1}{2}$ d.; surgical appliances, 5 l. 1 s. $\frac{1}{2}$ d.; they were instruments which were given to the hospital, and we sold them to the patients; things like trusses and so forth, we converted them into money. Then in-patients' payments, 30 l. 11 s., and entertainments, 176 l. 5 s.

23079. You have no money invested?—No.

23080. And you have no landed property?—No.

23081. How much income does that make altogether?—£. 604 5 s. 4 d. Then to that add unpaid accounts, 514 l. 18 s. 8 d.; and I advanced 472 l. 13 s. $\frac{1}{2}$ d., a cash advance, which made together 987 l. 12 s. $\frac{1}{2}$ d. That was in 1888.

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23082. That

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Mr. BENHAM.

[Continued.]

Chairman—continued.

23082. That was the first year it started?—No, the second year. The first year there were so many large expenses that I took them off, I mean legal expenses. There was the Homœopathic case, and also the injunction, costing over 2,000 £., which I paid.

23083. Will you explain what that was?—The hospital was first situated in the Gloucester-road, and according to the lease granted by the freeholder, the place should not be used for anything which could grow to be a source of annoyance to the neighbours. There were photographers next door. They got others to join them, and brought an action, and it was held that diseases of the nose were infectious diseases; not that any medical man could understand that. However we had to move, and I had to pay the legal expenses.

23084. Did that 2,000 £. fall on your shoulders?—Yes.

23085. Do you apply to the Hospital Saturday and Sunday Funds?—We have several times.

23086. But without success?—Without success.

23087. What was your expenditure in that year 1888?—The expenditure was 1,591 £. 17 s. 5½ d. made up in this way: Cost of collection boxes, 17 s. 6 s. 2 d.; salaries and wages, 426 £. 10 s.; housekeeping, 186 £. 9 s. 1½ d.; travelling expenses, 3 £. 17 s.; postages, 27 £. 7 s. 2 d.; stationery and printing, 76 £. 9 s. 2 d.; drugs, 171 £. 19 s.; rent, 200 £.; rates and taxes, 36 £. 17 s.; sundry expenses, 6 £. 5 s. 8¼ d.; advertising, 56 £. 2 s.; furniture, 20 £. 2 s.; repairs, 42 £. 18 s. 8 d.; gas, 12 £. 10 s. 2 d.; fixtures, 20 £.; alterations to new premises, 250 £.; cost of removing, 36 £. 5 s.; insurance, 19 s. 3 d.

23088. That all comes to something over 1,500 £.?—Yes.

23089. And there was a deficit of 900 £.?—Yes, out of which I have advanced about half for that year.

23090. And how is the rest of the deficit defrayed?—That is carried on from year to year, but last year we were rather successful, and I advanced 573 £. to pay off back debts; so at the commencement of last year there was 1,305 £. owing, and I advanced 573 £., which leaves now only 731 £.

23091. Is that a debt to the bankers?—No, a debt to the tradespeople; running accounts for drugs, and so forth.

23092. You receive subscriptions; do you have any public audit of your accounts?—Yes, annually.

23093. By members of the Society of Chartered Accountants?—Yes. We have a large out-patient department.

23094. Do the out-patients pay?—No; there is a collecting box if they like to put anything in it; what we receive amounts to about a farthing per head, on the average.

23095. Do the in-patients pay?—A few of them do, but I suppose nine out of ten do not.

23096. Have you any nurses?—Yes, a matron and two nurses. Then we have special nurses for special cases. If we have say a case of

Chairman—continued.

typhoid, we have a special night nurse, who goes home in the day time.

23097. What made you first found this hospital and put yourself to this great expense?—In the first place there was really a need for it, and, secondly, I am fond of my work.

23098. Where is it?—The hospital is now in the Richmond-road, just at the bottom of the Earl's Court-road, situated upon a large area of ground for extension.

23099. And are you a very long distance from any other hospital of any description?—About 2½ miles; about equally distant from the West London and the St. George's; and we have, I think, on an average quite 20 accidents a day, some of them very severe, necessitating big operations, amputations of the thigh, and so forth.

23100. What is your staff of medical men?—There are five other medical men besides myself, a medical man to act as registrar and administrator of anæsthetics, and also to do our work if we are unfortunately away.

23101. Is your private practice in that neighbourhood?—No, it is rather spread.

23102. Does not looking after this hospital interfere with your private practice?—It does in a measure; still I do not attend every day myself.

23103. What are these assistants of yours in the medical line; are they young men or men of standing?—No, not young men; Dr. Thudichum is the great authority on diseases of the nose, and many of our cases have migrated from other institutions from which they were turned out as incurable.

23104. Are you successful in these cases where other hospitals have not been successful?—I can mention a very large number of such cases; in fact, several papers have been published to that effect.

23105. But owing to this skill that exists at your hospital, have not many other hospitals been anxious to co-operate with you?—I do not follow the question perfectly.

23106. You say, and I have no doubt it is so, that you are successful in cases where other hospitals have failed; do any of the other hospitals and dispensaries send to you cases for consultation?—A hospital would not do that, but many of our patients have been under treatment before they come to us. We treat a number of chronic cases.

23107. Is the number of your patients increasing annually?—It is, undoubtedly.

23108. You mentioned just now that you derived a certain amount of money from entertainments, 176 £.; what description of entertainments is that?—Sometimes we get up a concert or a bazaar, or anything we can think of.

23109. Do you always find that that pays?—No; unfortunately.

23110. It is a loss?—Sometimes; it is more often so than otherwise. I am sorry to say that the bazaar which has just been held is somewhat a fiasco.

23111. Then who bears the brunt of that?—I do.

23112. Do you hold the qualification of the Royal College of Surgeons?—I do.

23113. Were you ever on the staff of any general hospital?—I was assistant house surgeon
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Mr. BENHAM.

[Continued.]

Chairman—continued.

at St. George's; I was registrar and administrator of anæsthetics at the National Orthopædic Hospital; and then I started this hospital.

23114. Did you tell us how many nurses you have?—There is a matron, and two permanent nurses; but sometimes we have as many as half-a-dozen nurses.

23115. What do you pay your matron?—It is an honorary appointment; board and lodging.

23116. And have you a secretary?—Yes.

23117. What do you pay him?—£. 2 a week.

23118. And what do the nurses get?—£. 20 a year.

23119. And you board and lodge them?—Yes.

23120. Where were they trained?—One is a trained nurse, and the other not, though she has seen a great deal of practice.

23121. Not a certificated nurse?—No.

24122. Where was the certificated nurse trained?—I do not know; we engaged her from St. Helena Home.

23123. And when you require another nurse you get her from a training institute?—Yes.

23124. You founded this hospital?—Yes.

23125. Was the house not built for a hospital?—Not exactly built for it; but I adapted it to a hospital.

23126. What was it before it became a hospital?—It was a private house standing in its own grounds.

23127. Do you have to pay any medical officer?—No; it is all honorary.

23128. And you are out of pocket by this concern, I understand?—I have lost over 5,000*l.* in one way and another; it is my hobby; still the institution is very much wanted, because the patients are rapidly on the increase; we saw 22,000 out-patients last year.

23129. And how many in-patients?—On an average we see one a month per bed, so that as there are 10 beds it is 120 a year. For instance, there is a man in now with a severe compound fracture of the leg; he has been there two and-a-half months.

Earl Cathcart.

23130. I thought you said that there were about 20 accidents a day?—Yes; but not requiring to be admitted; smashed wrists or fingers, &c.

23131. Then there is a great deal of manufacturing in your neighbourhood, is there?—Extensively; the railway works, and several large factories.

23132. What is the nature of the nasal cases you have, polypus?—That is a simple nasal disease; but tumours at the back of the nose, and diseased bone of the nose.

23133. Why did you choose the term, The "Queen's Jubilee" Hospital?—Because I thought it was a novel idea as it was started in the Jubilee year.

23134. Then it was rather to please the taste of the public?—I thought that it was appropriate.

23135. And have you illustrious patrons?—Yes, very, most influential.

23136. Who are your principal patrons?—The Duchess of Wellington, the Right Honourable the Countess of Buchan, the Right Honourable the Countess of Denbigh, the Right Honourable

Earl Cathcart—continued.

the Countess of Cottenham, the Right Honourable the Countess of Haddington.

23137. Thank you; that is sufficient. Then I gathered from you that there was an objection in the neighbourhood to the founding of a new hospital?—No, not at all. When it was first founded Messrs. Elliott and Fry were next door, and they thought it might interfere with their business; but we are supported now by all the neighbours and tradespeople.

23138. Messrs. Elliott and Fry considered you a nuisance and got an injunction against you?—They did.

23139. On account of your treatment of nasal disease?—I believe it is founded on the decision of the late Master of the Rolls that a hospital which treated infectious diseases was a nuisance; and I believe it was held that nasal diseases were considered infectious, and therefore it applied on the decision of the late Master of the Rolls. But I have just said that medical men fail to recognise nasal diseases as infectious.

23140. But perhaps medical men on the other side took an opposite view?—Pardon me, I do not think the medical profession do; I think they are unanimous about that. There was rather a confusion about the words "infectious" and "contagious" and it was jumbled up.

Chairman.

23141. I see here you have in your report "committee of management," headed by the Right Reverend the Bishop of Marlborough, and this committee appears to be composed of 12 members?—Yes.

23142. How many generally attend?—On an average I think about two-thirds.

23143. Have you any fixed chairman?—Yes.

23144. Who is chairman?—Dr. Thudichum.

23145. Does he attend?—Yes, and the vice-chairman is Admiral Sullivan.

23146. And then there is a ladies' committee; what do they do?—I am sorry to say that that is a sort of nonentity; we have given it up now because we do not find it practical.

23147. You mean to say that they do not attend?—Well, it was formed for the purpose of organising entertainments.

23148. Not for the administration of the hospital?—No.

23149. And in consequence of the loss which ensued from these entertainments you abolished your ladies' committee; is that so?—Yes.

23150. Then how often do this committee of management meet?—They are called if there is any special work going on, but they always meet annually. Up to a few months back, we used to meet almost regularly monthly; but there has been no special work; the affair is in working order now; and I have great difficulty to get the funds to make both ends meet.

23151. In fact what they have to do is to meet to pay the bills?—No, I am responsible for that; there is a clause in the rules that until the hospital is self-supporting I have to bear the responsibility.

23152. Do you look forward with hope to the future career of this hospital?—I think so. Last year there was a very great improvement; our annual receipts amounted to 1,000*l.*

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23153. Was

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Mr. BENHAM.

[*Continued.**Chairman*—continued.

23153. Was that from any one single large legacy?—No, an increase of everything, donations and subscriptions, and there was one legacy of 50 *l.* left to us. So it looks very healthy; indeed, the working classes are organizing a demonstration for this hospital owing to the benefits they have derived from it.

Earl of Kimberley.

23154. Do you make any inquiry at all as to whether the applicants are able to bear the expense themselves?—If the clerk who enters the names of the patients thinks they are not fit to be admitted, he makes a note of it, which comes before the visiting medical man, or the secretary, and he would ask the patient a few questions, "What are you" and so on.

23155. Have you rejected any?—A very large number.

Earl of Kimberley—continued.

23156. What sort of standard do you adopt?—We go by their belonging to the working classes and by the nature of the case.

23157. But assuming that the case is one that should be treated outside and not one so urgent as to be in a hospital, what sort of standard of wage should you consider would disqualify a man for receiving the benefit of the charity?—We have no standard, no fixed rule. May I explain it in this way: Supposing a female came up with a cold, and her husband was earning 30 *s.* a week, we should refuse her; but if she came with cancer of the breast, we should admit her for treatment.

23158. But a single man coming with an ordinary disease who was earning 30 *s.* a week you would not consider eligible?—No.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Lunæ, 15^o Junii, 1891.

L O R D S P R E S E N T :

Earl SPENCER.

Earl CATHCART.

Lord ZOUCHE OF HARYNGWORTH.

Lord SANDHURST.

Lord SUDLEY (Earl of ARRAN).

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. HENRY WILLIAMS, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

23159. I BELIEVE you wish to make a correction of the evidence of Mr. Gordon in relation to the accounts of Guy's Hospital?—I do.

23160. Will you tell me the number of the question?—The question is 21787 on page 544. It is a very long answer given by Mr. Gordon, and towards the end he makes a statement about Guy's.

23161. This is what you refer to : “ I have an account here, an account which I should like to pass round, because it appears upon this account that two items have been entered; one is a charge for the board of medical residents in the sum of 587 *l.* 17 *s.* 19 *d.*; another item is ‘ By gas, &c., 818 *l.* 18 *s.* 13 *d.*’ Now those are not misprints, because the total of the column casts 19 *d.* and 13 *d.*” You wish to explain that, I believe?—I wish to explain it so far as this : that the statement signed by our auditors was in type, and upon our sending it to the printers, they have made a mistake ; and I have a letter from them acknowledging their mistake. The statement signed by the auditors and passed by myself is absolutely correct, and the fact that it adds

Chairman—continued.

up correctly is simply one of the vagaries of figures which you do come across sometimes. Instead of being marked 10, it has been marked 19 ; the figure 9 has slipped into the 10 below, and the figure 3 has slipped into the 10 below also.

23162. You have a letter from the printers acknowledging the mistake?—I have a letter from the printers acknowledging it ; and I have the original document in type signed by the auditors, which is absolutely correct. I hand it to your Lordship.

Earl Cathcart.

23163. I asked Mr. Gordon whether he was sure it was not a printer's error, and he said he was, because it added up right?—Of course, it would add up the same.

23164. Then you had not checked your proof?—I had checked my proof. What I sent to the printer was a final revise in type. Here is the letter from Waterlows acknowledging the mistake (*showing the letter to his Lordship*).

The Witness is directed to withdraw.

MR. JOHN HENRY BRIDGES, M.D., is called in ; and, having been sworn, is Examined, as follows :

Chairman.

23165. You are a Local Government Board official, are you not?—Yes.

23166. Will you tell the Committee what your precise position is?—I am the medical inspector for the metropolitan district for poor law purposes.

23167. For purposes of medical relief?—Yes.

23168. And how long have you occupied that position?—Since December 1869.

23169. Will you tell us what amount of poor law medical relief there is in the metropolis ; how many infirmaries, for instance?—There are 24 separated infirmaries and 44 out-door dispensaries. In addition to that there are the imbecile asylums and the fever hospitals under the control of the Metropolitan Asylums Board.

(24.)

Chairman—continued.

23170. Have you to do with those?—Yes, I have to visit them.

23171. Now, not including the asylums for the imbeciles, and so forth, under the Metropolitan Asylums Board, that is to say, taking only the infirmaries, how many beds are there under the poor law?—There are, at present, 12,445 beds.

23172. Have you formed any opinion whether that number is sufficient for the population?—It is not quite sufficient, and I have formed that opinion because I observe that the deaths that took place in the poor law metropolitan infirmaries last year, 1890, were 8,375, and the deaths that took place in London workhouses were 2,865.

23173. You mean to say that, if there had been sufficient room these 2,865 deaths ought to have

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Mr. BRIDGES, M.D.

[Continued.]

Chairman—continued.

have taken place in the infirmaries?—Most of them. And further, some of the parishes in London have no infirmary; for instance, Bethnal Green, owing to peculiar circumstances, has never as yet been able to procure a site for an infirmary; and, therefore, all their sick are in the workhouse.

23174. In the summary which you gave, 12,445, did you include any beds that there are in these workhouses?—No; those 12,000 and odd beds are exclusively in the 24 infirmaries.

23175. How many beds for the sick are there besides the 12,445 in workhouses?—I think about 4,000.

23176. That makes about 16,000 beds altogether?—Yes.

23177. Are those 4,000 for the sick, or for the inhabitants of the workhouses generally?—The 4,000 beds are beds actually occupied by sick persons; some of them are beds set apart for that purpose, and some of them are beds in ordinary wards which are obliged to be occupied, because there is no room in the infirmaries.

23178. As regards these 4,000 beds, what is the position of that sick asylum in Cleveland-street?—That is an asylum under a special board formed from three boards of guardians, the guardians of the Strand, the guardians of St. Giles's, and the guardians of St. James's, Westminster; they elect certain members and form a district asylum board.

23179. Then, again, are the beds in that sick asylum included in these 16,000?—Yes, I included them as one of the 24 infirmaries.

23180. Then what is the system pursued; do these three parishes send their sick people to the Cleveland-street Sick Asylum?—Yes, the three boards of guardians elect representatives every year, and form a board, and the parish authorities send their sick to the Cleveland-street Sick Asylum to the extent that that asylum will accommodate.

23181. Have you ever heard that the accommodation is so scanty in the Cleveland-street Sick Asylum that these three parishes have to keep their sick in their workhouses?—Yes; I have called the attention of the boards of guardians and the Local Government Board to that fact. The Local Government Board has made very strong representations to these three boards of guardians on the subject.

23182. That they should not keep their sick in their workhouses?—Yes, that they should find another site for another infirmary, or else very much enlarge the site they at present hold.

23183. Have you any idea what action is going to be taken, if any?—I believe they are considering the question of action, but no decision has been come to on the subject.

23184. Supposing it came to a question of enlarging the Cleveland-street Asylum, would that be a wise course, do you think?—If they could get a sufficient space of ground around it, no doubt it might be enlarged, but I should suppose it would be a very costly matter to acquire land round it.

23185. But then are there not many conditions about that district which would render it unadvisable to build another great infirmary there,

Chairman—continued.

so close to the other large hospitals, in a crowded district, and a very poor district?—I admit that it is not the very best site possible; but, on the other hand, supposing they were to select a site a very great way from where the sick live, there would be the great difficulty of conveying them there; and it very often results when an infirmary is too far, that a considerable number of the sick are practically left in the workhouse from the difficulty, whether real or supposed, of conveying them to a distant asylum.

23186. But that would be a matter of efficient organisation, would it not, if such difficulties arose?—I think not altogether that. The Strand guardians, for instance, have a very good workhouse at Edmonton, a workhouse which holds a considerable number of sick poor at the present time; but it would be impracticable to turn a site so far off as Edmonton into a sufficient infirmary.

23187. Now take for instance the Marylebone Infirmary, that is some distance from the parish of Marylebone, is it not?—It is, but nothing like so great a distance as Edmonton; it is perhaps three miles from their workhouse, and I do not think that it would be very easy for the central Sick Asylum Board to find a suitable site even within three miles.

23188. Has the poor law medical relief increased lately, in the last 10 or 20 years?—Indoor medical relief has increased, and out-door medical relief has diminished.

23189. By out-door medical relief you allude to the dispensaries, do you?—In the main to the dispensaries, because the greater part of London is under the dispensary system.

23190. But is that reduction of out-door medical relief owing in a measure to the enormous out-patient departments at the free hospitals?—I rather think the reduction of out-door medical relief is due to the establishment of the poor law infirmaries. The district medical officers of late have been sending in all the cases that they can of severity into the poor law infirmaries.

23191. Then you do not think, according to that, that a great many people who ought to go on the poor law go to the charities?—I do not think my opinion would be worth very much with regard to the charities.

23192. Could you tell us what the organisation of one of these new infirmaries is?—There is the principal superintending officer, who is the medical officer of the institution; he is called the medical superintendent. His business is to govern and control all the officers of the infirmary; then under him there is a steward and a matron, and other subordinate officers under them.

23193. How is the medical superintendent appointed?—By the board of guardians, or by the district board that manage the infirmary, or the asylum.

23194. Is the appointment endorsed by the Local Government Board?—It is referred to the Local Government Board, who either veto it, or approve of it.

23195. Who dismisses him in the case of misbehaviour?—He can only be dismissed after an inquiry by the Local Government Board; the permission

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[Continued.]

Chairman—continued.

permission of the Local Government Board is necessary to his dismissal.

23196. Then who appoints the matron?—The matron is appointed in exactly the same way.

23197. But then all the subordinate officers are not appointed by the Local Government Board, are they?—No; nor is the matron appointed by the Local Government Board; but over the dismissal of the matron the Local Government Board exercises a veto; and also over the dismissal of the steward. With regard to the subordinate staff, the Local Government Board, although it sanctions their appointment, has nothing to say to their dismissal; they can be dismissed without the leave of the Local Government Board.

23198. Has it ever occurred to you that the duties of the medical superintendent must be in excess of what it is possible for one man to perform. In the first place he has to look after the whole of the patients, from a medical point of view, has he not?—Yes.

23199. Then he has to be responsible for all the servants of the establishment, has he not?—He is responsible through his assistant officers.

23200. He is the responsible officer?—He is the responsible officer.

23201. In fact, the whole of the domestic and medical and administrative business falls upon his shoulders?—Perhaps that would hardly be quite an accurate way of stating it. It would fall upon him in the same sense in which everything that goes on in a ship, for instance, falls upon the captain of the ship; but a great quantity of the work is delegated to the steward, and another even more important department of the work is delegated to the matron.

23202. But still I do not think you gave me an answer to the first part of my question, which was whether you thought that the duties he had to perform were in excess of what one man can do properly?—That I think depends entirely upon the amount of assistance that is given him in the way of an assistant medical staff.

23203. What amount of assistant medical staff do any of them get?—In all the infirmaries there is an assistant medical officer; in the larger infirmaries there is what is called a clinical assistant, namely, a duly qualified medical man, who practically acts as a junior assistant, and who takes clinical records of cases.

23204. Therefore, in a large infirmary like the Marylebone Infirmary, with, I think, about 700 beds, you would have three medical men practically?—That is so.

23205. Now, do you think that sufficient?—I do not; I think it is an extremely small staff.

23206. Because, when you come to compare it with the numbers we have had mentioned before us in the large hospitals, it seems very inadequate. Take the London Hospital, for instance, which has, approximately, the same number of beds as the Marylebone Infirmary, you find there an unlimited number of medical men; there is a large number of resident medical men, besides the consulting staff, whereas, in your infirmary, with 700 beds, you have only three?—Yes; I

(24. 25.)

Chairman—continued.

am quite unable to say that I regard the medical staff as sufficient; I do not.

23207. Then would you propose that it should be increased by having more on the paid staff, or by opening the wards of the infirmary to what is called an honorary medical staff?—The latter alternative, opening them to an honorary staff, would offer great advantages, if you could secure that the honorary staff should consist, as in the case of general hospitals, of the most eminent men in the profession. The difficulty, or one great difficulty, in the way of that course lies in the extreme distance of the infirmaries, or most of the infirmaries, from the place where the principal consulting physicians and surgeons of London live. They, for the most part, live in the centre, and as the hospitals are, for the most part, tolerably central, the distance they have to travel to their hospital is not very large. I fear that, in the case of most of the infirmaries, it would be somewhat difficult (I am not at all intending to say that it would be impossible) for the leading physicians and surgeons of London to travel to the infirmary. For instance, to take the case of the Marylebone Infirmary, or the case of the St. Saviour's Infirmary, they are both a long way from the centre of London; three miles perhaps. I think it would, perhaps, be somewhat difficult, even for assistant physicians and surgeons of the London hospitals, to come to those more distant infirmaries unless they had an adequate fee for doing so. I think that would have to be paid.

13208. But you would not increase the resident staff of those infirmaries then?—I should increase it, unless this other plan could be adopted, of connecting poor law infirmaries with the staff of some general hospital. I think the only other alternative lies in increasing the resident staff. It might be increased, perhaps, in two ways; one, would be, instead of having one clinical assistant, to have three or four; and also it might, I think, be possible, under careful supervision, to induce a certain number of senior medical students to come, who would hold posts such as those of dressers and clinical clerks, and who would render very valuable assistance without any damage to the discipline of the institution.

23209. But that is a matter of organisation, is it not?—I think so.

23210. Would you like to see your infirmaries thrown open to the instruction of students?—I should. I should very much wish to see that clause in the Poor Law Act of 1869, which negatived a previous section of the Act of 1867, done away with.

23211. Do you know why that 1869 clause was passed?—I have inquired very often, and I cannot find anybody at the office of the Local Government Board who knows. It is supposed, I believe, that some one feared that the infirmaries might be used for anatomical purposes, and that it would be an unpopular measure with a view to poor law administration; that that would be an objection. Supposing that objection to be real, it would be an objection which it would be very easy indeed to meet by proper regulations, indeed by the regulations which already exist on that point.

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23212. Do

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[Continued.]

Chairman—continued.

23212. Do you think that the position of the matron and the medical superintendent is a satisfactory one at present?—I think it is satisfactory, supposing that there is that ordinary amount of tact on both sides which may fairly be expected in officers appointed to those two positions. I do not deny that there are some difficulties, but I do not think the difficulties are very considerable. I have always urged the medical superintendents to regard the matron as a sort of first lieutenant, entrusting her with the discipline and management of the nurses, and interfering with her as little as the ordinary head of a family interferes with the management of his domestic servants; and where that is done I do not think that difficulty of any serious kind arises.

23213. In fact, you would give further responsibility to the matron?—I should give the responsibility to the matron, reserving it always for the medical superintendent to interfere in cases of great urgency.

23214. But now in a matter of detail, like giving nurses leave to go out and signing their certificates, and so on, who does that; the medical superintendent or the matron?—The practice rather differs; I believe that leave is generally signed by the matron with the counter signature of the medical superintendent.

23215. So that, in fact, unless the application is recommended by the matron, the medical superintendent would have nothing to do with it?—No.

23216. Of what standing generally in the profession is a medical superintendent?—He is generally a man who has held a good position in his hospital; has held the position of resident house physician, or resident house surgeon; in most cases, that is so.

23217. But those are not necessarily men of very great experience, are they?—The guardians rarely elect a man who has not had a good many years' experience since taking his diploma.

23218. But in most cases they are young men, are they not?—Generally on their appointment they would be from 28 to 30 years of age.

23219. Do they hold these appointments for many years continuously?—Yes, for very many years.

23220. And these men have power to operate and so forth?—Yes; a considerable number of operations have taken place in the infirmaries; I have in fact a record here now of some 385 important operations, leaving out of sight the operations of minor surgery, that have taken place in the infirmaries during the last year.

23221. What is the description of operation?—I mean such operations as amputations and excision of joints.

23222. Do they have any consultations before these operations?—Frequently. In very serious operations, it is very common for the medical superintendent, with the leave of his board of guardians, to call in the advice of some consulting surgeon.

23223. From outside?—Yes, from outside.

23224. Is that surgeon paid by the board of guardians?—Yes; that surgeon is paid by the guardians with the permission of the Local Government Board, which is always granted.

Chairman—continued.

23225. What number of the medical staff live on the premises; do they all live on the premises, where there are three of them?—Yes.

23226. Then are they all boarded and lodged?—The medical superintendent is lodged but usually not boarded; the assistant officers are always boarded and lodged.

23227. As well as being salaried officers?—Yes.

23228. What is the salary they receive?—The highest salary paid to any medical superintendent is 500 *l.* a year.

23229. And lodging?—And a house with coals and gas, not board.

23230. Then 500 *l.* a year is the maximum salary I understand?—Yes.

23231. Then what do they begin at?—In the smaller infirmaries about 300 *l.* a year would be an ordinary salary.

23232. Now with regard to the matron; is she always a person who has been trained in a hospital as nurse?—Unfortunately that is not the case. In the more recently opened infirmaries the matron is a person who has received a thorough hospital training; but in some of the infirmaries that were opened earlier, the guardians were very unwilling to limit themselves to the choice of such a person, and appointed ladies who had had no training at all.

23233. Why were they unwilling to engage a competent lady?—They perhaps had their own favourites, or perhaps they did not appreciate the importance of having a trained matron.

23234. Then they practically engaged a superintendent of nursing who, it was possible, might have been ignorant of nursing herself?—In many cases that has been done.

23235. Would you not like to see every infirmary under a matron who was a trained nurse?—Yes, I am extremely anxious to see that made a *sine qua non* for a person holding the position of a matron.

23236. Do you know any cases where the matron is not a highly trained nurse?—Yes.

23237. Could you tell us what they are?—I could mention the large infirmary of St. George's, the infirmary of Wandsworth, the infirmary of the Poplar and Stepney Sick Asylum District.

23238. And in those cases the matrons are not trained nurses?—They are not trained nurses; they are simply qualified as housekeepers.

23239. And they have been moved up to the position of matron from some other position; is that so?—In some cases. In one case which I have mentioned the matron had been the wife of a workhouse master; she was simply a workhouse matron.

23240. Do you happen to know what age she was when she was appointed?—I should say about 35; I am not quite sure about the age.

23241. Now in these three places you have mentioned, are there any trained nurses under the untrained matron?—Yes.

23242. Then the subordinates know a great deal more about their profession than the superintendent does?—Very much. In such cases the matron would not attempt to interfere with the nurses in their work in the wards.

23243. Then this want of experience on the part

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Chairman—continued.

part of the matron does not cause irritation between the matron and the nurses?—I think it destroys the influence that a matron ought to exercise over her nursing staff.

Earl Cathcart.

23244. Miss Twining said that the matron could not exercise proper authority because the others rather looked down upon her; they had been instructed, and the matron was not instructed?—That is so.

23245. Miss Twining has a very strong opinion upon that?—I feel that very strongly indeed.

23246. And I think she said that the great majority of these matrons were not trained nurses in London?—The majority are not; that is quite true.

23247. I think she said that 10 or 11 were trained, and all the rest not?—It is something like that.

Chairman.

23248. You have given us the names of three infirmaries where the matrons are untrained; could you give us the rest of them?—I should say that in the cases of Camberwell, Greenwich, Hackney, Islington, Lambeth, Mile End, and Woolwich, the matron had had no training, and also I ought to say in the central sick asylum, and in the Poplar and Stepney sick asylum.

23249. What is the principal duty of the matron, to look after the nursing?—The most important duty of the matron, as I conceive, ought to be to look after the nursing; but she also has many other duties; she has to control the whole linen supply, and to act generally as a housekeeper.

23250. At any rate you consider that her most important duty is to look after the nursing and the nurses?—Yes.

23251. And in the case of, I think, 12 infirmaries that you mentioned, or a large number of infirmaries that you mentioned, the matron, whose principal duty is to look after the nursing, is herself an untrained nurse?—Yes.

23252. Now in these infirmaries will you tell us what the proportion of trained to untrained nurses is?—The word "trained" perhaps has some ambiguity about it.

23253. I mean hospital trained?—If I were asked what number of nurses have had a hospital training I should say it would be a fifth part of the number.

23254. Are any of these trained nurses certificated nurses?—That I am not quite sure about.

23255. But are you in a position to say whether every infirmary has some trained nurses at any rate in it?—Yes, I think I may say that every infirmary has some trained nurses.

23256. Then these trained nurses would very likely be extremely critical of the work that is done by the untrained nurses; have you ever had any amount of complaint as to mismanagement by untrained nurses?—The trained nurses that are appointed generally have placed under them the younger assistant nurses; they are supposed to teach them their duty and gradually train them.

23257. Does any infirmary train its own nurses at present?—Yes, several of them, the Maryle-

(24.)

Chairman—continued.

bone Infirmary for instance, almost entirely trains its own nurses; and several of the others.

23258. What number of nurses are employed in these large infirmaries?—There are altogether 888 nurses.

23259. But I mean taking one infirmary; we will take the Marylebone, that is one of the new ones; have you any statistics that will enable you to tell us the number of nurses there?—There are 65 nurses at Marylebone.

23260. Amongst 700 beds?—Yes.

23261. Do you consider that to be sufficient?—Yes, I think so. I do consider that sufficient for the class of cases that are admitted there, because a large number of the cases are not such as require a very great amount of nursing; they are very different indeed from the cases admitted into hospitals.

23262. Those 65 include night nurses, I suppose?—Yes, that number includes night nurses.

23263. They have night nurses, have they not, at these infirmaries?—Yes.

23264. There has been a great deal of improvement in the nursing in the last ten years in the infirmaries, is there not?—Very great indeed. The prejudice against the employment of trained nurses and the engaging of a trained matron has very much diminished, and I have no doubt at all that if all the untrained matrons were to disappear to-morrow, almost all the boards of guardians concerned would elect a trained matron; unfortunately they are saddled with their old officers.

23265. Paupers are never employed as nurses, are they, in London?—Not in the poor law infirmaries.

23266. I mean in the poor law infirmaries. And are they employed as ward maids or scrubbers or in any capacity?—Very rarely. The rule is that the cleaning of the wards, the rough work of the wards, shall be done by charwomen, who live outside, and who spend their day or half of their day in the infirmary.

23267. Is any attempt made at classifying patients in the infirmaries?—That rests entirely with the medical superintendent.

23268. That is a matter of administration which rests with the medical superintendent?—Entirely; and that would vary from one infirmary to another; some medical superintendents like classifying their cases and some prefer mixing them.

23269. Are all kinds of illness taken in the infirmaries?—Every kind of illness where the person is considered by the relieving officer of the parish to be sufficiently destitute.

23270. Setting aside infectious fevers and so forth, of course?—Yes.

23271. Now have you any power of detention of patients in the infirmaries?—I may say practically none.

23272. They treat the venereal disease in the infirmaries, do they not?—Yes.

23273. Have you any power in those cases to detain men or women till they are quite cured?—No, there is no power. There was a clause passed in an Act of Parliament of, I think, 1868, which allowed the medical officer to report to the guardians any case where he thought that a person affected with contagious or mental disease

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could not go out with safety to himself or others, upon which the guardians were authorised to detain that person; but I believe it was held that that clause did not apply to venereal disease.

23274. Do you think that would be a desirable power to have?—I cannot say that I think it would be very often exercised.

23275. You mean that the Guardians are only too glad to get rid of those patients as soon as possible?—Yes, I think so.

23276. Now as regards the infirmaries, whence come the drugs and the food?—The drugs and the food are supplied by the guardians in the first place, but a large part of the expenditure of the infirmaries falls upon the common fund of London.

23277. What is that "common fund" that you speak of?—The common fund of London was established by the Poor Law Act of 1867, for the purpose of easing the burden upon the poorer parishes of London; by that Act certain portions of the expenditure were placed upon this fund, to which all the Boards of Guardians contribute and from which some of them receive large sums, and amongst the matters so placed upon this common fund were the salaries of officers and expenditure in drugs.

23278. Then the guardians make their own contracts, do they?—Yes.

23279. Both for food and drugs?—Yes.

23280. Do the prices paid vary at different infirmaries?—Yes, they vary a great deal.

23281. Could you hand in a paper showing how they vary at different infirmaries?—There is such a paper; I am sorry to say I have not got it with me.

23282. Perhaps you will hand it in to the Committee?—I will.

23283. Have you a document from which you could tell us how they vary?—I have not got the document; there is a document about the contracts which I can send to the Committee if they wish. I have here a report of the total expenditure of the different infirmaries in different items.

23284. I will come to that in a minute. But what can be the cause for these contracts varying as they do?—I think the option of the guardians to accept or not to accept the lowest tender.

23285. Are contracts invited or are they advertised?—As a rule they are advertised.

23286. Do not you think that they ought always to be advertised?—I do, and it is the all but universal rule that contracts should be advertised. It is only in exceptional cases that they are not advertised, and then only by leave of the Local Government Board, granted for some special reason.

23287. Who receives the food and drugs when they are brought to the infirmary?—The steward receives the food and other provisions; the drugs would be handed over to the dispenser; there is generally a resident dispenser in the larger infirmaries.

23288. Then is the medical superintendent responsible with regard to the food, or is the steward alone responsible for it?—He is under

Chairman—continued.

the general superintendence of the medical superintendent, but practically he is the principle officer, of course, under the supervision of the visiting committee of guardians.

23289. Is there ever much complaint of the food by either inmates of the infirmary or the nursing staff?—Not often.

Earl Cathcart.

23290. My memory did not serve me just now exactly with regard to Miss Twining's evidence. In answer to Question 22644, Miss Twining said: "There were 11 of the 24 infirmaries that had hospital trained matrons." That confirms your own impression?—Very nearly so.

23291. Then Miss Twining says afterwards, at Question 22658, that a recommendation was made some time ago, in the time when Sir Charles Dilke was at the Local Government Board, suggesting that matrons should have more power, that their position should be more recognised, but that nothing has ever been done in consequence of that recommendation so made. You do not remember that circumstance?—I think I remember on several occasions something of the kind having been brought to the notice of the Local Government Board; but the view taken by the Local Government Board has been that in every poor law institution, whether it be a workhouse or a school, or a training ship, or an infirmary, there must be some one officer who is the head of the whole.

23292. That Miss Twining seemed fully to recognise, but she seemed to think at the same time that it would be better for the chain of responsibility that under the superintendent the matron should be responsible for the conduct of the nurses and generally of the female part of the establishment?—I very largely agree with that view. All I would urge is that it should not be so enforced as to deprive the medical superintendent of the ultimate superintendence which he at present exercises, and which, if he exercises it with tact, will not interfere with the full control of the matron over the nursing staff.

23293. That I gather to be quite Miss Twining's view; but the thought, in case of there being a very highly qualified matron, that that matron should be recognised as the head of the female part of the establishment, and not, as happens in some case at present, that the medical man himself should interfere with the female department without actually consulting the matron, because that would seem to interfere with the chain of responsibility?—I think if the medical superintendent does interfere without real cause for doing so, it is a grave mistake on his part.

23294. That interference should be through the head of the female part of the establishment, that is to say the matron?—Certainly, as a rule.

23295. Then Miss Twining goes on to quote you in answer to Question 22682. The question is "Of course there is a large amount of material for education wasted in the Poor Law Infirmaries?" and her answer is, "A very large amount indeed, and it is not only our opinion, but Dr. Bridge's himself has repeatedly said that there

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[Continued.]

Earl Cathcart—continued.

there is an enormous waste of material in regard to cases which are never seen elsewhere, except in these infirmaries, where people remain for years and die; an entire waste of material. Students never see them." Now Miss Twining has, as I gather, interpreted your view very fairly there?—Entirely; I quite agree with that. There are a great number of diseases which run through their course in these infirmaries, which are not seen by students in general hospitals, or which perhaps may be seen by the ordinary student at the first beginning, for the first few months of the treatment of the case.

23296. In infirmaries what margin of beds are you obliged to keep empty as a rule; have you any particular percentage of beds usually kept empty in infirmaries?—No, it depends entirely upon the pressure from without. In some cases, if the relieving officer sends cases to the infirmary, those cases have been taken in although the proper number of beds has been thereby exceeded.

23297. I ask that question, because as a rule in the general hospitals there is always a margin, something like 10 per cent., which are kept for one purpose or another, people being removed, and in case of casualties. But there is no working margin reserved in the infirmary beds?—There is not.

23298. Could you favour us with, or arrange to give us, the Consolidated Order regulating the infirmaries?—The Order is not precisely identical in all the infirmaries, although it is very similar. I have here an Order of the Local Government Board applicable to the St. Saviour's Infirmary.

23299. And that is typical, is it?—That is typical of the rest.

23300. Could you kindly leave it with us?—Certainly.

23301. Now the subject of dislocation was mentioned; that is to say institutions dislocated from their own parish or their own neighbourhood; would not that sort of dislocation of an infirmary interfere rather with the feelings of the patients, by removing them from their friends and visitors?—There is a very strong feeling amongst the poor themselves and their friends, against removal to any considerable extent.

23302. I have found it so in my experience in the country, that people do not like being far removed from their friends and relations, because then they cannot have visits?—Yes, that is so.

23303. In the case of old people especially, they feel very much removal to a distance?—Yes.

23304. The medical superintendent on the whole is a satisfactory officer, as I gather from you?—The majority of them.

23305. Are there every now and then complaints?—Yes, there are.

23306. What of; non-attendance, absence?—There have been complaints of neglect of a particular case.

23307. Carelessness?—Or carelessness, or of want of skill.

23308. That was my experience in the army with regard to medical men, that it is necessary for commanding officers to look strictly after the

Earl Cathcart—continued.

hospitals and to visit them very often; sometimes in the evening, sometimes in the morning, to see to see that the sick are properly attended. The same thing occurs in civil life, no doubt?—It may occur, certainly.

23309. Is there no medical superintendent in chief, nobody whose business it is to go round at different hours to visit the different infirmaries?—Yes, that is part of my duty to visit these infirmaries.

23310. And you do that occasionally; you visit at different times?—I do.

23311. And nobody knows when you are coming, in point of fact?—My visits are always unexpected.

23312. And sometimes in the evening?—Yes.

23313. Late?—I have visited as late as midnight.

23314. But, on the whole, the medical superintendence is satisfactory?—As a whole, I have no hesitation in saying that it is.

Chairman.

23315. So far as it goes?—So far as it goes.

Earl Cathcart.

23316. So far as the numbers can cope with the difficulties?—Yes, I mean that entirely.

23317. Then how is the medical attendance managed in the workhouse; is it a separate staff of medical men?—It is managed by some practitioner who visits the workhouse when he thinks necessary. Sometimes that officer is the superintendent of the infirmary if the workhouse happens to be near the infirmary, and sometimes it is a distinct officer.

23318. But not necessarily an infirmary medical officer?—Not necessarily so.

23319. Then you would gladly see the greater part of the sick, or nearly all the sick removed from workhouses?—Yes, I would.

23320. It would be better for the poor in the workhouses, and better for the sick?—Yes.

23321. Do you not think there was some sort of feeling of prejudice, that clinical teaching in the infirmaries would lead to expense; that the guardians have harboured the notion sometimes that clinical teaching in the infirmaries would bring in medical men with more expensive views and that sort of thing?—I do not say that that may not have entered the minds of some of the guardians, but I think it would be very easy to show them that no serious expense, perhaps no expense at all, is involved in that.

23322. But it is very satisfactory that, as we gather from you, you combat the idea that there should be anything adverse to clinical teaching in the infirmaries?—I am very strongly in favour of the plan of having clinical teaching in the infirmaries, not merely for the sake of medical science, which would certainly profit by it, but also quite equally, for the sake of the inmates of the infirmaries themselves, who would profit very much by the very close attention that would be given to their cases.

23323. And there is a prejudice out of doors that the patients would object to being seen by a number of young medical men; but that is not your view of the case?—I believe that that view

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is entirely erroneous. I think that the immense majority of poor sick people are very much pleased by close and minute attention being given to their cases.

23324. That is what we are told in regard to the general hospitals, that the patients rather like being closely looked after by many people, Many?—I think that is so.

23325. Many of the medical men in infirmaries no doubt are married?—Of the medical superintendents some are married.

23326. There is no objection to the medical superintendent being a married man, as he lives in a separate house?—There is none at all.

23327. But the junior officers could not be married as they live within the infirmary?—They could not.

23328. A married man would not be taken for the post of a junior medical officer?—No, there would be no accommodation for a married couple in the case of an assistant medical officer.

Lord Zouche of Haryngworth.

23329. I believe you have a large number of chronic cases in these infirmaries which are kept beyond the time when they would be discharged from ordinary hospitals?—Yes, that is so; a very large number of the cases admitted into the infirmaries belong to the chronic class.

23330. And those cases would not be kept at an ordinary hospital, whether a general or special one, for nearly such a long period, I suppose?—That is so; there are cases, for instance, where the disease takes 10 or 15 years to run its course.

23331. So that the inmates of these infirmaries are in a very much better position than people who will not take advantage of the poor law infirmaries?—Much better certainly than those who are left outside in their own houses.

23332. I believe it is a fact that there is no institution of any sort in London for treating what might be ordinarily called chronic cases after they have been discharged from hospitals, except such as the poor law infirmaries?—Unless you recognise as such the hospital for incurable diseases at Putney.

23333. With that exception, I suppose there is none?—I think there are one or two very small institutions, but none of any size.

23334. Is it not often a very great hardship to people, who are not paupers, but who go into the ordinary hospitals and are treated for a certain time: the worst of their disease, so to speak, is cured, and they are then turned out because there is no more room for them, and they sometimes die of the disease for want of proper care at their own homes, the only alternative being that they should go into a workhouse?—Yes, I think there is such a hardship.

23335. And do you see any remedy for that state of things?—I have never thought of any remedy, except a greater amount of voluntary enterprise in the matter.

23336. In the direction of some kind of incurable hospitals or asylums?—Chronic hospitals, similar in fact to the Cancer Hospital.

Earl Cathcart.

23337. There would be no difficulty, I suppose, in any member of this Committee visiting the workhouse infirmaries, or any of them?—Not at all.

23338. It would be sufficient merely to give one's name?—Amplly sufficient.

Earl Spencer.

23339. Where were these cases, which are now treated in the infirmaries, treated before they were established?—They were almost all of them treated in the sick wards of workhouses.

23340. You do not think that the sphere for treating the patients has been enlarged and gone beyond those who would necessarily go to the workhouse; I mean a class above paupers?—I think that a good many of the cases now to be found in the infirmaries would have refused to go into a workhouse before, but they would have been treated as out-door paupers at their own houses.

23341. They would have received relief before?—They would have received out-door relief.

23342. Do you think that you get any large number of persons who might belong to provident medical clubs?—As far as I have been able to examine that matter, I believe exceedingly few.

23343. I gather from what I have heard of your evidence, that you do take chronic cases?—There are a large proportion of chronic cases, but chronic cases do not, by any means, make up the total amount of the inmates of these infirmaries. For instance, I note that, in the course of last year, the number of admissions into the Marylebone Infirmary was 2,203, which, of course, implies that a large number of them remained there only a short time, because the infirmary only holds 700; and I compute that the total number of admissions into the infirmaries during 1890 was about 30,000, so that a large number of the cases are not chronic.

23344. Have you any return showing the average time that patients remain in the infirmaries?—No, I have not. I am not quite sure whether that average would not be a little misleading, because, as some people remain only a month and others may remain for 15 years, the extremes of the average are so great that the average itself might be a little misleading.

23345. Have you any return showing the number of cases that remain in, say, over a year or over two years?—I have not such a return, but it would be an easy one to obtain.

23346. Is there any communication between the infirmaries and the general hospitals, in this way, that any serious case might be sent to the hospital, or do you treat all serious cases at the infirmary?—In some cases the medical officer having a severe surgical case requiring some important operation would prefer not to perform the operation himself with his own staff, but would have the case sent, by leave of the guardians (which would always be given), to a general hospital. In other cases, as I think I have already said, the medical superintendent obtains the aid of some other medical man, some consulting surgeon, to assist in an operation.

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23347. In the country, I think I am right in saying, very frequently the boards of guardians subscribe to infirmaries in order to send patients there?—That is so.

23348. That would hardly be the case in the metropolis with the infirmaries?—It is not the case to nearly the extent that it was. They used to subscribe to the hospitals for that reason very much more than is done now.

23349. And you say that now the poor come more freely to the workhouse infirmary than they would to the workhouse itself?—Certainly, for every reason. They look upon the workhouse infirmary as being more akin to a hospital, and they know that they will get very much better treatment there than they would in the sick ward of the workhouse.

Chairman.

23350. Could you tell us what the cost of the 16,000 beds in infirmaries and workhouses was for the last financial year you have?—I have not added it up, but I have here a return which I could leave with the Committee of the total cost of each infirmary. The total expenditure in 1888 (which is the last printed return I have) for 23 infirmaries and sick asylums was 336,205 *l.*, and the average cost per head of the infirmaries was 35 *l.* 17 *s.* 4 *d.*

23351. Could you tell us what the cost of one infirmary was with 700 beds; Marylebone Infirmary, for instance?—The cost of the Marylebone Infirmary was 38 *l.* 9 *s.* 4 *d.* per head.

23352. Is that per patient, as it were?—Yes, per patient. That means not estimated by the nominal number of beds, but by the actual number of days' residence of all the patients for the year, supposing the average number of patients in the year was, say, 600. In the case of Marylebone, I have it here exactly; the average number of patients during that year was 653.

23353. £. 336,200 for the infirmaries; then there are 44 dispensaries as well, you say?—Yes, there are 44 dispensaries as well.

23354. What was the cost of those dispensaries?—I do not think the return is annually sent in, but I have a return, I think, for 1886 in which the cost of drugs for dispensaries was 7,000 *l.*

23355. That is for drugs alone?—For drugs alone.

23356. Then there are salaried officers belonging to these dispensaries, are there not?—Yes. I could leave a return with the Committee representing precisely what the salaries of the district medical officers in London are.

23357. Will you please do so?—I will.

23358. Will you state what is the maximum salary or rather what is the range of the amount of these salaries?—The average salary is about 115 *l.*

23359. And how many of these medical officers are there?—There are 158.

23360. When were these dispensaries established?—About the same time as the poor law infirmaries were established; they began to be formed about 1870.

23361. Were they established with any relation to population?—Yes, with some view to the

Chairman—continued.

population. In the larger parishes there are three of them, and in most of the parishes there are two.

23362. Do you know how many patients were treated at these dispensaries last year, or in the last year that you have the returns for?—I have the figures for 1890; in that year 119,141 orders were given to medical officers for attendance upon patients.

23363. That is at their own homes?—Attendance upon patients, partly at their own homes, and partly at the dispensary; for attendance at their own homes, 53,572 were given, and for attendance at the dispensary, 59,149. Then I ought to add that 10,198 pauper patients who had what are called permanent orders. In the chronic cases the orders are not renewed; they run on perpetually.

23364. So that they can attend once a week?—Yes.

23365. At the same time their malady does not require them to go to the infirmary?—That is so.

23366. How are those dispensaries managed; are they under the guardians too?—Entirely under the guardians. There is a dispenser who is generally resident, not always resident, and the dispensary is open for a certain number of hours during the day, during the morning and during the evening; and the doctors visit at specified hours, for an hour, say, in the morning.

23367. What is the range of the visits paid at the patients' houses; is it, if they are within the parish, or what?—Yes; it would rarely be more than a mile.

23368. Are the dispensers who are employed duly qualified?—All of them.

23369. And with regard to the medical officers that you have, what qualifications do they hold, as a rule?—They must be registered medical practitioners.

23370. Could the dispensaries be used for teaching purposes?—I do not think with any utility; I think it would be very difficult to make them available for teaching.

23371. You say not with any utility; is that because the cases are not grave enough?—The cases that are of any gravity are always sent as soon as possible into the poor law infirmary.

23372. Have you ever considered whether you could organise the system so as to link the poor law infirmaries and dispensaries with the great charities?—Yes, I have thought about it a good deal, and I think that every facility ought to be given for making attempts in that direction. Where a poor law infirmary is situated not very far from a general hospital, as for instance, in the case of the Whitechapel Infirmary and the London Hospital which is nearly opposite to it, or even in the case of the St. George's Hospital and the Chelsea Infirmary, or of the Lambeth Infirmary and St. Thomas's Hospital; in such cases as these I think it would be possible to have some arrangement by which the assistant physicians or assistant surgeons, that is the junior honorary staff of the hospital, could come at certain definite times and consult with the medical superintendent as to the more

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serious cases, bringing possibly with them a certain number of senior students.

23373. Are you acquainted with the organisation of the Birmingham infirmaries?—Yes, I have a general knowledge of it.

23374. I think the plan there is that they have a lay superintendent, have they not; a lay governor I think he is called?—That is so.

23375. Would you like to see that carried out in London or not?—I see some advantage in the plan. I understand that at Birmingham they have a lay governor, they have a qualified matron, and they have several junior resident medical assistants, and they have a consulting physician and a consulting surgeon from Birmingham, who visit. Now, supposing an infirmary in London were sufficiently near the centre of things to make it possible for one of the very best physicians or surgeons to visit, I can see considerable advantage in such a plan as that. I think that perhaps it would have the advantage not merely of his greater skill, but of avoiding degeneracy into routine, which is always a danger where you leave things entirely to resident officers. But on the other hand, considering the great distance of many of the infirmaries from the centre where the best medical men reside, I am afraid it would be very difficult; and I should be exceedingly sorry to leave an infirmary to the mercy, so to speak, of such visiting medical men as might be found in the immediate neighbourhood of that infirmary. I think that then things would be very much worse than they are at present. At present you have a man who is very often an exceedingly able vigorous man as medical superintendent taking a very keen interest in his work and contributing to medical science as far as he can. I think that unless you took care to get the very best medical skill that London could supply, you might, by a visiting staff, very easily change for the worse.

Earl Cathcart.

23376. You have got a list of operations there. I think, if the noble Lord in the Chair takes the same view as I do, it would be interesting to put it in, because it shows the relation of your work to that done in the general hospitals?—I could put in a complete list of all the operations of importance that have been performed; I have here merely an abstract of it.

23377. That might answer every purpose?—Very well; I will furnish that.

23378. With reference to the cost of the out-patient departments of the general hospitals in regard to your dispensaries, we have had here the average cost per order?—Does that include the proportionate expense of the medical officer's salaries?

23379. No, no salary at all, but merely his expense caused by the out-patient. Have you any calculation of that nature with regard to your dispensaries?—I have merely the total cost of drugs for the 119,000 orders, that is 7,000 *l.*

23380. When you say "drugs," you mean drugs and appliances, probably?—Drugs and appliances.

23381. Then in the case of the general hospitals they would average it upon each order?

Earl Cathcart—continued.

—Yes; I have only the average cost per order of the salary of the medical officer attending, which is not what your Lordship wants.

23382. What does it come to please?—It comes to 3 *s.* 4½ *d.*, on the average.

23383. On each order?—Yes.

Chairman.

23384. I did not quite understand. You say that the drugs cost 7,000 *l.*?—Yes.

23385. Taking the 158 medical officers at an average of 115 *l.*, a-piece that comes to about 28,000 *l.*, a little more; that makes altogether the cost somewhat in excess of 35,000 *l.*; do you include the salaries of the officers when you make the calculation which comes out at 3 *s.* 4½ *d.*?—No, my calculation of 3 *s.* 4½ *d.* is simply on the proportion of remuneration of the medical officers for each order.

23386. Each out-patient?—Each out-patient.

23387. Therefore you do include the cost of the medical officer in that calculation?—Yes, it includes nothing else but that.

Earl Cathcart.

23388. Have you ever struck the average of the number of attendances upon each out-door relief order, each dispensary order for out-door relief?—No, I have not done that. I have inquired into it a little, but never exhaustively. I believe it to be about eight attendances on the average.

23389. I suppose that the establishment of these dispensaries which the noble Lord in the Chair asked you about, is under Mr Gathorne Hardy's Act?—Yes.

23390. The whole institution of the infirmaries and out-door dispensaries and that is under Mr Gathorne-Hardy's Act?—Yes.

Lord Zouche of Haryngworth.

23391. Are these poor law infirmaries always separate buildings from the workhouses?—In nearly every case they are separate. In one or two cases a portion of the workhouse has been so cut off from the rest of the workhouse building as to make a separate infirmary; that has been done in the case of Shoreditch and in the case of St George's-in-the-East.

23392. What class of patients are taken into the sick wards of the workhouses?—Merely those for whom there happens to be no room in the infirmary; they represent really the overflow. Where the infirmary is sufficiently large and is also sufficiently near at hand, there would be no cases at all left in the workhouse. For instance in St George's-in-the-East last year there were only two deaths in the workhouse, whereas in the infirmary adjoining there were 317.

Chairman.

23393. In what workhouse is the maximum number of deaths in the sick beds of the workhouse?—In the case of Bethnal Green, which has no separate infirmary at all, the number of deaths last year was 462. In the case of St Pancras, where there is an infirmary at Highgate, but the infirmary is not sufficient for the number of the sick, the number of deaths in the

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the workhouse sick wards was 400. In the case of Holborn also, a workhouse in addition to the infirmary is set apart for sick people, and there there were 408 deaths.

23394. What do they do at Bethnal Green, supposing they have more patients than they can take in?—There is no alternative except to cram them into a smaller space.

23395. And is that infirmary very much over-crowded as a rule?—It is.

Lord Zouch of Haryngworth.

23396. Do you think that there is not the same objection on the part of people to take advantage of a poor law infirmary, when it is a separate building from the workhouse; I mean, would a man going into a poor law infirmary, going into quite a separate building and institution from the workhouse, consider that he did not go in quite so much as a pauper as if he went into an infirmary where it was workhouse and infirmary together, do you think that some such distinction is drawn?—I think some distinction is drawn. I think sometimes a poor man would prefer remaining an out-patient at his own house to going into anything that was specially associated with the workhouse; and no doubt if the infirmary is some way off he gets to consider it as somewhat more like a general hospital.

23397. But where the two are combined in one building there is no doubt a very strong objection on the part of a good many people to going into it at all?—The objection would certainly be rather increased. When I say that the two are combined in the two cases that I mentioned, I did not mean that they are combined as far as administration went, but that the two buildings were adjacent.

Earl Spencer.

23398. Have you any means of comparing the condition of things, with regard to the treatment of the sick, before these new infirmaries were established and the condition of things now?—Yes, I think the materials exist for that comparison. In the Thirteenth Report of the Local Government Board, such a comparison has been made in the body of the Report, with the condition of the sick before Mr. Gathorne-Hardy's Act. In 1886, for instance, there were, I think, only 111 paid nurses for all the sick of London, whereas now the number is exactly eight times that, 888.

23399. Can you give any figures to compare the number of cases treated per thousand of the population, or anything of that sort?—I have not the numbers with me.

23400. Has there been a large increase in the number of cases treated in the infirmaries, compared with what the number was before?—Yes, they have increased very considerably. A very large number of the sick poor of London, would not go into the sick wards of the workhouses at all, but remained to be treated at their own homes.

23401. Did they pay for that treatment before?—No; they were treated by the poor law medical officers.

23402. In an inferior way?—In a very inferior way.

(24.)

Earl Spencer—continued.

23403. Are there any figures to show what the result of the new treatment has been, as to cases alleviated or cured?—I think that in that report I referred to there are some of those facts to be found, that is to say, in the Thirteenth Report of the Local Government Board; I have not got it with me here.

Chairman.

23404. Will you put it in?—I will.

Earl Spencer.

23405. Then as to the cost of drugs and medical officers, in answer to a question, you gave the cost of drugs and the cost of paid medical officers; can you compare that with what it used to be under the old system?—I cannot; because under the old system the drugs were provided by the medical officers themselves.

23406. Then they were paid on a different system from what they are now?—They were paid a sum, out of which they had to find their own drugs.

23407. Now you mentioned that one of the workhouse infirmaries is exceedingly crowded; crowded to an extent to affect the health of the patients, or the cure of the patients, do you mean?—I think any amount of overcrowding would tend to affect that.

23408. But is it so overcrowded that it has a deleterious effect upon the treatment of these patients?—I am not quite aware what infirmary your Lordship is alluding to.

23409. I think it was Bethnal Green?—Bethnal Green is a case in which there is no infirmary, a case in which all the people are treated in the sick wards of the workhouse.

23410. How is that; is it that the guardians have not been willing to join in a separate infirmary, or is it that the Local Government Board have not insisted upon it?—The Local Government Board has pressed them very strongly, but they have not yet succeeded in obtaining a site; they are at present actively engaged in looking out for a site.

23411. I understood you to say that some of these infirmary wards were already crowded?—There is one of them which is somewhat overcrowded, which has more patients, perhaps, 10 per cent. more patients, than we think ought to occupy it; I refer to the infirmary at Whitechapel, but it does not amount to more than that.

23412. Can you state the dimensions of the rooms, or the number of cubic feet of air allotted to each patient?—The amount of cubic space allowed to each patient in the poor law infirmaries is 850 feet.

23413. That is the regulation?—That is the regulation amount.

23414. And in this case of over-crowding, what was it?—In some cases it would have been reduced to about 650.

23415. Would that have a serious effect on the treatment of patients?—It would undoubtedly have a deteriorating effect in treating pneumonia or in treating almost all diseases of severity; especially in cases of erysipelas for instance, it would have a deteriorating effect.

23416. Is there any communication between one infirmary and another, so that if one is overcrowded, and the other not full, they can relieve

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the overcrowded one by sending patients to the other?—Voluntary arrangements can be entered into between two boards of guardians, with the sanction of the Local Government Board, to take a certain number of patients into an infirmary which has sufficient room, at a certain price.

23417. As a matter of fact, is that often done?—It is done; not very often, but it is sometimes done.

23418. How do the patients obtain either admission to the workhouse infirmaries or relief at the dispensaries; by the order of a relieving officer or by a simple voluntary application at the institution?—A person obtains relief at a dispensary by applying at the relief office of his parish, and telling the relieving officer that he himself, or that his relation is ill, and then the relieving officer gives the district medical officer of that district an order to attend that person, either at his own house, if the case is a very bad one, or at the dispensary, if not. With regard to the infirmaries, the relieving officer in the same way gives an order for admission into the infirmary.

23419. The relieving officer does?—Yes, the relieving officer gives an order to attend.

23420. And these patients often go from their own home direct to the infirmary?—Very often.

23421. Does the relieving officer in all these cases satisfy himself that they are destitute and unable to afford to pay for medical relief?—Yes, he is bound to do so; it is part of his duty to do that.

23420. That is strictly adhered to as far as you know?—I know of no instance where it is not adhered to; and I think the instances where a person who could afford to pay for his maintenance in the infirmary finds admission to the infirmary are very rare.

23423. I suppose you are hardly in a position to answer the question whether there are any provident clubs in these districts where infirmaries and dispensaries are placed?—I could not answer with any accuracy.

23424. Do the boards of guardians encourage provident medical clubs?—No, I do not think the boards of guardians in London have interested themselves in that.

23425. You are hardly aware whether the establishment of these infirmaries and dispensaries has diminished the number or prevented the creation of provident medical clubs?—I do not think that it has diminished their number, because I am under the impression that that number has increased of late.

23426. The provident clubs, do you mean?—Yes, the provident clubs.

Earl Cathcart.

23427. We have heard of cases where people have been sent round from pillar to post when they have been to look for the relieving officer; have you ever heard complaints of that nature?—Yes, some such complaints have been brought to the knowledge of the Local Government Board; it has happened now and then.

Earl Cathcart—continued.

23428. I think we heard of a case where somebody was sent backwards and forwards, and had to end in the hospital at last, a case in which the relieving officer made great difficulties. But that does not occur often I gather from you?—I do not think it often occurs. Those cases are always very carefully investigated when they do occur.

23429. You have not referred to midwifery relief; have you any strong opinion with regard to relief given in midwifery cases?—No, except that I have a very strong opinion that midwives should be trained persons.

23430. But are unmarried women invariably sent into the workhouse or into workhouse infirmaries for confinement?—Yes; out-door medical relief would not be given to an unmarried pregnant woman.

23431. She would be sent into the workhouse, not the infirmary?—The workhouse.

23432. Then are they attended by medical men and not by midwives?—There is very often in the workhouse a trained midwife, and in those cases the medical man would only be called in cases where it was necessary to call him in.

Chairman.

23433. In regard to that, are there any trained midwives attached to the dispensaries?—Not exactly attached to the dispensaries, but in one or two cases there are non-resident midwives engaged by the guardians and appropriated to certain medical districts.

23434. Is that only in a few cases, with a few Boards of Guardians?—It is only in a few cases; it is not the rule in London.

23435. Would you like to see that universal?—Presuming that the midwives were properly trained, and with certain regulations as to the attendance of the medical officer after the confinement, I should be very willing to see it extended.

23436. Are there any other trained poor law nurses who nurse patients in their own homes?—At present there are not; I believe that it is in contemplation to allow boards of guardians throughout the country to establish district nurses.

23437. A great deal is done by voluntary effort in that direction in London, is there not?—There is a great deal.

23438. You say that the Bethnal Green Guardians are looking for a site for an infirmary; how long have they been looking for a site?—They have been looking for it many years.

23439. Since 1868?—They were excused in the first instance from prosecuting the search for an infirmary site, on the ground of their extreme poverty. The East End of London was in a state of great distress then, and Bethnal Green was supposed to be the poorest part of the East End; and, therefore, at that time pressure was not put; but for the last 15 years great pressure has been put, and I believe the guardians have been really in earnest in looking for a site; but there exists no site in their parish. They had hoped

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hoped to get some of that poor land which was talked about a year or two ago, but they have not been able to do that, and it is a very difficult matter to get a site.

23440. Is there no site outside the parish that they could have?—I hope that one will be found outside the parish, but they have not yet been able to get one.

23441. You said at the commencement of your evidence that you thought that the number of beds provided for the sick in infirmaries was insufficient, and that that was proved by the fact that upwards of 2,800 people died last year in the sick wards of the workhouses?—Yes.

23442. Did the general hospitals make up the deficiency in any way?—I should not have thought that they did, because the tendency is for the flow to be from the general hospitals to the poor law infirmaries, not the other way. There are very few instances of people being sent from the poor law infirmaries to general hospitals.

23443. Then, again, a great number of people who go to the hospitals would have to go to the poor law infirmaries if there were no hospitals?—That is so; to that extent, of course, they relieve the pressure.

23444. But taking it all round, your opinion is that the medical relief in the metropolis is inadequate?—It is.

23445. Have you anything else that you wish to state?—No.

Lord Zouche of Haryngworth.

23446. Is it not the fact that there is a great flow of patients from the general hospitals to the poor law infirmaries to be treated as chronic cases?—Yes, I should think there is a very considerable flow of those.

23447. That is shown by actual returns?—It could be shown by actual returns, but I am merely speaking of what I know from my own observations. When I visit the infirmaries, and ask about such and such a case, I am told it came from St. Thomas's or from Guy's hospital; they could not keep it there any longer.

23448. And then they would go on to be treated as chronic cases in the infirmaries?—Yes.

23449. And you think that is often done?—I am sure it is very often done.

Earl Cathcart.

23450. The extreme activity of the out-patient departments of the general hospitals must be a little relief to the rates of the poor law. If it were not for the great activity of those out-patient departments of the general hospitals a number of people more would come for orders to the poor law dispensaries?—I daresay it is so.

23451. And with regard to the cost of the poor law dispensaries, we calculate that each order costs about 4 s. 3 d. in your out-patient department; that is to say, the dispensary, including the drugs and the medical man; we calculate that it would be about that approximately?—About that.

The Witness is directed to withdraw.

MR. CHARLES GROSS, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

23452. You are the Medical Superintendent of the St. Saviour's Infirmary?—Yes.

23453. Where is that situated?—In East Dulwich-grove.

23454. That is one of the new large infirmaries, is it not?—That is the largest in London.

23455. How many beds are there?—Seven hundred and eighty-six.

23456. And do you generally keep all those full?—No; we have never had more than 700 odd; 702, I think, is the most.

23457. Is that because you wish to keep a margin?—No, but because we have not had the people to fill them.

23458. Should you feel obliged to keep a certain margin, as they do in the general hospitals?—We should like to, of course, but it is impossible to do so.

23459. Would you tell me how the patients are admitted?—They mostly come in by an order, signed by the relieving officer and the out-door doctor, in fact they must be signed by both. Others come in transferred from the workhouse.

23460. Do you take any accidents, excepting through those orders?—No, only through those. We are out of our district, otherwise perhaps we should; we are two miles from the union itself.

23461. Then is this infirmary situated in the

Chairman—continued.

country?—Yes, in East Dulwich; it is rather a nice neighbourhood.

23462. Would you tell me what salary you are paid by the guardians?—£. 450, and a house, coals, gas, and washing.

23463. And have you an assistant?—I have one assistant now.

23464. And you are responsible for the whole of the administration of the infirmary to the guardians, are you not?—I am.

23465. And also for the whole of the medical work of the establishment?—Yes.

23466. Do you not find that almost more than you can manage?—Yes, it is very hard work indeed.

23467. Would you like a larger amount of medical assistance?—We ought to have it, certainly.

23468. What do you think would be sufficient?—You see we have so much useful material there which now is wasted. Of course with the number that we have we cannot make large reports and so on with only one; I think four really would not be too many to do the work.

23469. Would you like to have them resident on the spot with you?—No, that is not necessary. The difficulty that we have is taking the reports

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Chairman—continued.

of the cases; we really have not time to do that thoroughly.

23470. That is done by clinical clerks?—It should be, but my board seem very much against that for some reason or other.

23471. Perhaps they have in their mind the cost to the ratepayers?—No, I do not think so; I do not think they have sufficiently grasped the situation.

23472. Have you made representations to them on the point?—Yes, I had a third medical officer last year; he has not been re-appointed.

23473. Then, in addition to the administration of the place and the medical work, are you responsible for the book-keeping?—No. I have a medical relief book, but I have a clerk for that.

23474. And then you are also responsible too for all the food?—I have a sort of general responsibility; the steward has to do all that.

23475. But suppose any complaints were lodged to the guardians, the guardians would come down upon you, I suppose?—Yes, I ought to have known it first.

23476. Would you tell us what staff you have beyond this officer whom you have named?—We have a dispenser, a steward, a matron, and an assistant matron.

23477. Is your matron a trained nurse?—Yes, quite.

23478. You would be of the same opinion, I suppose, as the last witness, that all the matrons in the poor law infirmaries ought to be trained?—I think so, certainly.

23479. Have you any trained nurses too?—Several.

23480. What number of nurses have you?—We have 12 head nurses or sisters, 48 ward nurses, and six assistant nurses, besides a superintendent of night nurses.

23481. Is the superintendent of the night nurses a trained nurse?—Yes.

23482. And the 12 staff nurses or head nurses?—Yes, all trained.

23483. And what proportion of the 48 are trained?—They have all had some training, I do not take anybody unless they have been at least 12 months in a hospital.

23484. Are there any of the 12 nurses that you call trained nurses certificated nurses?—Yes, they have all had three years' experience at least; I do not take any of them with under three years' training.

23485. And do you find that the trained nurses and the untrained nurses get on together?—Yes; the trained nurses are above the untrained nurses.

23486. But some of these untrained nurses are young women, I suppose, are they not?—Yes.

23487. Do you take them with a view to teaching them their business?—No; we have a scheme now for taking probationers, but it has not passed the board yet; they seem to have some objection to it.

23488. But could you conceive in your own mind any objection they could have beyond that of expense?—I do not know; I think they have a sort of sentimental objection, that the infirmary should not be a means of teaching anything.

Chairman—continued.

They do not like the idea of making it a school in any shape or form.

23489. Both as regards the nurses and the patients?—And everything.

23490. Could you tell us what hours you employ your nurses?—The head nurses have to be in the wards at eight o'clock in the morning, and they go off at nine at night; and the other nurses, the ordinary nurses, come on at seven o'clock in the morning and go off at nine at night.

23491. And what hours for meals have they got?—They have one hour for dinner; the breakfast is before they come on duty; and then they have tea in the ward kitchens by the side of the wards. They have every alternate day three hours in the afternoon for recreation. They are off duty one week-day a month; and every third Sunday from noon till 10 p.m.; and they have 14 days' leave of absence. We have not separate night nurses; the nurses change from night to day duty, taking three months at a time. They have 24 hours' leave every time they come off night duty or go on night duty; so that makes really eight more days a year.

23492. They have their breakfast before they go into the wards, they have an hour for dinner, and they have their tea in the ward kitchens?—Yes.

23493. And then do they have supper?—Yes, they have supper in the mess-room after they have gone off duty after nine. They are supposed to go to bed at ten o'clock.

23494. Have the nurses a separate kitchen?—No; each ward has got a ward kitchen at the end, where they heat milk and so on, not big cooking.

23495. But their meals are cooked in the general infirmary kitchen?—In the main kitchen.

23496. Where do the nurses sleep?—In the middle block, quite apart from the wards.

23497. And do they have separate rooms?—All the head nurses have separate rooms, and then we have about 17 other nurses who have separate rooms; and the others have to sleep two in a room.

23498. Then there is no nurse who sleeps in close proximity to the wards?—No, none.

23499. Then have you any ward-maids, as they are termed in the general hospitals?—We have 30 scrubbers, charwomen who come from outside; 12 of them are employed the whole day long, and 18 for six hours, half-a-day.

23500. And that is all the extra assistance there is?—That is all the extra assistance there is. We have nine house porters.

23501. But on the female side that is all?—Yes.

23502. Then as regards the male staff?—There are nine porters who carry coals and food, and all that sort of thing.

23503. Then as regards the infirmary cook?—We have a female cook and two kitchen-maids, and an assistant cook; four people in the kitchen.

23504. Have you any housemaids?—We have six housemaids.

23505. Can you tell us how you pay these nurses?—

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Chairman—continued.

nurses?—The assistant nurses begin at 16 *l.* a year, and rise 1 *l.* a year.

23506. Up to a maximum of what?—They never stop till the maximum; they get promoted or go. The ward nurses begin at 20 *l.*, rising 1 *l.* a year to 25 *l.*; and the head nurses begin at 26 *l.*, and rise to 32 *l.*; everything found, and uniform.

23507. Do you have many complaints from the nurses as to their food?—No; ours is a very good dietary indeed.

23508. Have you got the dietary sheet, or could you send one?—I could send one.

23509. Then from what you say as regards the length of time the nurses stay, I presume you have no pensions for them?—No, none of them stay long enough for that.

23510. What is about the average time at which your nurses leave?—A good many nurses simply come for a year. I mean they go away at the end of a year, they cannot get a testimonial before; and some stop for three or four years.

23511. Do you give them a testimonial as trained nurses at the end of the year, or what is it a testimonial of?—As to their nursing capabilities and so on. We do not profess to train them now, although we hope to. There is a scheme now before the board to have probationers.

23512. How long has that scheme been before the guardians?—I brought it up three or four years ago, and it was thrown out then, and it is now under consideration again.

23513. Do you have visiting governors?—The committee visit every Monday, when they come and go round the infirmary.

23514. A certain number of them?—All the committee do.

23515. Do you have members of this visiting committee coming at various times?—No, only on the proper days; the stated days.

23516. Is there a chaplain in connection with the infirmary?—There is.

23517. What does he get?—He gets 250 *l.* a year.

23518. And is he lodged?—No, he lives opposite. He has to spend five hours a day in the infirmary.

Earl Cathcart.

23519. Have you had more than one medical inspector like Dr. Bridges; have you had any of his colleagues to visit your infirmary; have you had any medical inspection beyond Dr. Bridges?—No, Dr. Bridges is the only one.

23520. He has no medical colleague?—Not that comes to us.

23521. How often may he visit you, on a sort of average?—About once a year.

23522. Not more?—No; then we have another inspector who comes, not a medical man.

23523. That is Mr. Hedley?—Mr. Hedley too. Mr. Herbert, I was thinking of, the assistant inspector.

23524. Dr. Bridges does not come, on an average, more than once a year?—Perhaps three times in two years.

23525. Does he come at uncertain times?—Yes.

(24.) e

Earl Cathcart—continued.

23526. You never know when he is coming?—No.

23527. With regard to the matron, I suppose you maintain a sort of chain of responsibility, that is to say, you would not give orders to the nurses, except through the matron?—No.

23528. If you had to find fault with reference to any material matter with the female servants, you would speak to the matron about it?—No, I should not; I should speak to her eventually.

23529. But you would not in the first instance?—I should say that I should not speak to the matron; if I saw a nurse misconducting herself, or if I thought it necessary to censure her, I should not speak to the matron necessarily; but I should mention it afterwards to the matron that such and such a nurse was doing wrong.

23530. You would make a point of not finding fault without telling the matron you had done so?—I should take her into my confidence.

23531. I mean you would desire to keep up the matron's authority in the establishment as much as possible?—Certainly.

23532. It would be for your interest to do so?—My interest and my duty, I should think.

23533. Are your nurses ever drawn from the workhouse, that is to say, supposing a smart woman comes into the workhouse for any object, is she ever drafted into the infirmary as a nurse?—No.

23534. They all come from outside altogether?—All; it is almost entirely left in my hands, and the hands of the matron to select nurses.

23535. Does the auditor exercise any depressing influence upon you in any way?—No.

23536. Are you liable to be surcharged in any way?—No.

23537. If anything went wrong in the steward's department he would be surcharged, not you?—Yes.

23538. Do you take lock cases?—Only very bad ones; the ordinary ones are kept in the workhouse.

23539. Do you take male and female lock cases?—If bad.

23540. If you had a male case, would it be nursed by a female?—It would be nursed by a female.

23541. We have been told here that it is not right that female nurses should be employed in that way; what is your view?—I should prefer a male nurse if we had many cases; that is to say, if we had a lock ward in our infirmary; I should prefer a male nurse for those cases.

23542. We were told by a witness from the female lock hospital that it was a totally unfit thing that women should be employed in nursing male cases?—I think so.

23543. Still you do it?—We have so very few of them that it would not pay to have a man on purpose.

Lord Zouche of Haryngworth.

23544. Do patients come into your infirmary from the general hospitals?—Yes, a great number; a great many of them who are very ill, perfectly hopeless cases. They would send to us bad cases of consumption, and so on.

23545. Chronic cases?—Chronic cases, and occasionally

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occasionally an accident. If a man breaks his leg, they will send him on to us, after putting him up in splints.

Earl Spencer.

23546. You were not employed in the old workhouses?—No.

23547. You cannot compare the treatment the patients got there with the treatment you give them now?—I was not employed then, but I know a great deal about the workhouses, and the country workhouses I have seen. The treatment now is as different as it possibly could be.

23548. They have a much better chance of a successful cure?—Certainly.

23549. Had you ever been in any other workhouse infirmary before you took charge of this one where you now are?—No.

23550. You are not at all overcrowded, I presume, in your infirmary?—No, we have not been overcrowded.

23551. Are your beds generally full?—No, we have never had more than 702 occupied, I think, and we are certified for 786; we have now, I suppose, about 640 occupied.

23552. Are there many cases that you have that remain there for many years?—Oh, yes, several; paralysed cases mostly.

Lord Thring.

23553. Do the poor object to going into the poor law infirmary in the same degree as they do to going into the workhouse?—Oh, dear no. They look upon it now as going into the infirmary; the word “workhouse” is never mentioned. “I am going to the infirmary” they say.

23554. Then do they go straight there; does a poor person go straight from his house into the infirmary?—Most of them.

23555. On the order of the relieving officer or of the medical officer?—Both have to sign the order.

23556. The relieving officer has not power himself to send a person to the infirmary?—No, he has to send for the doctor, and the doctor sees him, and signs the paper as well; and if he does not think it a suitable case he sends it to the workhouse.

23557. Then they do not necessarily pass through the workhouse at all?—No; I suppose, perhaps, 40 per cent. come through the workhouse.

23558. And do you discharge them direct from the infirmary or pass them through the workhouse?—Generally, if a man has no where to go to I should send him to the workhouse.

23559. But if he has got well and has a place to go to, what then?—I simply say, “You had better go,” and he goes; if he refused to go, I should transfer him to the workhouse.

23560. I mean this: A man may go to the poor law infirmary, be cured of his complaint, and go away without having any taint, so to speak, of the workhouse about him?—Certainly.

Earl Spencer.

23561. But they are all cases which are sifted before they come in, as to whether they can pay for medical relief?—But some of them do pay.

Earl Spencer—continued.

If a man was in a good club or had an annuity, or something of that sort, the guardians would deduct the cost of his keep out of whatever he had got.

23562. Are there many cases of that sort?—I should think, perhaps, about 10 or 12 per cent. in a year.

23563. And do they know that they belong to a club when they take them in, or do they discover it afterwards?—Sometimes they know. A man receiving 10 s. a week and his people cannot attend to him, or he is too ill to be attended to at home, then the guardians take him in and deduct 8 s. a week for his maintenance, or some such sum.

23564. What happened in the old time before these infirmaries were established?—They would do the same in the workhouse in such a case.

23565. I mean would he have gone to the workhouse?—Not so many would. As a rule, they do not object to come into the infirmary.

23566. He would probably have gone into a hospital then?—No; the case being chronic they would not have taken him into the hospital. I am referring to cases of old people, paralysed and broken down; they would not look at them in the hospital.

23567. But you do not take in, do you, independent working men receiving what we have often been told is the typical sum of 30 s. a week, as much as that?—Yes, we do.

23568. And what do they pay?—Nothing. For instance, a man was burnt, a gas man; he earned very good wages, but on the Saturday he was burnt a bit; he is sure to come to us on Monday, that is to say, he has saved nothing, he has done nothing for himself, and so he comes in to us. Again, a man comes in with delirium tremens sometimes.

23569. But the man receiving 30 s. on Saturday, and coming in on Monday, might, I suppose, belong to a provident club?—He might, but I do not think near so many join the clubs.

23570. In a case of that sort would the guardians recover any payment from him?—If they thought of it they would very likely, and if it is given on loan they can recover.

23571. But do you think there are many cases such as you mentioned of men receiving 30 s. a week who come to your infirmary?—I think so, a goodish many.

23572. What sort of per centage?—I can only guess; it is only accidentally that I discover these cases. It does not really come to me; only occasionally I see, say, a bricklayer, a man apparently in robust health come in, perhaps with a burn, or some little accident, or something of that sort. I ask him, “Are not you in a club; have you not been working?” And very often he says, “Yes, I was at work last week.”

23573. Why do they come to you instead of going to the hospital?—They would not take him at the hospital; that is to say, perhaps the case is not serious enough or interesting enough.

23574. And what would have happened to that man before the establishment of your infirmary?—I should think he would have stopped out. They do not mind coming in now.

23575. And he would have paid for himself, do you

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you mean after he had gone back to work?—He would have got a medical order.

23576. Is out-door relief much given in London where people are in receipt of large wages?—I cannot say from my own knowledge.

Lord Thring.

23577. In effect, according to your evidence, the tendency of these infirmaries, however good it may be with regard to the poor, is greatly a tendency to pauperise them?—Certainly. A man comes and looks round the infirmary, and says that if he has such a place as that to come to he is not going to save money to provide for himself. We have had that constantly said.

23578. And you have said also that it undoubtedly prevents their going into provident clubs?—I think so. A man says: "I have nothing to gain by going into a provident club; I am very well treated in the infirmary." They all come in if they have a chance.

23579. But legally does not he become a pauper by going to the infirmary?—Yes; but I do not think he takes notice of that.

Earl Spencer.

23580. The inspector said that pains were taken to ascertain that the patients admitted were of a class that ought to receive poor law relief; you think that that is not the case?—Yes, pains are taken, but a man is earning, say, 30 s. a week, and by Saturday he has spent it all or very nearly all, and he is taken ill on the Monday and he is virtually destitute.

Lord Thring.

23581. Yours is most startling evidence because it amounts to this, and I suppose it is the case. Take the case of a gas fitter earning 30 s. a week; if that man were thrown on his own resources, as he would have been in former days, he would not have got out-door relief; he would not have gone into the workhouse, but would have gone on credit for a time; he would have gone to his doctor, and the doctor would have mended him up on credit. The man is destitute in one sense, that he cannot pay to-day, but he may be able to pay next time. Do I understand that under those circumstances the man comes to the infirmary?—In several cases. Take a man in delirium tremens; we know that the man has been in good work; he will come and stop a fortnight, and give any amount of trouble, and then we send him away perfectly well, and he has done nothing for it at all; perhaps he has torn up a lot of clothes, and done all sorts of things in delirium.

23582. There is a legal power to recover; it is a debt, is it not?—I do not think it is unless the guardians when they give the relief give it on loan, and then of course they can recover it as an ordinary debt.

23583. But if it is not given on loan it becomes no debt at all, and there is no obligation to pay?—No; sometimes money may be found on a patient. One came in with 9 l. on him the other day; the guardians would deduct the cost of his maintenance out of that; it is paid out into the treasury and his cost deducted.

(24.)

Earl Spencer.

23584. Then with regard to the infirmary, you do not think that there is the same deterrent effect in offering the relief there in all cases as the offer of the workhouse had?—No, not at all.

23585. In the case of the workhouse their coming in is a test really whether they are genuine cases?—Yes.

23586. In the case of the infirmary they come in because they find it so good and comfortable, and they do not consider it to be the same thing in effect as going to the workhouse?—Certainly not.

23587. And you think there are a great many cases of people who refuse to go to the workhouse and come to you?—Yes.

Lord Thring.

23588. You have no right to send a man to the workhouse?—If I consider that he is not a fit case for the infirmary, I say "Have you anywhere to go to?" and if he says "No," I transfer him to the workhouse.

23589. I do not mean that; I mean this case: a man comes with good wages, and say, with a bad burn; you take him into the infirmary; at the close of his treatment, when he is quite well, you have no right to discharge him into the workhouse or to detain him for a day?—The only means I really have of discharging him is to send him to the workhouse.

23590. But he passes out of it?—If he says, "I am not going to the workhouse," then he discharges himself and goes right out.

23591. That is what I mean; if he chooses to discharge himself you cannot keep him?—I cannot keep him under any circumstances; I believe we can make him give 24 hours' notice.

Earl Spencer.

23592. Do you take children from their homes into the infirmary?—Yes, a great number of children.

23593. Are the circumstances of the parents investigated?—Yes, that would be done by the board. We get several children's cases that they will not take at the hospital, hopeless cases.

Chairman.

23594. You said that you had a great many patients come from hospitals; a man might have an accident you said, and break his leg, and have it set at the hospital, and then he might be sent on to the infirmary?—Yes.

23595. He would come to complete the cure, as it were, from the hospital?—Yes; they would not let him occupy a bed at the hospital.

23596. Then you get not only chronic cases, but also some of these accident cases?—Several.

Lord Thring.

23597. Yours is a sort of convalescent ward, therefore, to the hospital?—To a certain extent. Of course they must get an order; the hospitals do not send them on to us direct, we should not take them in if they did.

Chairman.

23598. How long have you been at St. Saviour's Infirmary?—Nearly 14 years.

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23599. You

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23599. You were appointed by the board of guardians?—Yes.

23600. Did they require a special qualification like that of the Royal College of Physicians or Surgeons?—No, they did not.

23601. Is the requirement of that general?—It ought to be, but I do not think it is.

23602. You spoke of a committee of the guardians; what do the committee do?—It is a visiting committee; they come on Monday afternoons, and the first thing they do is to go through the steward's requisition book for all the food or anything else required in the place. Then it is put to the committee, and the chairman signs on the side of it if it is to be ordered. Then the committee see me and the matron, and do any business that may arise; and if there is no more business they go up and visit the infirmary; two parties sometimes.

23603. Have you ever considered whether it would be a good thing to have students at the infirmaries?—Yes.

23604. You would be in favour of that?—Certainly, that is to say, because of the material there; people have no idea of the useful material that, so to speak, is wasted. I feel very strongly on that indeed, because the great deficiency of medical education now is the want of clinical instruction; and here we have material and opportunities of showing cases in clinical studies generally that it seems almost sinful to waste.

23605. And are the guardians opposed to that, do you know?—I think many of our guardians are. It varies a great deal in different boards.

23606. Are they afraid that the treatment in infirmaries might become more expensive if there were students there?—No, I do not think so. On the contrary it ought to be cheaper, because I suppose they would not come for nothing; it might be made almost self-supporting.

23607. You see every advantage in it?—Every advantage.

23608. Is there anything else you would like to state to the Committee?—No.

23609. If there is anything you would like to suggest we shall be glad to hear any suggestion from you?—The only suggestion which I would make is this: As I was just saying, there is a waste of material, and it would be better for the patients and the medical men and for everybody that there should not be that waste. The more light you can throw on a patient's case the better, and the more people you have coming to see it the better; it is a check on the doctors and on the staff. There is an inclination after being there some years to get rather tired of the whole affair, and I always find that if friends come round or other medical men are allowed to come round, it is good for the patients and for the staff and everybody. Otherwise as one gets older one feels inclined, I am afraid, to perform one's duty in a more perfunctory manner than one should do. I am sure the poor would greatly benefit by it and that they do not object to others seeing their cases; in fact, my experience is that the more people you take to see a case the more the patient likes it, except that very occasionally a woman objects to being looked at.

23610. Do you consider the nursing adequate at your infirmary?—Our nursing, if we were

Chairman—continued.

allowed to take probationers, would be quite right, only there is such a dearth of nurses now that we are obliged to take nurses that really, so to speak, are not worth the money. They have not had sufficient training and they are not perhaps quite such a class as one would desire, although I must say that we have about the best nursing staff of any infirmary. The guardians leave it pretty nearly in my hands, with the assistance of the matron, and we do not take anybody, if we can possibly avoid it, who is untrained or whose education is not so good as we should like. If we had probationers we should have the pick of some perfectly capable and superior young women. We are obliged now in the winter to take, I was going to say, anyone that comes.

23611. Do you think that nursing in an infirmary is unpopular with young women because it happens to be connected with the workhouse?—We do not mention the word "workhouse"; it is always called the infirmary. And it is rather a misnomer to say "workhouse infirmary"; a workhouse infirmary is really part of the workhouse, as is the case in the country, but this is so entirely separate that the nurses now begin to see the difference; though sometimes, when we write to a nurse, directly she sees the word "Union" it frightens her in a moment, and she does not come. But one reason why trained nurses prefer the hospital is because it is far more exciting and more interesting; there are more students about and there is more to see; always a lot of changes, and when they come to us they miss all those; whereas if they were originally trained with us and never participated in these excitements at the hospitals, they would begin to think it was the normal course of events, and I believe they would be far happier and more contented; and I think really they have in our infirmaries more leave and better food and everything better than they would have in almost any hospital; they are not kept quite so strict either. And if we had probationers and trained our own nurses we should get a much better class I am sure.

23612. What salary does the matron have?—The matron gets 100 *l*.

23613. Does that increase?—No, it does not increase; she would possibly have an increase in time if she asked. She has only been there about six weeks. She gets everything found.

23614. One question with regard to the night nurses; I omitted to ask what meals do they get?—They get up at 7.30 at night; breakfast at 8 p.m.; they have to be in the wards at 8.50; they leave the wards at 9 o'clock in the morning; their dinner is at 9.30 in the morning.

23615. And then do they have, like the day nurses, a sort of tea in the kitchen?—Yes, they take in food for the night.

23616. What is that food, bread and butter?—I do not remember exactly the dietary. They have an egg a day and a pint of milk, and an extra pint of milk if they do not take beer; and I think eight or nine ounces of cooked meat.

23617. Do you happen to remember what wages the scrubbers have?—The half-day scrubbers have 1 *s.* 6 *d.*, and the whole day scrubbers have dinner and tea given them as well.

23618. The

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Mr. GROSS, M.D.

[Continued.]

Chairman—continued.

23618. The half-day scrubber, the six hours scrubber, gets 1 s. 6 d., and the 12 hours scrubber 1 s. 6 d. and dinner and tea?—Yes.

Earl Cathcart.

23619. Dr. Bridges told us that the medical superintendent, in some cases, called in consulting surgeons when the guardians paid; is that your practice?—No; I have occasionally called in a friend, but I have never asked the guardians to pay for it.

23620. And then do the guardians take interest enough in those cases to pay the consulting surgeon?—I never knew but one place, the Poplar and Stepney, where they pay five guineas.

23621. But that is a very rare circumstance?—I believe so. We have always plenty of hospital staff only too pleased to come down and see our cases.

23622. Might I ask what your intermediate practice was after you left your hospital, before you took this appointment?—I was an assistant in a large practice, and I went and took charge of a large asylum for a short time; but before I was qualified I was assistant to the doctor of a large workhouse in London.

23623. You mentioned having country experience as well?—Yes, I was also at Leighton

Earl Cathcart—continued.

Buzzard; I was a pupil of a poor law medical officer there.

23624. Your principal had a poor law contract under the old system, before Mr. Gathorne-Hardy's Act?—Yes, I was there in 1870; he had been there a long time.

23625. What was your hospital?—Guy's.

Lord Zouche of Haryngworth.

23626. Do you think, speaking generally, that the dislike on the part of the people to obtaining poor law relief is on the decrease?—I do not know about dislike to relief generally; infirmary relief certainly.

23627. And as to going into the workhouse?—They object to that very much; the young people do especially; the old people do not mind it so much.

23628. But it makes a great difference as regards going into the poor law infirmary, apart from what is commonly called a workhouse?—Yes, no doubt about it.

Chairman.

23629. You will be so kind as to send that diet sheet?—I will.

The Witness is directed to withdraw.

MR. FRANK HORNE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

23630. You are secretary to the London Throat Hospital, are you not?—Yes.

23631. Would you tell us where that is?—At 204, Great Portland-street, and 72, Bolsover-street; we have the two entrances, one back and one front.

23632. This is a special hospital for the throat and ear, is it not?—The throat, nose, and ear.

23633. When was this established?—It was established about the end of 1886. I may state at once that I have only been appointed since February; therefore I have to look at my paper to answer these questions.

23634. How was it started first of all?—I think the best way for me to answer that question would be just to read some paragraphs written at the time. "The promoters of this hospital, lately members of the medical staff of the Hospital for Diseases of the Throat, Golden-square, where for many years they have filled the position of medical officers and teachers, have, since their withdrawal from that institution resolved to transfer their work to another site. They have been induced to take this step at the request of numbers of their former patients; and by the advice of members of their profession, who deem it a matter of regret that their services to the poor should be lost, and their teaching interrupted through the resignation of their former appointments, a course of action which had the support of the entire medical press and of the profession. The new hospital which they have founded will be known as 'The London Throat Hospital.' Inasmuch as it is intended that this

(24.)

Chairman—continued.

hospital shall be established upon a basis free from all spirit of partisan or proprietary administration, its founders have determined: 'That the general supervision and conduct of the hospital shall reside in a body of representative men, which will constitute the general committee; associated with an executive committee which shall include the medical staff, and will preside over the management of the hospital directly. While the promoters of the hospital confidently expect that it will receive such support from the public as may be accorded to a properly and economically conducted public charity, whose chief object will be the free treatment of the sick and necessitous poor, it will be the aim of the management to avoid a system of pauperising the people, and of calling upon the public to provide funds for indiscriminate help. They therefore purpose to render the hospital, as far as they are able, a partially self-supporting one, by requiring small weekly payments from those patients whose earnings will enable them thus to contribute towards the hospital expenses. The hospital will be open for the treatment of patients on and after 14th February.'

23635. Who were the principal promoters of that hospital?—The principal promoters would be Dr. W. McNeill Whistler, Dr. Edward Woakes, and Dr. George Stoker.

23636. And those gentlemen were formerly members of the staff of the Golden-square Throat Hospital?—Yes.

23637. Do you know why they broke off from that staff?—That pamphlet (*producing a pamphlet*)

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Mr. HORNE.

[Continued.]

Chairman—continued.

phlet) gives an account of it. There was a little dispute between the two hospitals, and I brought it for that reason.

23638. Perhaps you can state the salient points of the dispute?—I can only say that I was appointed since February, and it is rather difficult to go through it all.

23639. I suppose you do not know?—As you see from this pamphlet, there is a letter dated the 14th of May, addressed “To the Right Honourable Lord Calthorpe, President, My Lord,—We have the honour to lay before you our resignation from the hospital, together with that of Dr. Semple, of the consulting staff. In doing this, we beg to add that, as there are important cases under our care in the wards, we will, if it be desired, continue the charge of them until we consider them in a condition to be discharged.” That gives really the resignation.

23640. And the reason for that resignation is stated in this pamphlet?—Yes, the whole of it.

23641. And that you put in?—Yes.

23642. Is it a free or a paying hospital?—The necessitous poor are treated free; but from those in employment, or those in a position to make it, a small weekly payment is expected. As a rule we receive from 1 s. to 2 s. 6 d. a week; but I might mention that of the number of out-patients received last year one-third were free.

23643. Have you any beds at the hospital?—We have four emergency beds; but I might state that we have two empty wards which we are waiting to fill up with beds and furniture.

23644. As soon as you get the money?—As soon as we get the money. But the whole of the debt has been paid upon the hospital.

23645. So that at present the hospital is out of debt?—Out of debt entirely.

23646. Have you any resident medical officer living in the place?—No.

23647. Who is in charge?—The nurse, who is also the matron.

23648. Do you live in the hospital?—No. I may mention now that I receive 50 l. a year, and I attend there from 4 to 6.

23649. And with regard to this nurse, who is also the matron, has she any assistance at all?—Only from a servant and the porter.

23650. What is the ordinary number of patients in the beds in the hospital?—Last year we had 49, taking the number all through the year.

23651. But how many beds had you occupied all through the time?—I suppose you may take it they averaged about three; that is what I returned to the Hospital Sunday Fund.

23652. And then you have a very large out-patient department?—A very large out-patient department.

23653. What were the numbers?—Last year the numbers treated were 1,186; and 10,004 attendances.

23654. But with regard to these 1,186, did some of them pay too?—With regard to the number of patients paying last year, I may state that the average of free patients was about a third; the others paid from 1 s. to 2 s. 6 d.

23655. Do the in-patients pay too?—Yes.

Chairman—continued.

23656. Do they pay in the same ratio?—No, they pay more.

23657. What do their fee amount to?—Sometimes they do not pay anything. At the present time we have a patient, a serjeant in the army, who is paying a guinea a week; but, as a rule, I suppose, taking the average, they pay from 5 s. to 10 s. a week. As far as the payment of out-patients goes, we had last year over 700 out-patients at 1 s., thereby showing that 1 s. is the sum paid by the largest number; we had 150 at 1 s. 6 d.; about 140 at 2 s. and at 2 s. 6 d.; of course they dwindle down to a smaller number.

23658. How do you determine what price a patient shall pay?—The amount is determined by the dispenser as far as an out-patient is concerned; as far as the charges to in-patients are concerned, they are determined by myself. If an in-patient should come before I get there at 4 o'clock, of course he is reserved until I see him; and then I inquire into his circumstances, and charge him accordingly. As far as the out-patient goes, the dispenser sees every patient as they come in, and makes inquiries, and uses his own judgment.

23659. How does he make inquiries?—He asks the applicant questions.

23660. He asks him you mean what his wages or his means are, and what family he has and so on?—Yes.

23661. He cannot do more than ask questions himself?—No. As a rule he can pretty well see the character of the man. I might mention, as far as the in and out-patients last year were concerned, that from the out and the in-patients we received 584 last year; that shows a pretty good average.

23662. Do you use the Charity Organization Society at all?—No, not at all.

23663. Why not?—We have never felt it necessary.

23664. The inquiries you make and the observations you make you think sufficient?—I think the amount we receive from the patients is quite sufficient. I might state that the average weekly payment from the out-patients is about 11 l. a week, and I think, allowing for the number of out-patients, it is a very good average.

23665. Are you aware whether the patients come from a general hospital to your special hospital?—No, I do not think so; I could not say.

23666. And you do not know whether patients go from you to a general hospital?—I should think not. I have only been connected with this hospital for five months, and the dispenser or one of the medical staff would be very pleased to appear and answer questions which I cannot answer.

23667. Now as regards your finances, what was your expenditure and your income last year; have you a balance sheet here?—Yes, you will find it on page 10 of the report for 1890. Our receipts last year would be 1,163 l. 14 s. 2 d.

23668. I think we will have the details. How much were your donations?—Donations, 256 l. 16 s.

23669. Annual subscriptions?—£.105. 19 s.

23670. Students' fees returned by medical staff?—£. 14. 9 s. 10 d.

23671. Proceeds

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Mr. HORNE.

[Continued.]

Chairman—continued.

23671. Proceeds of Cinderella dances?—£. 64. 3 s.

23672. Proceeds of dramatic performance?—£. 103. 3 s. 2 d.

23673. Hospital Saturday Fund?—£. 25.

23674. Collecting boxes?—£. 10. 1 s. 9 d.

23675. Patients' payments?—£. 584. 1 s. 5 d.

23676. Did you apply to the Hospital Sunday Fund?—Yes, but we had only been established for three years at that time and the rule of the Hospital Sunday Fund is that you must be established for three years, and we came so close after the three years that they suggested we should postpone it till this year. So of course we have made a return for this year.

23677. Now I see at the top of page 10 of your report you have got a balance of 16 l. 7 s. 6 d.; so you had a surplus last year?—Certainly.

23678. And have you a surplus this year?—Yes, 51 l. 15 s.; that is to say at the end of 1890.

23679. Are you appealing constantly to the public?—Only by advertisements.

23680. You do not issue what they call appeals?—No, we are waiting for next year, when we can make a special appeal with reference to our empty ward, and we hope to have our first dinner.

23681. Are you managed by committees?—Yes.

23682. How many?—By a general committee and an executive committee.

23683. How often does the general committee meet?—The general committee meet once a year; the executive committee meet once a month, the second Monday in every month; and the house committee every Wednesday.

23684. Who constitute the general committee; how many members are there, and what is the qualification to be a member of the general committee?—The qualification of the general committee is this: "There shall be a general committee of 30 members, each of whom must be a qualified governor of the hospital. Every donor of 20 guineas and upwards in one sum shall be a life governor, and each subscriber of three guineas and upwards shall be an annual governor." Mr. Burdett-Coutts, M.P., is the chairman of our general committee.

23685. That meets once a year?—Yes.

23686. And then your executive committee?—They meet once a month.

23687. And how many members form that committee?—Thirteen.

23688. How many generally attend?—About five; the quorum is four.

23689. Then what does the house committee do?—If I may read the rule itself about the house committee (it is very short) that will be the best way of answering the question I think: "The house committee shall meet weekly; they shall conduct the domestic arrangements of the hospital, such as receiving urgent reports, regulating the duties of subordinates, payment of wages, maintenance of building requiring immediate attention; and they shall be responsible to the executive committee, to whom they shall report at every monthly meeting."

23690. Do they examine all the books of the hospital?—As far as the account books and the

Chairman—continued.

bankers' book are concerned, that is done by the executive committee monthly. I always put on the table the cash book, together with the bankers' book, and show the balance accruing each month. It shows the money I have received during the month and the payments I have made, and that, of course, agrees with the bankers' book.

23691. How many members compose the house committee?—Four.

23692. And what is the quorum of that committee?—Two.

Earl Cathcart.

23693. It seems that a battle royal occurred at the disruption; there was a battle which took place in 1877, between the medical council and the committee of management; is that within your knowledge?—No; with reference to that matter I must say that I cannot answer any questions because I know nothing of it. I would suggest, with reference to any questions on that point, that Dr. Whistler would be very pleased to attend.

23694. It is important if we are to go into the matter further, that we should get at the truth?—The medical staff are rather disappointed that they have not been asked here because they would like to answer these questions.

23695. Of course, if the pamphlet is put in in bulk it would answer all the questions, but it is too bulky to put in in its entirety; it will have to be epitomised?—I might say that Dr Whistler would be very pleased to attend in reference to that.

23696. What caused the institution to be in public odium in 1877. It is mentioned in the pamphlet that the institution was in public odium at that time?—I do not know about the Hospital for Diseases of the Throat in Golden-square; our hospital was not in public odium.

23697. But, however, if you cannot answer the question it is no use asking you?—No, I cannot.

Chairman.

23698. Is there any special qualification required for your medical staff?—The 12th rule is: "There shall be a medical committee, which shall consist of the physicians and surgeons conducting the clinics, to which all questions relating essentially to the medical administration of the hospital shall be referred. This committee shall advise the executive committee with reference to appointments on the medical staff, the arrangement of the medical duties of the hospital, and upon all matters concerning its educational department." The committee appoint the medical gentlemen.

23699. But does it say there what the qualification of the medical gentlemen must be?—No.

23700. Do you know what the qualification is?—They must be F.R.C.S. or M.R.C.S. As a matter of fact, since the foundation of the hospital there have been no new appointments made.

23701. I see something about fees from students?—Yes; for clinics they really are; and then the medical staff returned to the hospital a portion of that. That wording should really be "balance of students' fees," not the whole.

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23702. Do

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Mr. HORNE.

[Continued.]

Chairman—continued.

23702. Do you get students in any number?
—Yes, I believe so.

23703. You do not know?—No; as secretary that does not come under my notice so much because we have our own medical committee.

23704. You have no medical officer resident in the hospital?—No, not resident. We have an assistant surgeon.

MR. WILLIAM ABRAMS, is called in; and, having been sworn, is Examined, as follows:

Chairman.

23706. You are the Secretary of the Central London Ophthalmic Hospital?—Yes.

23707. How long have you been secretary?—For the last five years; I may mention that I have been connected with it, I should think, from 15 to 20 years as assistant.

23708. Where is this hospital?—238A, Gray's Inn-road.

23709. How long has it been founded?—It was established in 1843; that would be 48 years ago.

23710. By whom was it promoted in the first instance?—I believe by a committee of gentlemen seeing the necessity for the thing; and they spoke to surgeons, and so a surgical staff was formed; something of that sort.

23711. Do you know whether that was before the general hospitals had special departments, such as eye and ear departments?—I cannot say.

23712. Is it a free hospital or a paying one?—Partially free, and admission is partially by payment. As a matter of fact, till within the last few years, it has been entirely free; but in consequence of the falling off of funds, we have been obliged to institute small payments. The payments now are the issue of 2*d.* tickets. We do not enforce that. If a very poor case comes, of course, on the case being represented to me, we admit it. We have another payment, a half-crown ticket, which entitles the patient to attend for a month, and we expect those who can afford it to take it. The advantage of that ticket is that the surgeons see those cases before those who take a 2*d.* ticket.

20713. And does the 2*d.* ticket last only for one week?—Only for the one attendance.

20714. Then when you instituted this payment, did you find your patients decrease in number?—We did not find any falling off. We find the amount paid readily, as a matter of fact.

23715. Have you any beds at this place?—Thirteen beds.

23716. And what is the average number of beds that are occupied?—Last year between five and six. I should mention that we have had now, for three years, half the beds closed for want of funds.

23717. Do the in-patients pay, too?—They are expected, as far as they are able, to pay a shilling per diem towards their maintenance; but we do not enforce that in extremely poor cases. I may

Chairman—continued.

23705. If you have more patients than four, do you send out for a nurse?—We never have more than four patients; they are only emergency beds; I mean that the doctor sends in a patient upon whom he is going to operate, and if they have the four beds full they will not have more than four; two females and two men.

The Witness is directed to withdraw.

Chairman—continued

mention that to subscribers we issue letters of recommendation, and those patients who present letters of course we charge nothing. That is the advantage to subscribers.

23718. Do you make any careful inquiries into the position of patients as to whether they are earning wages enough to be able to pay?—Certainly.

23719. What form do those inquiries take?—Well, it depends very largely upon the man's family, and we go into questions as to his circumstances. A man who earns 2*l.* a week may not be able to pay so much as another who is only earning 25*s.* But there are not many cases where we find we are imposed upon.

23720. Then do you either go or send to see whether the man's statement is true?—As a matter of fact, I generally do that myself. I could mention two or three cases where we have been imposed upon.

23721. Do you find, as a rule, that you are deceived or not?—I should say in two cases, and that is only within the last three years, we were deceived. I might mention my experience in one case. A party at the top of the Gray's Inn Road refused to pay the fees, and being known to the porter, the latter communicated with me; and I said I would make inquiries, and the patient must come again to-morrow. I found that this identical party was the proprietor of two shops in the Gray's Inn Road. But those cases are very few.

23722. As a matter of fact, generally you have found the statements truthful?—I have.

23723. Will you tell us what your expenditure was last year?—I find I have left the report containing the balance sheet at home; but I have the returns to the Hospital Sunday Fund here, and I happen to have got the total income.

23724. Could you tell us what your expenditure was last year?—I have it here, 923*l.* 0*s.* 5*d.*

23725. And the receipts, the income?—The total receipts were 887*l.* 7*s.* 11*d.*

23726. That is a deficit of about 40*l.*—Yes.

23727. And what are the items of the income; donations?—Annual subscriptions, 137*l.* 6*s.* 6*d.*; donations, including contents of alms-boxes and grants from the Hospital Sunday and Saturday Funds, 364*l.* 6*s.* 1*d.*; dividends, 34*l.* 2*s.* 6*d.* (I should say that that is upon 1,000*l.* invested in

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Mr. ABRAMS.

[Continued.]

Chairman—continued.

in the 3½ per Cents.); sale of old material, kitchen waste, and sundries, 3 l. 4 s. 10 d.; payments on behalf of patients, 334 l. 2 s. 6 d. That is made up as follows: the monthly cards of which I have been speaking, 139 l. 7 s. 6 d.; the 2 d. tickets, 124 l. 3 s. 6 d.; and maintenance (that is for patients when they are in the hospital), 70 l. 9 s. 6 d. That I think will total 334 l. 2 s. 6 d.

23728. Then the class of patients that you take, as a rule, is not the poorest class?—They range from the very poor up to, say, persons with 2 l. a week. We get many clerks from the neighbourhood of Gray's Inn and Lincoln's Inn; the hospital is in the neighbourhood of law writers, and watch and clockmakers and workers in jewellery, where diseases and complaints of the eye are most prevalent.

23729. What is the amount of the grant from the Sunday Fund?—The Hospital Sunday Fund last year (this year's has not been awarded) was 62 l. 10 s. From the Hospital Saturday Fund 41 l. 1 s.

23730. Have you any nurses?—Two probationers, and the matron, of course, is a qualified nurse; obviously, because she must train the probationers, and has the superintendence.

23731. What does the matron get in the way of wages?—£. 30 a year.

23732. And board and lodging?—Board and lodging and uniform.

23733. I do not think you told us your salary?—£. 70 a year. With regard to my duties, I may say that, as a matter of fact, I am obliged to be everything; superintendent, in the absence of the committee and chairman, secretary, clerk, steward, and so forth. The management of the place takes up very nearly my entire time.

23734. You are steward as well?—Everything.

23735. And do you get board and lodging as well?—No.

23736. Who takes charge of the place when you are away?—The matron; and there is a house surgeon living off the premises, who is bound to live within five minutes' walk. We pay for his apartments, but we find him no board; and he is always in requisition for urgent cases and accidents, for which the hospital is always available day and night.

23737. I did not ask you what number of out-patients you had?—The out-patients last year were 8,475.

23738. Were those fresh cases?—Those were new cases; the attendances last year were 17,797. But I should mention that that number was rather small; the three years' average amounted to 19,545. The in-patients last year were 180.

23739. Are you managed by a committee?—Yes.

23740. Would you tell us the various committees you have; is there a general committee?—There is the monthly committee of management, the finance committee, which meets monthly, and there is the surgical committee, which has to do, of course, with really the hospital department, and we have an annual general meeting of the governors.

23741. What qualifies a man to be a governor?
(24.) e

Chairman—continued.

—Payment of a guinea per annum as a subscriber, or a donation of 10 guineas, or, in proportion, the representatives of a corporation or company, or anything of that kind.

23742. Is the committee that meets once a month the executive of the hospital?—That is the managing committee.

23743. And they go into the accounts?—They examine the accounts, and receive the reports, and read the letters during the month, and so forth, and leave instructions with me to carry out what is necessary.

Earl of Arran.

23744. I think you said that you did not find that the numbers applying at the hospital for relief were diminished by the fact of your instituting payments?—I should not think so,

23745. But should you say that those applying now come from the same class as those who applied previously?—I think so; I do not notice any difference.

23746. Would not that rather induce you to think that the charity had been somewhat abused before?—I think there is no doubt that to some extent formerly this charity, like all other charities, had been abused. I believe there are many patients who could afford to take that simple 2 d. ticket who formerly did not pay anything.

23747. I think you spoke of a 2 s. 6 d. payment too?—That 2 s. 6 d., ticket lasts for a month; the 2 d. ticket is for each attendance; virtually it is the same.

Chairman.

23748. Is there anything else you would like to say to the Committee?—I do not know that there is anything for me to say, except that last year we had (I simply mention this to show the work we are doing if you will allow me) between 400 and 500 patients more than in any previous year since 1843, and that shows the necessity of this particular hospital; and also, when I mention that we are in the centre of a district where I think diseases and complaints of the eye are really most prevalent on account of the very occupations of the people, I think that shows its usefulness. And again we have no other hospital, as far as I can ascertain, certainly within two miles, and I think within two or three miles; the nearest is Moorfields.

23749. That is to say, you have no ophthalmic hospital nearer?—Yes.

23750. Is there not a general hospital which would treat these diseases nearer?—I cannot account for our receiving so many ophthalmic cases when there is a general hospital near; but I may mention that we do get ophthalmic cases sent to us from general hospitals. I found a case the other morning, between 11 and 12, sent to us from a general hospital.

23751. What general hospital was that?—That was University Hospital; but that is not the only instance. Then we are near to large manufacturing premises; there is Eley Brothers within a few doors, and Cubitts, the builders, and so on.

23752. Did you ever hear any of your medical men give any reason why there should be more
4 L people

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Mr. ABRAMS.

[*Continued.*]*Chairman*—continued.

people suffering from eye diseases last year than in previous years?—No, I cannot say that I have heard them do so.

23753. What does your staff consist of?—There are three surgeons, and three assistant surgeons in attendance. There is a surgeon and his assistant surgeon, and the house surgeon in attendance two days a week; that would account for the six days; one surgeon with his assistant attends twice a week. Of course there are the honorary officers, consulting surgeons, and so forth.

23754. You have consulting surgeons as well?—Yes; Sir Andrew Clark is our consulting surgeon.

23755. Is he consulting surgeon or physician?—I should have said consulting physician; the consulting surgeon is Sir William Savory.

23756. And you have a house surgeon?—Yes; but he lives off the premises; we have

Chairman—continued.

made that arrangement with a view to reduce the expense of board; we pay him a guinea a week; then he is always in requisition; he lives opposite the hospital, if an accident is brought in the porter fetches him; he is not allowed to leave his apartments without leaving word where he can be found.

23757. Is he engaged in private practice?—No; he is a fully qualified man, but he is not allowed to engage in private practice.

23758. But it is only fifty guineas a year that you pay him?—He comes here for the sake of the practice. We only engage him for six months; they are bound to stop six months, but they have the option of stopping longer.

23759. Do you have a new one every six months?—We only bind them for six months, but as a rule we find that they stop longer, perhaps for the sake of the practice.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 18^o Junii, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.
 Earl SPENCER.
 Earl CATHCART.
 Earl of KIMBERLEY.
 Lord ZOUCHE OF HARYNGWORTH.
 Lord SAYE AND SELE.

Lord CLIFFORD OF CHUDLEIGH.
 Lord SANDHURST.
 Lord LAMINGTON.
 Lord SUDLEY (*Earl of Arran*).
 Lord MONKSWELL.
 Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. JOHN R. LUNN, is called in; and, having been sworn, is Examined, as follows:

Chairman.

23760. You are the Medical Superintendent of the Marylebone Infirmary?—Yes.

23761. How long have you been in that position?—Ten years.

23762. Is that the infirmary for the parish of Marylebone?—Yes.

23763. It is situated some distance from Marylebone, is it not?—Yes, just on the borders of Wormwood Scrubbs.

23764. Is that one of the new infirmaries?—Yes.

23765. It was built after the passing of the Gathorne-Hardy Act?—Yes, on the pavilion system.

23766. How many beds have you in that infirmary?—Seven hundred and forty-four.

23767. And supposing you had more beds, could you fill them?—At times.

23768. Then, supposing you have an overflow, what measures do you have to take?—We are crowded at times when we make up extra beds.

23678*. You mean the wards are too full?—In the winter months we may have 20 over our number; that is all.

23769. What is the system of admission into your Marylebone Infirmary?—The patients are admitted by an order that is given us by the district medical officer and the relieving officer. The patient applies for relief to the relieving officer; then if the relieving officer thinks fit, the case goes to the district medical officer, and then the case is sent to the infirmary by cab or by train as is thought fit.

23770. Are you then bound to admit on the certificate of those two officials?—Yes.

23771. You cannot say that it is a trivial case, and refuse to admit it?—No, I am bound to admit.

23772. Do you admit all cases?—All cases with orders, yes.

23773. All cases excepting infectious cases?—We take no infectious cases in, but sometimes they break out in the wards, when we send them to infectious hospitals.

(24.)

Chairman—continued.

23774. Do you take lunatics or persons of unsound mind?—We are not supposed to have them; they take them at the workhouse, and we get them from time to time, that is to say, they break out in the infirmary.

23775. But does it not occur sometimes that a lunatic or a person of unsound mind is sent to you from a hospital?—They are generally delirium tremens cases, arising from drink; they are not lunatics. If they know they are lunatics they are seen by the district medical officer at the hospital, and they are sent to the workhouse as a rule; that is the place for them.

23776. Do you get many people sent to you from the hospitals?—Yes, a great many, and without orders.

23777. Do you admit them without orders?—If they are too ill to be sent away, and if they belong to Marylebone, we admit them. Sometimes we send them away, if they are slight cases.

23778. Are those chronic cases generally which you admit in that way?—No; fractures after three or four weeks setting, cut heads, epileptic fits, and bronchitis cases.

23779. Do you actually receive bronchitis cases from the general hospitals?—Yes.

23780. Have you any return that you can put in of the number of cases of that description that you have received from the general hospitals?—No, I have not got that. It just depends if the hospitals are cleaning, or whether they are full, or what not.

23781. It is an exceptional case, you mean, to receive such patients from the hospitals?—Yes; it is not a general thing.

23782. It is exceptional for a hospital to send a bronchial case to your infirmary?—Yes, that is only if they are full. At times we get cases which they cannot keep in the hospital for weeks together, and then they send them on to the infirmary of the district. Then those have generally as a rule a proper admission order which they get in the usual way, just the same as the other cases, except that the hospital

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authorities

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Mr. LUNN.

[Continued.]

Chairman—continued.

authorities refer them to the relieving officer; I mean they call him in; I did that myself when I was at St. Thomas's.

23783. But as a matter of course they send on chronic cases to you?—Sometimes they send one with a written statement, "This is a case for the infirmary."

23784. The relieving officer is called in in those cases, you say?—I, as an old resident medical officer at a hospital, sent many a one to the infirmary; I used to write on the form when I was at St. Thomas's, "This is not a fit case for the hospital, but for the infirmary."

23785. And the infirmary took them in?—As a rule they took them. We used to have words now and then, but as a rule they took them in.

23786. You have 744 beds, you say, in this infirmary; can you tell me what amount of medical staff there is?—There are two assistants beside myself.

23787. As well as being responsible for the medical condition of the patients, you are responsible for the whole of the administration of the infirmary?—Yes.

23788. Do you not find that work excessive?—The work is not excessive in itself; we have so many chronic cases. It is the long hours on duty; one is always at it when one is on the place. The work itself is not excessive.

23789. Is there not this danger in the present system, that you might have as superintendent a medical man who was first-rate in his profession, and at the same time the worst possible administrator?—It might happen so.

23790. And, *vice versâ*, you might have a man who, as administrator, was very economical and good for the ratepayers, and at the same time he might be an indifferent medical man?—That might be.

23791. Do you not think that it would be better to have the general administration and the care of the patients in separate hands?—No, I think not. I think it is most absolutely necessary to have a gentleman at the head of these large institutions.

23792. And you mean one who is at the same time a medical man?—Certainly, a medical man.

23793. Do you think that your two assistants are sufficient?—At present I do.

23794. Then are the hospitals overstocked with doctors, in your opinion?—I should say, as an old hospital resident, that they were.

23795. Are there any improvements which you can suggest in the organisation of the infirmary?—Not at present.

23796. You think that the system as it is at present is as perfect as it can be?—Yes.

23797. Is your matron a trained matron?—Yes, and a lady.

23798. How many nurses have you?—We have, all told, 66 nurses. This number includes the probationers.

23799. And what proportion of trained nurses?—They are all trained.

23800. Then do you train your own probationers?—Yes; we train our own probationers under the Nightingale Committee, and the guardians, who have a sort of contract with the Nightingale Committee; they pay our proba-

Chairman—continued.

tioners the first year. Our school is unique in the poor law.

23801. The various infirmaries pay their nurses the same all the way round?—I do not think so.

23802. What are your rates of pay; take the matron first of all?—The matron has 100 l. to 150 l. a year; she is trained, and is a lady, which is most important; we have two assistant matrons; our first assistant matron rises from 50 l. to 70 l. a year; the second assistant matron receives 35 l. rising to 50 l.; the head nurses, 28 l. rising to 32 l.

23803. How many of them are there?—Of head nurses, or sisters as they are called sometimes, there are 12, and two night superintendents (I had better take those afterwards). The ward nurses get 20 l. to 25 l.

23804. How many of them are there?—We have 24 by day, and we have 12 by night. And of probationers, we have 15; those are paid by the Nightingale Committee 10 l. a year; the first year we train them, and we take them on to our staff at the end of the year; they are bound to us for three years.

23805. Do you give certificates at the end of three years?—Yes, for the three years. I produce that to give you a brief account of how the probationers come to us (*handing a Paper to the Chairman*).

23806. What hours do these nurses have on duty?—The nurses come on at 7 in the morning and are on duty till 8.50 in the evening. They have three afternoons a week from 2 to 4, and from 6 to 10 once a week. Those are the nurses or ward nurses. The head nurses come on at 8 till 8.30; they have three afternoons a week from 2 to 4; they have two evenings a week from 6 to 8 and 6 to 10. All our nurses have a whole day off once a month.

23807. Every nurse?—Every nurse.

23808. Of whatever grade?—Yes. Every third Sunday they are off duty from 2 o'clock till 10; they do not go on duty again. They have their annual leave granted by the guardians; the head nurses have a month and the ward nurses three weeks.

23809. Then with regard to the hours of these nurses' meals, do they have breakfast before they go in the wards?—Yes, they have their breakfast at half-past six.

23810. And then they have dinner?—Yes; the first dinner is from a quarter to 12 to a quarter past; then when they go off, the others come up for another half-hour.

23811. They have half-an-hour for dinner, then?—Yes.

23812. Is there nothing taken by them between the breakfast and the dinner?—Yes, they have half-an-hour off for what is called their luncheon, when they go down and get milk, and so on, when they can be spared from the wards.

23813. And then the next meal, tea, is when?—The first tea is from 5 to 5.30. The second, 5.30 to 6, the same time, half-an-hour.

23814. And supper?—They have supper at 9 o'clock

23815. And

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[*Continued.*]*Chairman—continued.*

23815. And have you also night nurses?—Yes.

23816. When do the night nurses come on duty?—The night nurses come on duty at half-past eight in the evening, and go off duty at eight in the morning.

23817. So that the hours of the night and day nurses overlap one hour?—Yes.

23818. Have the night nurses a meal before they go into the wards?—Yes; they have a meal in the morning at 9 o'clock. Hot meat, vegetables, and puddings in the evening; at supper, tea and cold meat, sometimes fish.

23819. Then they have a meal before they go into the wards?—Yes.

23820. Is the health of the nurses good, on the whole?—Excellent.

23821. Where do they sleep; in dormitories?—No, each nurse and officer has a separate room.

23822. In the Marylebone Infirmary is the accommodation and ventilation sufficient, in your opinion?—Excellent.

23823. When was it built?—In 1881, at least it was opened in 1881. It was building two years before that.

23824. Have you ever heard the opinion expressed that these infirmaries, by the advantages that they offer, discourage people from saving money to subscribe to provident sick clubs?—There are one or two like that, not the majority; the discipline is too strict. The older hands go on, but with regard to the people who want to work, it is not my experience that they do.

23825. Have you ever heard it suggested that people domicile themselves in Marylebone on purpose to be able to go to the Marylebone Infirmary?—I have heard that said.

23826. But that is not true in your opinion?—No.

23827. Would you like to see students in your infirmary?—That is a very large question. I do not think there is enough work for them to do, and I do not think the ordinary student would ever come after the first few weeks. I have been a resident in hospitals, and I know that with the ordinary run of students it is difficult enough to get them to come to the hospitals and take their notes, and they would not come to see simply poor old men and women, chronic cases.

23828. You do not feel the want of clinical assistants, dressers and so forth?—We have not the work for them to do. The ulcerated legs they would never bandage up; that is done by the nurses now; and if those things were taken away from them, it would make the nursing department rather weak.

23829. Do you consider that you have sufficient nurses?—Yes we have one nurse to 15½ patients on the average.

23830. And you consider that sufficient?—In an infirmary.

23831. You have had experience of a general hospital?—Yes, I have been resident at several hospitals.

(24.)

Chairman—continued.

23832. And there is a larger proportion of nurses to the patients in the general hospitals; you do not consider it necessary to have that proportion in the infirmaries?—It would be, if they were all acute cases.

23833. In many hospitals it is one nurse to four or five patients?—In the Children's Hospital at Shadwell we used to have one to four and a-half.

23834. Do you think that excessive nursing?—No it must be as large as that for children.

23835. But in the ordinary hospitals?—I think we had one to six or seven at St. Thomas's.

23836. The cases are more acute in a hospital, as a rule, then in an infirmary?—Yes, certainly.

Earl Spencer.

23837. In comparing the nurses that you have with the nurses in the general hospitals, could you say whether they are of the same class?—Our present nurses are from exactly the same class since we have had our school; they were not before.

23838. And as efficient?—Quite so.

23839. Of course we could see by comparing this evidence with the evidence we have got from other places, but can you say how far their salaries compare with those of ordinary nurses?—Very fairly.

23840. Are they higher or lower?—In the infirmaries they are lower than in the hospitals?

23841. Then their hours of work, and so on, are shorter than in hospitals?—Yes, in the long run they are.

23842. And their holidays are greater, are they not?—I should say they were.

23843. Is that on account of their receiving lower pay or merely because you think it is necessary to give them this relaxation in order to maintain their efficiency?—Yes, it is most important in the infirmaries to do that; the work is so monotonous.

23844. You think that, with longer hours, your nurses would not be as healthy, and therefore not as efficient?—I think so.

23845. Now with reference to the cases that come to your infirmary, where would these cases have been treated previously, before the infirmaries were established; would they have been in the workhouse?—I could not answer that question. The clerk of the guardians is here and he could answer it for you; I could not.

23846. You could not say whether the infirmaries interfere at all with provident medical clubs?—I should say not.

23847. You do not know perhaps the kind of position to which most of your patients would belong, the wages they earn?—From 18 s. to 26 s. a week, I should say would be the average.

23848. If they earn as much as that, would they not be able to pay something towards a medical club, or a doctor to attend them in their own homes?—Not a man who had five or six children to keep; though the guardians you must remember may make a person pay for maintenance. We had a case the other day where a father had to pay 7 s. 6 d. for a child.

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23849. Could

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Mr. LUNN.

[Continued.]

Earl Spencer—continued.

23849. Could you give the number that you have of patients who themselves, or whose parents, earn as large a sum as 25 s. a week?—I could not say; that does not come under my notice very much; that work is done at the offices.

23850. With regard to students coming to the infirmary, you said that you do not think that there would be a sufficient number of cases that would be of interest to those walking hospitals?—Not to the ordinary run of students.

23851. But besides the cases you have mentioned, are there not in the infirmaries a good many cases of colds and chronic illnesses that an ordinary practitioner ought to study before he goes into practice?—Yes; but the ordinary run of students will not study those.

23852. But ought they not to?—That is another matter.

23853. May it not be that they have not the opportunity of studying them in the general hospitals?—Yes, they can study them in the out-patient department.

23854. Still, I suppose an out-patient is not as good material for study for a medical student as one in an infirmary, who is like an in-patient in a hospital?—I should say it was; I should say better, because in the out-patient department you see them in their natural condition. You have to find out what is the matter with them. If you see them in bed, you naturally think there is something the matter with them.

23855. But it does strike you as important for a man who is going out into general practice that he should understand ordinary cases?—Yes, certainly.

Lord Clifford of Chudleigh.

23856. You said that you got a certain number of cases from hospitals; would it not be an advantage in some of those cases that the medical study of them should be continued after they left the hospital?—I think it would be very useful.

23857. Therefore it might be an advantage to have a certain amount of study going on in the infirmary in that kind of cases?—Under very strict discipline.

23858. Do you think it could be arranged that cases which had been sent from a hospital, for instance, could be followed up in the infirmary?—With us practically it is done so. If there is an interesting case, and I know the staff at the hospital, they write to me to know all about it.

23859. They do not come themselves to see the case at the infirmary?—Very often they do.

23860. Did I correctly understand you to say that the Marylebone infirmary is the only infirmary that has a training school for nurses?—A separate training school and home.

23861. But the others do train nurses?—They train nurses, but they have not a separate home.

23862. I suppose that the nurses who are trained at a Poor Law infirmary are of course thoroughly trained for the infirmary work, but would you say that they were as highly trained

Lord Clifford of Chudleigh—continued.

as the nurses who attend the general hospitals?—With us they are.

23863. And that their experience is as large?—I am only speaking from my own experience; with us certainly they are as highly trained.

23864. And you think that their experience is practically as large?—Yes. We have got three nurses at the Hong Kong hospital; they went straight from us, and are very highly spoken of. We have nurses of ours holding superior positions. We have them examined at the end of the year by a visiting surgeon at St. Thomas's, and he says they are as well trained as the hospital nurses.

Lord Lamington.

23865. The hospitals, as I understand, only forward cases to the infirmaries when they are full, as a rule?—We only have them sent on to us when they are full as a rule.

23866. Is there no out-door department connected with the infirmary?—No, none.

23867. And as to the nurses' food, do they do their own messing?—No, that is done by the guardians under the supervision of the matron and the steward, who are responsible to me.

23868. And are they generally satisfied?—Now and then a complaint occurs; chiefly they complain of the bread. The matron buys her own rather than eat it.

23869. Is there any dispensary connected with the guardians in the parish?—I know there are some, but how many I cannot say; I think there are four. The clerk to the guardians could answer that question.

23870. Are they independent of you?—Yes, they have nothing to do with us.

Chairman.

23871. But they would send cases, would they not, to you?—Yes, dispensary cases; but they generally send them to the hospital if they can.

Lord Monkswell.

23872. You say that sometimes, when you yourself were resident in a hospital, you used to send hospital cases to the infirmaries, and that you sometimes had words with the infirmaries about those cases. On what grounds did they object to them?—In this way: the residents know the routine, as a rule; but if they get a new resident in, he does not know the regular routine of sending a patient to the relieving officer and getting an order for the infirmary.

23873. Then it is merely a question of a man not knowing his business?—Yes.

23874. There is no objection on the part of the infirmary to receive anybody sent from a hospital?—No, not as regards pauper cases who are very ill.

23875. Is there no objection on the ground that the person can well afford to pay; does not the relieving officer make some inquiries?—If they come in the ordinary way; most probably the relieving officer would have missed that case; the house surgeon at the hospital would have sent it on to the infirmary.

23876. Sometimes they present themselves without going through the relieving officer's hands first, you mean?—Yes.

23877. Then

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[Continued.]

Lord Monkswell—continued.

23877. Then could you not insist on the relieving officer making inquiries and making their relations contribute, if they are able?—The clerk of the guardians would tell you about that; I have nothing whatever to do with it.

23878. What you say about students makes one think that there must be something defective in medical examinations. If students will not attend as they ought to attend chronic cases, might not the examination be altered in such a way as to make it worth the students' while to attend them?—That is the only way to get at them.

23879. Do you not think something might be done in that direction?—It is not for me to suggest anything; I am not an examiner.

23880. But you are a medical man and have had experience?—I should say that it would be very advisable for students to know small ailments, but they will not learn them.

23881. Then do you not think it is the duty of the heads of the medical profession to see that they have an examination of such a character that they can get more marks by learning them?—I could not answer that question.

23882. But that is your own opinion?—That is my opinion.

23883. Do you not find that the hospitals will not send the interesting cases to the infirmaries?—They do send them if they cannot keep them in long enough themselves.

23884. They will even send an interesting case away?—Yes; when I say an interesting case, for instance, kidney cases, which go on for months and months; they cannot possibly keep such a case at the hospital. It goes on to the infirmary, and then it would be transferred to its own parish, if it does not belong to the infirmary. That is often the case with cases that come up from the country.

Earl Cathcart.

23885. We went into a great many details last Monday with regard to infirmaries; there was one subject we did not much touch upon, and that was the division of the medical labour, as between the medical superintendent and his subordinates. How is that arranged in your case; are you a sort of consultant?—I see every case that comes in.

23886. That is according to the order I see, but I mean about the daily routine, how do you manage?—For instance, to-day I do the whole of one side, the male side, and my colleague does the whole of the female side; the second assistant has the dressing notes to take, and the galvanism, and to help me at night if there are any urgent cases; there is always one on duty. At night I shall go round the whole of the female side and see all the new cases, and the cases that are very ill.

23887. And what would be the ratio of patients to the medical men?—Of acute cases I could not say.

23888. I mean what would be the division between you and your principal assistant?—I should see 300 patients in one night going from ward to ward.

23889. Then have you nobody to assist you in that duty, none of your assistants?—They do the opposite side; they do the male side to-night.

(24.)

Earl Cathcart—continued.

23890. I understand that perfectly, that you alternate the duty between yourself and your principal assistant; one takes either side alternately?—Yes.

23891. Then you have one other assistant who does the dressing; how many assistants besides that one have you?—Only one.

23892. Then you have, and your principal assistant has, to cope with about 300 beds with the assistance of one medical officer?—Yes.

23893. Then you can only give a very small time to each case?—We go round the wards, and the nurses have a chance to speak to us, and I know which cases are bad ones.

23894. You simply take a walk round and say, well, nurse, how is No. 300 getting on?—No; I medically examine 20 or 30 cases every day of my life.

23895. You have a great deal of clerical work, I see, to do; do you do it yourself?—I could not, I have a clerk.

23896. You have a good many books to keep, and you have "to admit every pauper brought to the infirmary with the proper order, or transferred from the other workhouse, and to examine his state on his admission, and to give the requisite directions as to his being placed in a ward appropriated to the class of cases to which he belongs"?—That is so.

23897. And that occupies a great deal of your time?—Yes, and that of my colleagues.

23898. Usually, do you take those cases yourself?—I see them always.

23899. And about how many attendants may there be in a morning?—We had yesterday 21, I think.

23900. And each of those would take you how many minutes?—A good many would be cases of ulcerated legs, old hands; all cases that I think at all ill I examine.

23901. And these cases may take five minutes each?—Some longer than others; sometimes not that.

23902. You have to "report in writing to the guardians any defect in the diet, drainage, furniture, ventilation, warmth or other arrangements of the infirmary"; does that take up much time?—A great deal of thought and time.

23903. Is the drainage in good condition?—Fairly so. It is now under consideration by the Infirmary Committee.

23904. Has there ever been a complaint of the drainage?—There have been smells now and then; it has always been remedied.

23905. Never any illness from that cause?—Never any outbreak, but sore throats and small ailments.

23906. Is the water supply good?—Yes.

23907. Is it constant?—It is good now. We had an artesian well, but we had it stopped.

23908. What is the depth?—Five hundred feet to the bottom of the bore; it is 100 feet and 10 feet in diameter.

22909. That must have been a great waste of money the making of that; now you are using the public water?—Yes.

23910. One of your duties is "to keep a medical relief register and case book." That must be done

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Mr. LUNN.

[Continued.]

Earl Cathcart—continued.

done by a medical man no clerk could post it up, I suppose?—Yes, he only copies from the cards; it takes a good many hours.

23911. "To cause the birth of every child born in the infirmary to be entered in a register kept according to the Form No. 4." Why do you have children born in the infirmary; I thought they were born in the workhouse?—It only occurs now and then; in the infirmary there may be half-a-dozen in the year.

23912. And besides, "To sign and furnish to the steward daily a written statement or requisition of the diet and extras required to be supplied for the paupers in each ward"; is that done by yourself?—By myself and colleagues as we go round in the morning.

23913. It strikes me that with three medical officers to 600 patients you must have your day pretty well filled up with work?—We are always at it.

23914. May I ask what your salary is?—It is now 500 *l.* a year.

23915. It has been raised lately?—It was some three years ago, three years after I had been there.

23916. And you have a house?—A house.

23917. Coals?—Yes.

23918. Gas?—Yes.

23919. And probably you are married?—Yes.

23920. You have good accommodation, have you?—Fairly so.

23921. And how are your subordinates paid?—My first assistant is paid 130 *l.* a year, with gas and coals, washing, and board.

23922. And the next man?—In the case of the next man it is only a six months' appointment.

23923. What was your employment before you took your present post?—I have been a resident in hospitals; I started at Victoria Park Chest Hospital; then I attended at Moorfields, and then at the Children's Hospital. I came back to St. Thomas's as resident.

23924. You have had experience both medical and surgical?—Yes, in every way.

23925. Now we heard a great deal on Monday about numerous serious operations performed in infirmaries; have you many operations?—Yes, a good many, about 100; minor operations most of them.

23926–27. Removing limbs?—Yes.

23928. And ovariectomy?—Yes, I have done ovariectomy.

23929. Have you ever tried it yourself?—Yes.

23930. We were told that, in some of the infirmaries, they were allowed to call in assistants from outside to help at operations, and pay them fees; have you done that?—I have never had them perform the operation; I have had cases where the guardians allowed me to employ consultants to verify diagnosis.

23931. And you have done that?—I have done that from time to time.

23932. You do not scruple with the assistance you have, to perform capital operations in the infirmary?—I do all the operations.

Earl Cathcart—continued.

23933. With your assistants?—With two assistants.

23934. You do not call in people from outside to do them?—No, and that is why they do so well.

23935. For antiseptic reasons you mean?—Yes, we seldom lose an operation case.

23936. In such operations to have too many students about the place is a bad thing, is it not?—I think so.

23937. I have observed that in hospitals abroad, where great operations are performed with great success, they do not allow anybody to be present except the assistants?—That is so; that is where I formed my opinion.

23938. And there the doctors wash and change and put on india-rubber clothes before they go into the operating theatre?—Yes.

Lord Thring.

23939. I should like to be clear about the rules of admission to the infirmary. The ordinary admissions are by orders of the relieving officer, are they not?—Yes; the patient is very ill and a pauper. In these cases they apply to the relieving officer for an order to the infirmary or workhouse.

23940. He brings them the order?—No, they go to him or the friends go to him.

23941. And the patient comes to you with an order from the relieving officer?—And signed by the district medical officer as well.

23942. With that double signature you take him in; you exercise no jurisdiction over those cases?—No.

23943. But take them in as a matter of course?—Yes.

23944. And the great number of patients come in in that way?—The majority.

23945. What are the other cases which come in without an order; are there any patients that come in to you without an order from the relieving officer?—From time to time.

23946. Or the medical officer?—Yes, from time to time.

23947. Will you state what classes of patients those are?—Cases of bronchitis, ulcerated legs, old fractures, and so on.

23948. Where do they come from?—Generally the hospitals.

23949. And what accompanies them?—Sometimes nothing, sometimes a piece of paper simply to certify, "this case is a case for the infirmary," signed by the house surgeon.

23950. When you say sometimes nothing, does a patient simply come and say, "I come from the hospital"?—He says, "I am very ill indeed," and I examine him, and if I find him very ill I take him in.

23951. Do not you ask them where they come from?—All about them, every little detail.

23952. Do you take them in if they have not come from a hospital?—Sometimes, if they are too ill to send away with safety.

23953. Then there is a second class of patients, who come to you without going either to the medical officer or the relieving officer. I come to

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[Continued.]

Lord Thring—continued.

to you, we will suppose, very ill from the parish, and you take me in, simply because I am very ill?—If I thought you too ill to send to the hospital with safety.

23954. And you do not know whether I am a pauper or not?—I should find out.

23955. Before you took me in?—Yes; it is not my duty to do so, but I should find out.

23956. How?—I should question the patient; you can generally tell by their dress, etc.

23957. You would take in a pauper who was very ill?—Yes.

23958. Does the relieving officer have anything to do with that particular class of patients, or not?—Later on. I make a temporary admission order out on a separate paper, and those go to him.

23959. Then you receive a man in such a case without an order from the relieving officer; you, yourself, make out a temporary admission order because the man is very ill, and that order is subsequently confirmed, so to speak, by the relieving officer?—It goes to the clerk of the guardians.

23960. It is confirmed by the guardians' authority?—I report all those cases, of course, to the guardians.

23961. Then I do not quite understand about the patients from the hospitals; how do they come in?—Sometimes the house surgeon or the house physician says to a person, "You must go to the infirmary; you are not a case for us," or "We have no beds."

23962. And how does he come to you, and with what order?—He comes sometimes with no order at all, and sometimes with a slip of blue paper to certify "This case is a case for the infirmary."

23963. And then what do you do; you take him in?—I take him in.

23964. And you make a temporary order of admission?—I make out another temporary order of admission if the case is too ill to send away.

23965. And you get that confirmed as it were?—Later on.

23966. If they are not confirmed, what becomes of the man?—He is discharged when well enough.

23967. Suppose it turns out that the man does not belong to the parish?—Then he is transferred to his own parish.

23968. Then, in fact, all the patients that you receive have either orders from the relieving officer or have orders from you, which are confirmed by the authority of the guardians?—Yes.

23969. And that extends to the whole, every patient?—Yes.

23970. Then there is one point I want to ask you. I understood that we were told the other day that when the hospitals have had an operation, and they are not able to send the case to any convalescent home, they send it to the infirmary?—Yes.

23971. They make a sort of convalescent home of the infirmary, in fact?—Yes.

23972. You do the same there; you make out a temporary order of admission?—In those cases, as a rule, they call in the relieving officer into the hospital; I have done that myself when I was resident at a hospital.

(24.)

Lord Thring—continued.

23973. Then take another case. An artisan, earning we will say 25 s. or 30 s. a week, goes to the relieving officer and says, "I have had a bad burn," and the relieving officer says to him, "Very well, have you got no money?" "No," that is to say he has spent all his money; he comes into your infirmary and gets his burn cured, goes out again, discharges himself when he likes; yet that man would be perfectly able, if he were not taken into the infirmary, to pay a doctor, because he would get credit. Have you had many cases of that sort?—I have never attempted to go into details of that sort; such cases do occur from time to time, they are bound to occur in such a large number as 2,000 admissions in a year.

23974. You cannot give us any idea what number of persons come in who are, I will not say destitute (because they have no money), but I mean persons who could obtain money if they were left to themselves?—No, I could not.

23975. Then you said you could not give any opinion as to whether the extreme comfort of the infirmaries and the extreme skill with which the patients are treated there, does not tend to crush out absolutely the desire of the poor to provide sick clubs for themselves?—No, I do not think it does; not with the strict discipline we have.

23976. What do you mean by the "strict discipline"?—We have no pauper help at all, all paid labour.

23977. But what do you mean by the "strict discipline." You do not mean that your strictness is such as to be deterrent of patients coming to you?—Not to that extent; it is united with kindness. When I, or my colleagues, go every morning to the wards, every patient is by the bedside to be seen by the doctor.

23978. You mean that it is strictly enforced that they should attend to the hours and the rules of the infirmary?—Yes.

23979. And that those rules and regulations are, to a certain degree, a deterrent to men coming in merely for slight ailments?—Yes, and the malingeringer does not like that.

23980. What do you do with the malingeringer, turn him out?—No, we should cure him of his fancied illness.

Earl of Lauderdale.

23981. What is your usual number of patients?—I think the average, all the year round, is 600.

23982. And what is the average length of time that they stay in the infirmary?—I could not say; about 90 never go out, but how long others stay I could not say.

23983. Is there any special disease that prevails among these patients at your infirmary?—We find Bright's disease, and ulcerated leg, and bronchitis, the most prominent diseases we have.

Lord Thring.

23984. Is old age, in itself, a qualification for admission to the infirmary?—Not old age by itself; if they are bedridden then we have them in.

23985. But unless they are confined to their beds they do not come in to the infirmary?—No.

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23986. I suppose

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[Continued.]

Earl of Kimberley.

23986. I suppose you do not take the idiot cases into the infirmary?—No.

23987. They are left in the workhouse?—They are left in the workhouse.

23988. Have you any venereal cases?—A great many from time to time.

23989. Do you think there are a great number of prostitutes that come in solely for the purpose of being confined?—We get them from time to time, because they will not take them in at the Lock if they are pregnant; and *vice versa* at Queen Charlotte's, they will not take them if they have got syphilis.

23990. When they are in childbed they are in the workhouse, are they not?—Yes.

23991. There is no power of detention on the ground of venereal diseases?—Not now.

23992. The woman can take her discharge when she likes?—Yes.

23993. The only cases in which you can detain them are mental cases?—That is all.

23994. I suppose cases of infectious diseases you transfer to one of the infectious asylums?—Yes.

Earl Cathcart.

23995. Dr. Bridges told us on Monday that the extremes on both sides were so great as to the duration of the stay of the patients in the infirmaries that it would be impossible to strike any average?—You could not strike an average.

23996. Some patients, he said, come to stay for life and others only for a short time, that the extremes are so great that it was impossible to strike any satisfactory average. That is so, is it?—That is so. About 90 to 100, as far as I can say, never go out of the infirmary, that is to say, they are bedridden.

Lord Thring.

23997. I do not think it is strictly correct to say you may detain only cases of mental disease; you may detain a person with scarlet fever?—I get rid of him directly by sending him to the Fever Hospital.

Chairman.

23998. About the nursing, who drew up your nursing scheme?—The Marylebone guardians, with Miss Vincent, our matron, and myself.

23999. And who regulated the payment of them?—The Nightingale Committee pay the probationers; that has nothing to do with the guardians.

24000. But the guardians pay the staff of nurses?—Yes.

24001. Who regulated that?—The guardians regulated it, I suppose. The clerk of the guardians will be able to tell you about that.

24002. Do you make any classification of patients?—Yes.

24003. For medical reasons?—Yes.

24004. Do you make any moral classification; would you put a young woman who was a prostitute next to an old one who was of good character?—No, we classify our cases; and we put all prostitutes together and all venereal cases.

24005. One question more as regards receiving patients from the hospital; they are sent to

Chairman—continued.

the infirmary because they are not fit for the hospital?—Yes.

24006. That is, as regards disease, they are not fit cases for the hospital?—Yes.

24007. But you have no power of ascertaining whether they are fit persons for the infirmary in respect of their poverty?—No, I only do it myself on behalf of the guardians. It has happened that I have found people with money in their pockets and therefore not paupers; and when I have told them it will be taken away they have taken their discharge.

Earl of Kimberley.

24008. Is it not an obvious thing that no person should be received in the infirmary without the relieving officer having seen the case?—There are cases so ill that it would not be right to say that they should not be received till the relieving officer had seen them.

24009. But the patient can be detained in the hospital as long as it is necessary for perfect safety, and then they may send him to the infirmary?—Those are constant cases in hospitals. For instance, I have myself, when resident at a hospital, told a patient with a fractured leg, "We cannot have you any longer; we want the bed; your leg is all sound, but it must rest for a few weeks". The patient would say: "What am I to do? and I should send a message down to the steward to send to the relieving officer, who would come and see the patient, and he would make out an order for the infirmary, and that case would go to the infirmary in the usual way. But the class of cases that I mean which we take in without orders are just casuals applying to the hospitals.

24010. I am alluding entirely to cases coming from the hospitals; I do not mean other cases; but with regard to any case which is in the hospital and which for a good reason, no doubt, is going to be transferred by the hospital to an infirmary, I do not see why that case coming from the hospital should not be treated in the same way as the case of any poor person applying for a medical order?—Those, as a rule, do have orders.

24011. Then what are the cases that the hospitals send to Marylebone Infirmary without orders?—The casual ones just applying at the hospital.

24012. You mean those who have not been inmates of the hospital, but who go to the hospital, and the hospital thinks they are proper cases for you?—Yes, but there are cases sometimes where residents in the hospital go out and say, "I am not going to the infirmary," and in a few days they come and say, "How am I to get into that infirmary"; then they say, "You must apply in the usual way. The man shrugs his shoulders and comes to us from the hospital without an order.

24013. Did I understand you to say just now, as regards patients coming without the relieving officer's order, that it is possible that a patient who is seriously ill may go to a hospital and be told that there is no room for him, and then he may come to you and be admitted without an order?—Yes, and the guardians leave it to my discretion to admit him or not.

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Earl of Kimberley—continued.

24014. In fact, you act very much as if you were a district medical officer?—Yes.

Chairman.

24015. You do not want to have students in the infirmary I gather from you?—With regard to students I do not think there would be enough work for them to do. It might be arranged in another way; students coming with the teaching staff from a London hospital. If physicians were allowed to bring their classes round for demonstration purposes, under supervision, then it might be worked; but as to coming to an infirmary and just going round and thinking that they are going to be primed up for a paper for a medical board which they are going to be examined by, that would be a perfect farce.

24016. Then under proper regulations you would approve of it?—If they came under regulations in this way: suppose a medical man was honorary surgeon or physician, and that he could bring those students round, and just demonstrate to them it might answer. As house surgeon and house physician I have had the greatest difficulty with students; they will not come: they turn up at 11 or 12 o'clock when they ought to be going. I used to do their dressing when I was house surgeon rather than wait for them. And there is an interest in the hospital work which you have not got in a poor law infirmary; they would not come.

24017. Would the existing staff of hospitals be willing to come to your infirmary to see certain cases?—Personally I have no difficulty in getting surgeons or physicians to come and see my cases. I think it would be very useful if one was in a position to say, "I will call in anyone I like" for cases one finds difficult. I think there would be great usefulness in that; and those men, I should suggest, should be the men teaching at the different hospitals, and should be able to bring their class to cases that I let them know of as interesting ones. But of course that would give me more work to do.

24018. Is all the food of the nurses and patients supplied from one kitchen?—Yes, all have the same food.

24019. Do the nurses complain of their food at all?—They have only complained of the bread now and then; not as a rule.

24020. Who is responsible for the food that comes into the infirmary?—I am responsible to the guardians, but I have such good officers in the matron and the steward that I have no difficulty in that respect. I make the steward responsible, and if anything goes wrong he points it out to me. I see the meat myself independently of the matron or anyone else.

24021. Is there anything else you would like to state?—No.

Lord Monkswell.

24022. In regard to venereal cases, have you ever tried making an agreement with the Lock Hospital?—No, we do not get many in that way except in the ordinary routine. At the Lock Hospital they will not have anybody that is pregnant.

(24.)

Lord Monkswell—continued.

24023. I believe at Chelsea we send all our cases to the Lock Hospital?—It is not large enough to take all venereal cases if they were sent away by us.

24024. You probably would have some difficulty in making an agreement, you think?—We would.

24025. Do you think it would probably be a good thing, if they had room in the Lock Hospital, that you should be rid of these cases as far as possible?—I do not see anything that would be gained by it.

24026. You would as soon have a ward for these cases in the infirmary?—Yes. The ordinary run of prostitutes do not come; it is only the lowest of the low that we get.

24027. Do they take the lowest of the low in the Lock Hospital?—I cannot answer for the Lock Hospital, but, as an old resident in other hospitals, I can answer that question, that they do not get the lowest of the low in the London hospitals.

24028. Then you say that the only refuge for the lowest of the low is in the infirmaries?—I think so.

24029. You do not think the Lock Hospital would take them in?—I cannot answer for the Lock Hospital.

Earl of Kimberley.

24030. Can you state how it arises that the hospitals, which are termed "charities," will not take cases that are apparently most objects of charity, the lowest of the low. How does that arise?—I cannot possibly tell.

24031. From your experience of general hospitals, they do not take them?—At the outpatient departments we get casuals.

24032. Do those cases that you describe as the lowest of the low, apply to the hospitals?—They do not like going on account of their dress.

24033. Then you mean it is not so much that the hospitals refuse them as that they do not care to apply?—I think so.

24034. Is there not a certain amount of prejudice on the part of hospitals against those cases; is there not a feeling that those hospitals are for the poor, but for the decent poor?—I believe that is so.

24035. Do you think that that is in accordance with the idea of these charities?—No, I think they originally started them for the poorest of the poor.

24036. And for the lowest of the low?—Yes.

Earl Cathcart.

24037. These poor wretched people simply rot at home in their own dens?—They do rot; it is quite a true expression. I had a man the other day who had not had anybody by him for a fortnight, a mass of sores; he was found out by a policeman.

24038. The fact is that venereal cases are nasty filthy cases, and they do not like them in hospitals?—They do not in the ordinary general hospital. I had difficulty in getting a dresser to go into the lock ward to do his dressing when I was house-surgeon at St. Thomas's.

24039. We have been told that it was excessively

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[Continued.]

Earl Cathcart—continued.

sively wrong to employ females to attend male ock cases; what is your opinion about that?—I think they do better than men.

24040. You would prefer it?—I should personally.

24041. Do you think it is fit work for women?—One would not like one's wife or sister to do it. I do not know how they do it, but women keep them under discipline far better than men.

24042. You have no objection in the abstract to the employment of women in those cases?—No.

Lord Thring.

24043. When you talk of the lowest of the low you are only talking of this particular disease; hospitals do not refuse other diseases because the patients are of the lowest of the low, do they?—Perhaps it is wrong to say that they refuse them; they do not like them.

24044. But is there not this to be said, these people are so foul that you must put them in a separate place; you could not possibly put them next to a decent labourer or labourer's wife?—These cases I refer to are cases where they have not changed their clothes from month to month.

24045. Foul not from disease, but from filth?—Filth brings disease.

24046. You do not mean venereal cases?—No.

24047. In answer to Lord Kimberley, you said that you thought that hospitals ought to receive those; I do not deny that, but if ordinary hospitals are to receive them it would be necessary that they should have a separate ward, surely?—Certainly.

24048. You would not mix up these loathsome cases with decent people?—No, certainly not.

Earl Cathcart.

24049. Have you an itch ward?—No.

24050. What do you do in such cases?—We cure them at once, and get rid of them.

24051. How do you manage?—It is a difficult matter; we have three separation wards on each flat.

24052. And you put them in sulphur blankets?—We use sulphur, etc.

24053. And carbolic?—And carbolic. They are most troublesome cases.

24054. They never wish to come back I suppose after that?—We have had them come back sometimes.

Earl of Lauderdale.

24055. What is the population that comes within your sphere?—You mean in the Maryle-

Earl of Lauderdale—continued.

bone parish; I could not answer that; I believe 142,000, but the clerk of the guardians could answer it.

24056. And out of that you receive about 2,000 in a year. Yes, there are a lot of re-admissions over and over again.

24057. How many single cases are there, 1,600?—I could not say. One difficulty we have is a lot of cases like great heavy men, who can work, but will not work, with ulcerated legs who come in, and the next day ask for their discharge; all their clothes have been disinfected; we cannot detain them; they will go out, say, to-day and come back to-morrow, and those fellows receive everything we can give them. In the hospital you simply go up to the ward, and say, "If you cannot behave yourselves here you go out," and we get those cases sometimes. An old hand applies, who is very ill, dangerously ill; he comes with an ulcerated leg; I cannot send that man away when he is dangerously ill, with a clear conscience.

24058. The best remedy would be, would it not, to have some power of detaining cases of that kind?—Just so; we are handicapped; they would not come in if they knew that.

24059. If they knew that they could be detained, you mean?—Yes; I am referring to the class of men and women with a slightly ulcerated leg who keep it open on purpose, who rather like to come to us; it is just convenient to have a nice wash and go out again. It puts all the officers to great inconvenience.

24060. A discretionary power of detention would be of great advantage I suppose in such cases?—Great. If they come in two or three times in one month, we can detain them so many hours, but it is not worth while to do so, because they raise storms and make a fearful noise, unless you can detain them altogether till they are well, they lead you such a dance.

24061. This applies not only to the infirmaries, but also to the workhouses?—Yes, no doubt.

Earl Cathcart.

24062. Did you ever know a patient use halfpence and farthings, and other corrosives in order to keep a wound open?—They are clever at that; they will stuff things like that between their toes. They only want to scratch the wound a little to keep it open.

Chairman.

24063. Have you anything else you wish to state?—No. The clerk to the guardians could answer the questions I could not answer.

The Witness is directed to withdraw.

MR. JOHN KNOX, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

24064. You are the head, the Medical Superintendent, are you not, of the Bethnal Green Workhouse?—Medical officer.

24065. Is there any infirmary at Bethnal Green?—No separate infirmary.

24066. Will you tell us where the infirmary is; is it attached to the workhouse?—Yes.

Chairman—continued.

24067. How many beds have you?—We have about 495 certified beds for the sick.

24068. When was it built?—Some part of it 50 years ago; it was built from 20 to 50 years ago.

24069. There is a scheme, or an idea at any rate, is there not, of building another infirmary?—Yes.

24070. How

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[Continued.]

Chairman—continued.

24070. How long has that idea been before the guardians, since 1868?—For 20 years, I believe.

24071. You have 495 beds you say; are you one of the workhouses that send patients to the Cleveland-street Sick Asylum?—No.

24072. You keep all your own patients?—Yes.

24073. Are those 495 beds more than you require?—Not at all. Our numbers go up during the winter to 590 sick.

24074. So that you are at times overcrowded?—Very much overcrowded.

24075. Do you ever have the infirmary so full that you have to send people away who are sick?—We never send any sick away; we put up extra beds, and take in additional wards from the workhouse proper.

24076. What medical staff is there for these cases?—Myself and one assistant.

24077. And how many nurses?—One day superintendent and 11 ordinary day nurses, two male and two female imbecile attendants, and three female infirm ward nurses; also one night superintendent, eight ordinary night nurses, one female infirm ward nurse, two night imbecile attendants, and one extra nurse for day or night duty. Those infirm wards are for patients generally over 60 years of age, who are not quite ill enough to be sent to sick wards, and yet not sufficiently well to be sent to what we call the body of the house.

24078. How many beds have you for those infirm patients?—On the male side 70 beds, and on the female side 100.

24079. You only have three nurses you say, for those infirm patients?—They do not require any special attention; they are up all day and not under medical treatment.

24080. These are people who can walk about, I understand?—They are able to walk about.

24081. Are your 11 nurses sufficient for your requirements?—No, not at all.

24082. Are they trained?—All have had previous poor law experience, or asylum experience.

24083. Nursing experience I mean?—Yes; all require to have had previous experience in a public institution, not necessarily hospital training.

24084. That is what I mean; they are not hospital trained?—You confine the word “trained” to hospital trained. They are not hospital trained nurses.

24085. Is the matron a hospital trained nurse?—No.

24086. What was the matron previously?—I think she was previously in a country workhouse.

24087. I want to understand who is the responsible female at the head of the nursing?—The matron of the workhouse.

24088. And she has had no hospital training; and under her she has 11 nurses who are not hospital trained?—I think we have got two amongst them who have had hospital training.

24089. Have you ever made any requisition for trained nurses?—No. Some of our best nurses have been trained in poor-law infirmaries.

24090. You want more?—A good many more.

24091. Do you consider that the medical attendance is sufficient?—I think we require another assistant.

(24.)

Earl of Kimberley.

24092. In addition to the regular nurses do you employ any paupers as nurses?—We do.

24093. Do you find them efficient?—Anything but efficient.

24094. When you are full, how many pauper nurses would you have to employ?—As many as 80.

24095. I suppose you have a large number of lying-in cases?—We had 54 cases last year.

24096. Have you any venereal cases?—None

24097. How do you treat them?—We have none at all, or very seldom any; we have none at present.

24098. Do you mean that there are no poor people at Bethnal Green with venereal disease?—We get about one in four or six months.

24099. How do you account for your having so few of these cases that you have?—I do not know.

24100. Is it not a most extraordinary circumstance?—At first sight it does appear extraordinary.

24101. We have just heard that in a poor-law infirmary, the Marylebone Infirmary, they have a very large number of these venereal cases; you heard that evidence, did you not?—Yes.

24102. How do you come to have none of these venereal cases in your workhouse?—They do not come in; we have only had two this year; as far as I remember we have only had one female case this year.

24103. Where do you suppose they are treated?—I do not know.

24104. Then do you mean to say that in such a large district there are no persons coming in (who are in poverty I mean) who are afflicted with venereal disease?—It is so. It is very rarely that we get a case of recent venereal disease of late years.

Chairman.

24105. What do you do when they do come; do you isolate them?—Yes.

24106. And perhaps that is the explanation of your having so few of these cases; they find it very dull, and therefore they prefer to go anywhere else?—We have only had these two cases this year up to now, and they were only there a short time; it could not have much effect out of doors.

Earl of Kimberley.

24107. Therefore we must conclude that the morality of Bethnal Green is high almost beyond belief?—It must be very high.

24108. Is that so?—That is my experience, as far as disease goes.

24109. Have you many idiots?—We have about 34 lunatics at present.

24110. In “lunatics” you include the whole class?—Yes; we have two male and two female attendants for those cases during the day, one male and one female during the night.

24111. Have you many people coming in with slight diseases and going out again after a short time, going in and out?—Yes.

24112. And then you have a certain number of chronic cases, I presume?—A great number.

24113. You yourself would be in favour of a separate infirmary?—I would, strongly.

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24114. Have

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[Continued.]

Earl of *Kimberley*—continued.

24114. Have you any large hospital in your neighbourhood?—The London Hospital is within two miles; Victoria Park Hospital is quite near.

24115. Do you happen to know whether the Local Government Board are satisfied with the condition of your infirmary?—No, they are not; they are very dissatisfied.

Lord *Clifford of Chudleigh*.

24116. Do you make every effort to get rid of lunatic inmates of the workhouse, as far as possible, by sending them to the lunatic asylum?—All acute cases are sent to a lunatic asylum.

24117. Do you think there are any that you treat that might be drafted into a lunatic asylum?—No, they are certified by a magistrate to be detained in the workhouse.

24118. But are they not sufficiently bad to be transferred to a lunatic asylum?—They are not sufficiently bad; they are quite harmless.

Lord *Monkswell*.

24119. Do you think that pauper nurses could be usefully employed in any nursing capacity at all; do you think that they could be employed at all, for instance to look after the babies?—Not if the babies were sick.

24120. But sometimes there are babies of two months old, not ill?—They would be in the workhouse, probably in the nursery.

24121. Who would attend to them, a pauper?—We call them pauper helps, under the supervision of the nurse.

24122. Would there be any objection to the pauper helps looking after babies not ill, under the supervision of a nurse?—I should think not.

24123. They would probably like to dandle them about and look after them?—I think so.

Earl *Cathcart*.

24124. I am afraid that you enjoy at Bethnal Green the reputation of being the very worst institution of this kind in the metropolis?—We do.

24125. And the whole thing ought to be amended or abolished and reconstituted tomorrow?—Abolished; it would not be possible to amend it.

24126. It is impossible to keep up discipline with 80 pauper nurses?—Utterly impossible.

24127. The fact is that the whole thing is a crying and notorious evil; that is so, is it not?—That is so.

24128. What was the building originally made for that is now occupied as an infirmary?—The workhouse.

24129. It was not that other buildings were taken in for the purpose?—No.

24130. Do you ever perform any operations in this place?—Yes.

24131. Serious operations?—Amputations.

24132. With only the assistance of your single medical assistant?—I call in a friend of mine to assist.

24133. And you are not allowed extra fees or extra payment, or anything on that account?—No.

24134. It takes three men to get off a leg properly, does it not?—Yes.

24135. Therefore you must be underhanded

Earl *Cathcart*—continued.

if you are obliged to call in assistance for the operations you perform?—Yes.

24136. Do you ever do ovariectomy?—Laparotomy, which is next door to it.

24137. What is your salary may I ask?—£. 300.

24138. And a house?—Two rooms.

24139. You are not a married man?—No.

24140. Your assistant, what is he?—Single.

24141. Might I ask what was your medical school?—Belfast and Dublin.

24142. Have you any midwife in the building?—No.

24143. Then all midwifery cases are attended by the two medical gentleman?—We have a nurse, not a certificated midwife; but she has had very extensive experience; she has been with us 14 years.

24144. She delivers the poor women?—She attends to them under the supervision of the medical officer.

24145. She does the delivering, and lets you know if the case requires your attention?—No; we see every case, and remain with them as long as we think necessary.

24146. How far are you away from the river?—About two miles; we are on the banks of the Regent's Canal, close to Victoria Park.

24147. The solitary confinement in the venereal cases actually does discourage people, no doubt, from coming near to you?—I think not; they have plenty of liberty.

24148. It is very difficult to get at the reason why it is you have so few of those cases?—I cannot account for it; it is almost incredible.

Earl of *Arran*.

24149. I suppose that you would report direct to the guardians as to any shorthandedness?—Yes.

24150. Have you ever done so?—Yes; and also as to the overcrowding.

24151. And what answer did you receive?—Everything is postponed till the erection of the new infirmary.

Chairman.

24152. Do you employ other paupers besides those whom you employ as nurses in your infirmary; the servants whom you employ to clean out wards, and so on, are they paupers too?—No, there are nine paid scrubbers.

24153. In fact you have all paupers, except the 11 nurses and two superintendents?—Yes, for day duty.

Earl *Cathcart*.

24154. What would you suggest in regard to a site; where could a site be found if you wanted to build a new infirmary; has anything ever occurred to your mind as to where an infirmary might be built within reasonable distance?—I think it is a very great pity that the guardians were unable to obtain what is called the Poor's Land at Bethnal Green, a space of about 4½ acres.

24155. Why did they not obtain it?—There was considerable opposition to it, and it was decided to leave it as an open space.

24156. But, to your mind, is it impossible that
a site

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Earl Cathcart—continued.

a site could be found within a reasonable distance of Bethnal Green?—No, I do not think it is.

24157. And have you got your eye upon any particular site?—Our guardians are in negotiation with the authorities of a piece of ground about a quarter of a mile from the workhouse.

24158. Is it a suitable position?—It would be a suitable position if they can obtain it.

Chairman.

24159. Do you know how long they have been in communication about that ground?—Only last week for this special part.

24160. I think you did not say how long you have been at this infirmary?—Eleven years. I may say that our nurses remain with us a very long time. I do not know if that is an interesting fact. The duration of service of our nurses is on an average about eight years.

24161. At what age do you take your nurses,

Chairman—continued.

engage them I mean?—22, 24, and 25 years of age.

24162. They are young women?—Yes

24163. Does that apply to all these 11 nurses?—Some of them are getting very old now; a good many of them have been there 16, 17, and 18 years.

24164. What is the average age of the 11 women?—They vary from 22 to 65, I think.

24165. Some of the 11 nurses are 65 years of age?—I should think so.

24166. Who appoints the nurses?—The guardians.

24167. Who selects them?—They do.

24168. On testimonials?—They all have testimonials.

24169. With regard to these three people who look after the infirm, what age are they?—The nurse on the male side is certainly over 60, and on the female side she would be 46.

The Witness is directed to withdraw.

Mr. THOMAS SAVILL, M.D., LOND., is called in; and, having been sworn, is Examined, as follows:

Chairman.

24170. You are the Medical Superintendent of the Paddington Infirmary, are you not?—Yes.

24171. How long have you been in that position?—Six years.

24172. Will you tell us where that infirmary is situated?—It is situated in the Harrow-road; that is just beyond the Hyde Park district.

24173. How far is it from St. Mary's Hospital?—It is about a mile and a-half from St. Mary's Hospital.

24174. Is it one of the new infirmaries built under the Gathorne Hardy Act of 1868?—Yes.

24175. Built on the pavilion system?—Yes, with two blocks, one male and one female.

24176. How many beds have you?—284.

24177. Is that sufficient for the requirements of your district?—Together with the sick wards that there are in the workhouse, that is barely sufficient for our need.

24178. Do you, like other infirmaries, take every sort of case, except infectious cases?—Yes.

24179. Will you tell us what your medical staff is. There is first yourself, and have you any assistant?—I have one assistant and one resident clinical assistant.

24180. At the same time, you have all the duties of administration?—Yes.

24181. Do you find those duties too much?—No.

24182. Have you any suggestion to make as to how the organization might be improved?—I regard infirmary administration as absolutely perfect, with two exceptions; I could not possibly suggest anything but those two things; firstly, that the matron should in all cases be a trained nurse, as well as capable in other respects; and secondly, that there should be an augmentation of the resident medical staff.

24182*. To what in the main do you ascribe the general excellence of infirmary administration?—There are many causes, but the two chief are the excellent discipline which prevails when the Local Government Board orders are adhered to,

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Chairman—continued.

and the fact that these medical institutions are administered by a medical head, who alone is responsible to the governing body.

24183. How would you propose that the augmentation of the medical staff should be carried out; would you have more paid officers in the establishment, or would you have it on the same plan as they have at hospitals, a visiting staff?—I think that the first necessity is to increase the resident medical staff; indeed I am sure that is the first thing that is wanted. I think that it should be augmented also by senior students or newly qualified men, not necessarily resident, who might help in the investigation of cases and in carrying out the line of treatment that is prescribed for them.

24184. Do you mean that it is impossible for you to give sufficient attention to the number of cases under your care?—What is wanted is this, that there should be some assistants to investigate the cases and to carry out treatment, such as passing the catheter (as you know in the case of many old people who get enlargement of the prostate; they require it systematically), and such things as the application of the electric battery for nerve cases, things that dressers and clinical clerks do in hospitals. That is what is wanted; it is not necessarily that more doctors are wanted to take charge of the cases; but what is wanted is, so to speak, some one to investigate the cases more thoroughly, and when they are more thoroughly investigated to carry out the line of treatment that is prescribed for them.

24185. These senior students you speak of would be very useful?—Very useful, because they would take notes about the cases; they would take the family history, the previous history, the history of the present illness, a thing which in many cases, especially bearing in mind the want of intelligence of that class of patient, takes an hour to do thoroughly; but which, when it is once done, is easily read through by a person who is more competent than the student; he then grasps the facts and makes a diagnosis in five minutes; whereas if he has to get out all these

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[Continued.]

Chairman—continued.

these details himself he must spend an hour over the case.

24186. Then, I understand, you do not favour distinctly the system of a visiting staff such as they have at hospitals?—I do not think that it is quite feasible in the ordinary way of a hospital; indeed, I am sure it is not; because with the average London pauper it wants some one who is accustomed to him, and knows how to deal with him, and who is thoroughly up, so to speak, in the socio-medical aspect of his case; the amount of work which the man or woman is capable of doing, what class of pauper or what class of invalid or of able-bodied person he or she belongs to. Now I think, indeed I am sure, that without a considerable amount of training (I am just about beginning to learn it myself) a doctor is incapable of grasping all these facts; and an ordinary consulting physician or surgeon who comes in just once or twice a week looks solely at the medical aspect of the case.

24187. Would you think it good for students to be admitted to the wards of these infirmaries?—I think it would be most useful, because they on their part would gain experience, and vast experience, and also experience of those kinds of cases which they will meet with in after life, and which they do not see in hospitals. They would gain that on their part, and we should gain what I have just now been saying, the advantage of having the cases thoroughly investigated and properly and skilfully treated.

24188. Then, without such a visiting staff as they have at hospitals, how would you teach these students; would you teach them yourself?—By the time they get to their fifth year they would not really want much teaching of those very things; what little directions would be necessary I feel fully competent to give them. I may mention, with all deference, that I have been a hospital physician myself; I gave that up for the magnificent field that an infirmary offers; and I possess all the qualifications of a hospital physician.

24189. Which was your hospital; where were you educated?—I was educated at St. Thomas's; I was also house physician, and held other resident appointments there; then I became attached to the West London Hospital as the assistant physician; and then I gave that up, as I say, seeing the magnificent field which is offered by an infirmary.

24190. There was no school at the West London Hospital, was there?—They began to get one up about the time I was leaving.

24191. As regards the nursing, the matron, you say, ought to be hospital-trained; at your infirmary how many trained nurses have you got?—We have 25, with the addition of the night superintendent, the assistant matron, and the matron, making a total of 28.

24192. Are any of those hospital-trained, or are they all trained?—There are three ranks; there is the sister of the ward, who has charge of the ward, there is an assistant nurse under her, and there is a night nurse. The sister is a thoroughly trained hospital nurse of some experience always, and with regard to the other two, the night nurse must have had one year's experience, and the assistant nurses we sometimes take in untrained.

Chairman—continued.

24193. Do you train them yourselves?—We train a proportion of them, the younger ones, ourselves.

24194. You would like to have them all trained?—I would rather train them myself, the younger ones, than have them indifferently trained; that is why we take them as they are; we could get them trained if we wished.

24195. Has there ever been any question of your being annexed to the Nightingale system, as the Marylebone Infirmary is?—The question has never been raised by the Paddington Board.

24196. The question of your training your own probationers has never been raised?—By a regular school, you mean?

24197. Yes?—No; I do not think it has ever been mooted practically.

24198. Is that because it would throw a great expense on the ratepayers?—I think it would throw somewhat greater expense upon the ratepayers; there would be additional establishment expenses.

24199. Will you tell us what the hours of your nurses are?—The day staff are called at six, have breakfast at six-thirty, come on duty at half-past seven, and go off duty at half-past eight.

24200. What time are they allowed for dinner?—They get a moveable luncheon in the morning, then they get dinner from one to half-past, or from half-past one to two, as the case may be; then from half-past four to five for tea.

24201. Do they have to come down to tea, or do they have it in the ward kitchen?—They come down. The only meal they have on day duty in the ward is luncheon; they have it in a little linenry that is attached to the ward.

24202. Then do they have another meal before they go to bed; supper?—Yes, supper at nine.

24203. As to recreation, what have they?—The day nurses get a half-day once a week, from two until ten. They get in addition to that two afternoons from two to half-past four, and they also get either on Sunday morning or Sunday evening time to go to church, and one Sunday in four they get a half-day.

24204. And as regards the annual holiday?—The seniors get three weeks, and the juniors two.

24205. Do you think two weeks sufficient?—I think not; I should like to see them all have three weeks; I think that should be the minimum.

24206. Will you tell us the range of the wages of your nurses?—The seniors get 26 *l.*, rising 2 *l.* annually to 30 *l.*, with uniform, washing, and board. The night nurses get 20 *l.*, rising 2 *l.* annually to 26 *l.*, with the same emoluments; and the assistant nurses get 16 *l.*, rising 1 *l.* annually to 20 *l.*

24207. I do not think you told us the hours of the night nurses; when do they come on duty?—The night nurses come on at half-past eight, and go off at half-past eight.

24208. And do they have a good meal before they go into the wards?—Yes, they have a good hot supper. They have also every morning two and a-half hours for recreation; then they

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Chairman—continued.

they retire to their dormitory at eleven, and go to bed at half-past eleven, and they get up at half-past-seven.

24209. Where do they sleep, in dormitories or in separate rooms?—All the seniors have a single room, and some of the juniors, but most of the juniors have double rooms.

24210. What is the size of your wards; how many beds are there in a ward?—There are 32 beds in every big ward, and a small ward is attached to it in which there are generally one or perhaps two special cases.

24211. Does one night nurse look after the wards at night?—One night nurse to every ward, which is rather more than is necessary. We are obliged to do that by reason of our structural arrangements.

24212. Is the position do you think, speaking generally, of the matron and the medical superintendent, a satisfactory one?—In our infirmary it is most excellent; it could not possibly be better; I cannot imagine a more ideally perfect arrangement than that which we have. You know that the medical superintendent is the sole responsible head; but if he is a wise man he does not interfere with the women; and as long as things go on all right, I never interfere with the matron. She gives the extra leave, and she has entire charge of the nurses off duty, without ever my interfering; and in regard to going on duty she never changes a nurse's ward without appealing to me or consulting me, but in other respects she does what she likes; and as long as it works well and no complaint comes to me, I never interfere.

24213. Has she good experience?—She has good experience; she was trained at the Nightingale Home, and then was assistant matron at the Marylebone Infirmary, and lastly she came to Paddington.

24214. How long has she been there?—The same time as myself; but she gets rid of responsibility, you see, in the way I have described; while at the same time she has full authority to manage the nurses.

24215. What salary does she receive?—£. 100 a year and all found.

24216. Is it an increasing salary?—Only at the option of the board.

24217. And your salary is what?—Mine is 430 l.

24218. Does it increase or is it stationary?—When I first went, there was only the infirmary to look after; two years later, I got a very substantial rise, when they appointed me to the sick wards next door.

24219. Is the workhouse then quite close to the infirmary?—There is only a wall separating them.

24220. How many sick beds are there in the workhouse?—Two hundred and ninety-five, including the lying-in beds.

24221. And that practically gives you about 600 beds to look after?—Very nearly.

24222. Do you find that you can manage to do all the medical supervision of these and do your own administrative work into the bargain?—Yes, because a great many of the cases are chronic, and do not need seeing every day, and
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Chairman—continued.

a great deal of the work is routine work, once you get accustomed to it. A man coming there fresh would be bewildered; but I have now learnt (it has taken me five years to learn it,) the method of dealing with the average London pauper.

24223. Of course the trained nurses must be of the greatest assistance to you?—Very great,

24224. Before the nurses were trained it must have been almost impossible to thoroughly attend to the cases?—I should think so; judging from my experience in the sick wards of the workhouse, I should say it was.

24225. What staff of nurses have you in those sick wards?—You see I am only a visitor in the workhouse, so I have to think, because, you see, the master there is the head of the workhouse. As you see, I have a dual experience, which is of very great value in comparing the two systems, the old and the new. I see, of course, the old system in the workhouse, in the sick wards there, but I have the new system in my own infirmary. We have in the workhouse about nine nurses, I think.

24226. To nearly 300 beds?—To nearly 300 beds.

24227. Do you think that sufficient?—No.

24228. And are they trained?—Only one of them; the lying-in nurse is.

24229. And but for the lying-in nurse they are absolutely untrained?—Yes.

24230. On what recommendation are they appointed first of all, because it is evidently not possible for laymen to judge of their qualifications as nurses?—That is the outcome of two things. In the first place, of a lay administrator, whom the board look to, as he is the head of the establishment; and in the second place, a board of guardians, when they take nobody's recommendation, and have not got a medical administrator to fall back on, are not (I do not know whether I ought to say so) competent to judge of the qualifications of a nurse.

24231. It stands to reason that none but a professional man can judge of the qualifications of a nurse?—Quite so.

24232. And you are never called into consultation on that subject?—Not as regards the workhouse.

24233. Therefore you have practically the 300 beds looked after by these eight untrained nurses?—That is so.

24234. Who is over these eight untrained nurses?—The matron of the workhouse.

24235. Who is herself untrained?—Yes.

24236. Do they furnish you with any other people; besides these eight people are there any pauper helps?—Yes pauper helps in every ward.

24237. And do they attend to the patients?—Yes, they attend to the personal wants of the patients; they do what I regard as properly belonging to the nurses, attend to the wants of the patients that is to say; give them utensils, and give them food, and give them everything.

24238. Is it part of the business of a nurse to put on dressings?—Yes, of a proper nurse.

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24239. Do

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[Continued.]

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24239. Do you consider that any one of those women in the workhouse is capable of putting on a dressing?—Not properly, and it amounts to this, that the so-called nurses are not nurses; they have no business, no right, to the style or title of nurse; I do not like to use the word, but they are pauper drivers; they see that these pauper helps in the various wards do certain duties, that is all they do.

24240. They superintend the pauper nurses, you mean?—That is it, that is a much better term for it than mine.

24241. Would you not like to see at any rate some proportion of them trained?—I think they ought all to be.

Earl Spencer.

24242. How are the cases which are kept in the sick wards distinguished from those sent to the infirmary?—It is the duty of the medical officer of the workhouse to allocate the inmates when they come in, and therefore it is the medical officer's duty to select such cases as he thinks suitable for this or that place.

24243. Is that your duty?—It is my duty as medical officer of the workhouse.

24244. Then do you keep the more trivial cases in the workhouse sick wards?—Not necessarily the more trivial cases, but the more incurable and the slighter ones, such as cases of slight but confirmed chronic bronchitis, and cases of confirmed rheumatism.

24245. If you had a larger number of wards in your infirmary would you transfer nearly all these that are now in the sick ward of the workhouse to your infirmary?—Yes, I should.

24246. They would all be proper cases for the infirmary?—Yes, if the infirmary were big enough.

24247. But it being so close to the workhouse, being only separated by one wall, and in the same building, as I understand?—No. There is a distance of 150 yards perhaps.

24248. Then you could not have them under the same management exactly in these wards, as in the infirmary?—I do not quite understand the question.

24249. What I meant is this: If these sick wards are so close to the infirmary why should they not be put under the same management as the infirmary?—That is exactly the question which the Local Government Board have asked my board, with a view to urging them to place the sick wards of the workhouse under the same medical administration as the infirmary.

24250. And what is the answer they have given to the question?—That the guardians regard the present arrangement as sufficient.

24251. It is more economical, I presume?—Well, using the term "economy" as meaning a saving of money for the moment, perhaps it would be.

24252. Can you give us what the difference in actual cost per patient in the sick wards of the workhouse is as compared with the cost per patient in your wards in the infirmary?—No, I could not tell you that.

24253. But though you say that for the moment it may be more economical to put them

Earl Spencer—continued.

in the sick wards of the workhouse, you think that possibly in the long run it may not be economical?—Precisely so.

24254. Will you explain your reason?—The reason I say that is this: When you compare the sick wards with the infirmary that is under my care, you compare the old system before Gathorne Hardy's Act in 1869, with the system that obtains now, and I am prepared to show that the establishment of these infirmaries is a very distinct economy, because although it does not always appear on the surface, by having more skilled nurses about to look after them, and by having better medical administration generally, the cases in these infirmaries are more looked after. Cases which are called, and classed as, incurable, are discovered to be curable; moreover, cases which are curable are more quickly curable. Cases that have been under my care were quoted by Dr. Bridges in his evidence before the Select Committee of your Lordship's House some time ago; cases which illustrate that very point, and to which, if I might be allowed, I should like to refer.

Chairman.

24255. To what committee do you refer?—The Select Committee on Poor Law Relief which sat in 1888.

Earl Spencer.

24256. Will you be kind enough to refer to that evidence?—Dr. Bridges says, in answer to Question 5485: "This is a case reported to me by one of the medical superintendents of an infirmary, and a case which I have myself seen. A woman aged 35 presented symptoms of paralysis, which would have been on the old plan simply classed as paralysis; she would have been allowed to be in the sick ward of a workhouse, and there she would have remained for an indefinite time, perhaps for life. On careful inquiry something peculiar was found in the symptoms presented, both in the form of the paralysis and in the form of the insensibility to pain, and in the character of certain epileptic fits that she had. She had been two years in the sick ward of the workhouse before she was transferred to the infirmary. There she received this discriminating careful treatment, both by massage and electricity, and so on, of which I have spoken, and this woman is now in service and is perfectly well. Another case is that of a woman of 51, who had what was called paraplegia, *i.e.*, paralysis of the lower part of the body. She had had this for 11 years, and for seven years of this period she had been in the sick wards of the workhouse. She was transferred to the infirmary, and she also was treated in a similarly careful discriminating way, and she is now quite well": and that woman (Mary Knight is her name), is now, and has been for the last three or four years in service as an invalid attendant herself. She has been rescued from a chronic sick bed, and put back on the list of able-bodied people. Then he refers to another case that was treated in the same way.

24257. But your case is not that of the old undiluted workhouse system, because you, being in charge of the infirmary, are also in charge of the sick in the sick wards of the workhouse?—

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workhouse?—At that time, when Dr. Bridges mentioned this, it was not so.

24258. But I am speaking now of the other evidence you have given?—I do not know that that modifies it very much, does it?

24259. If you saw these cases in the sick wards of the workhouse, cases which you think could be better treated in the other place, you would not hesitate to send them to the infirmary?—If I saw them; but you see I rely upon the nurses, help to discover such cases; it is practically upon their information, which is my greatest help, that I have to go.

24260. You mean that you cannot so exactly watch and find out the true position of a case without trained nurses to assist you, which you do not have in the sick wards of the workhouse?—Precisely so.

24261. Now you said something about the necessity of learning not only the medical aspect but the social aspect of the cases belonging to the workhouse infirmary. Will you a little further explain what you meant by the social aspect of a case?—The socio-medical aspect I said; I mean by that to know what amount of work a person can do, and more than that.

24262. In the infirmary do you mean, or out of it?—You see there are several classes of paupers. There is the aged and infirm pauper; there are the able-bodied people, who are put to hard work; then there are the half able-bodied, who are put to light work; then come the sick, those are the great divisions; and then outside these, are lying-in cases and lunatics. Well, by the socio-medical aspect of a case I mean knowing which of those classes the person more properly belongs to; when you are confronted with a patient, to know which of those classes he belongs to, whether he is really fit to be put to hard work, or to light work, and so on, or whether he should be classed with the chronic sick or the acute sick, and so forth.

24263. Take the first instance, a man who is a patient and yet can work; he would not go into the sick ward; he might be treated by you in the workhouse and not in the sick ward, is that so?—Well it is not desirable that it should be so; but supposing he has got a little sprain of his wrist, he is inclined to make the most of it; you must judge exactly how much that sprained wrist will interfere with his chopping up wood, or tying up bundles; you must make yourself acquainted with the kind of work they are put to do.

24264. Then are many of your patients doing work within the workhouse?—They are not my patients when they do work; I only see them when they come in, then if I allocate them amongst able-bodied who do light work I ought to have nothing more to do with them.

24265. None of your patients, so-called actual patients, are employed even in the sick wards or in the infirmary?—In the sick wards they are; they help as much as they can, but in the infirmary they are not. The fact of their being in the infirmary frees them from any kind of necessity for work. Our object then is solely to cure them as quickly as possible.

24266. Now with regard to students, you said, in answer to the Chairman that you thought it

Earl Spencer—continued.

desirable that students, when walking the hospitals, should be allowed to study cases in your infirmary; is that so?—Yes.

24267. We have been told that students would not do this, and that they would not care to study cases such as those that are to be found in the workhouse; that is not your opinion?—No, it is not. I am prepared to show that they are willing to come. Perhaps you are not aware that the Paddington Infirmary is the only infirmary in the metropolis where clinical instruction has of modern years been tried.

24268. You had better just describe to us how it was done?—It was done in connection with what is known as the post-graduate course, a course of lectures that was instituted for senior students and practitioners, and the lectures were given by myself and by selected surgeons and physicians who were invited by the Board of Guardians to come and give these lectures and demonstrations. We held two courses of lectures, and they were exceedingly well attended.

24269. By what numbers?—We had something like 25.

24270. From what hospitals did they come?—Most of them were practitioners, but I could not say where they all came from, because I do not know.

24271. Do those classes go on now?—No, they do not go on now.

24272. Why were they discontinued?—They were only done by way of experiment, and the post-graduate association made arrangements for someone else to take them; they go round by rotation.

24273. Does the round go on still?—It is possible that we may resume them again.

24274. Did you consider that they were successful at the time?—Very.

24275. They saw a good many cases that they would not have seen either in the out-patient departments or in the hospitals, is that so?—Yes.

24276. Do you attach great importance to that?—I do.

24277. And would like to see a permanent arrangement of the sort?—Yes, I should; I think it would be a benefit to all concerned.

24278. You would invite other medical men to assist you in the managing of these classes, supposing you had difficulty in doing it yourself?—Certainly.

24279. Men selected from the staffs of the general hospitals, do you mean?—Not necessarily connected with a general hospital; anyone competent.

24280. You have, you think, a sufficient number of interesting cases to give occupation to a class of this sort; not as one witness said this morning, so many cases that really would be of no use at all, or of no interest?—There is a large dilution of cases that would be of no interest, but there are still a very great number of cases that would be of extreme interest from the point of view of education. I wish to point out particularly, that it is the quality of these cases, not only the enormous number of the cases in the different infirmaries that would make them so valuable, but also their kind; they are of a kind

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kind which the student does not see in a hospital, but which he meets with in large numbers in after life in private practice.

24281. Could you illustrate that by giving us some instances?—Yes; cases of chronic bronchitis, which form such a large proportion of the private practitioner's work; illustrations of the different varieties of rheumatism again, and cases such as the ones I was mentioning just now; the enlargement of the prostate from advanced life, where it is necessary to pass the catheter continually, and all those kind of cases. They do not regard them as suitable in hospitals, because they say they stay too long.

24282. Have you at all gone into the question as to whether the persons who come as patients to your infirmary are in a position in life to be able to find medical attendance for themselves by subscription to a provident club, or to pay practitioners?—I do not think that that form of abuse goes on in the Paddington Infirmary to any practical, any appreciable, extent.

24283. You think that in at least the great majority of the cases that are taken in by you the persons are destitute practically, and cannot afford to find themselves medical attendance?—Yes; I am sure of it.

24284. Do you sometimes get cases handed on from hospitals to you?—Yes.

24285. How do you treat those cases; do you treat them as temporary cases to ascertain whether they are really cases which should come under the infirmary?—They are taken in if they are ill, and put in their appropriate place, and then the matter comes under the notice of the inquiry officer. There is a definite inquiry officer, and every case that comes in he inquires into.

24286. Is that the relieving officer or is it a separate person?—It is a separate person's duty; and he brings the case under the notice of a committee which is appointed from the Board, and they investigate every case in that way. This very morning I have been engaged with the chairman of that committee, who came over to see me as he always does before his committee, which sits to-morrow, to ascertain the probable length of stay of each of these cases that have been recently admitted; and unless they are going out directly (when they do not take any more trouble) they ascertain whether they belong to any other parish, or whether they are in a position of life to be capable of paying something, and if so then the committee settles the amount they have to pay.

24287. Are there a great number of cases that pay in the infirmary?—Not a very large number.

24288. Is there any communication with other workhouse hospitals, so that when one workhouse hospital may have empty beds, they can take in by arrangement patients from infirmaries with beds well filled?—I think that that is done sometimes by way of loan, what is called loan of one parish to another, but it is not often done, because the Local Government Board urge the respective parishes to provide for their own needs.

24289. Do you consider that you ought to have additional accommodation for the sick?—I think that we have barely sufficient for our needs.

Earl Spencer—continued.

24290. Does the treatment of the cases suffer from their being overcrowded at all?—I think it does a little.

24291. The patients seem too crowded?—It is only during the winter months when the pressure is heaviest that we really feel the want. January, February, and March are the three heavy months of the year, and it is during that time that we feel the pressure, and the need of something like 50 to 100 more beds.

24292. And what do you do when you have not beds enough; do you refuse them?—No; one cannot do that in an infirmary; there is nowhere else to send them, you must take them in, and as far as possible put the least bad into some other class, and make room for the very bad ones in the infirmary.

24293. But that leads to overcrowding in that class?—That is so, undoubtedly.

24294. Have you made application on the matter to the poor law guardians?—The question is under the consideration of the Board at the present moment.

24295. And you would prefer to have more wards in your infirmary, and to do away with the sick wards of the workhouse?—I think it would be a more desirable plan.

Lord Clifford of Chudleigh.

24296. What medical assistance have you now?—I have an assistant medical superintendent, and a resident clinical assistant, who happens at the present moment to be a lady.

24297. And you think that that is insufficient?—I think that that is not sufficient.

24298. You mentioned, if I understood you rightly, that you wished to have assistance in a certain amount of what you called the socio-medical work?—No, I think that work should rest chiefly with the medical superintendent, and, as I said, it takes some little time to get into the way of it.

24299. But a great deal of the work of your assistant is obtaining information for you, you said, of the previous life of the patient, and information of that kind; that could hardly be done by anybody in the nature of a medical student?—Yes, quite well, for that is the work of a clinical clerk in all hospitals, at the present time.

24300. There is no difficulty in getting medical students to fill that position?—I do not think there would be any difficulty.

24301. What is the medical position of your present clinical assistant?—She is a qualified lady; she is bachelor of medicine of the University of London, and fully qualified, registered.

24302. And how long do you suppose a clinical assistant would occupy that position?—For six months; it would be better for a year, but the Board has decided six months; she only holds the position for six months, but is eligible for re-election.

24303. And how long has that system lasted in your infirmary?—About two or two and a-half years.

24304. During that period, you have had a different clinical assistant every six months?—Yes;

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Yes; one held office for nine months, but the others only held for six.

24305. Have they been students or qualified practitioners?—They have all been qualified; young qualified men.

Lord Monkswell.

24306. I suppose sometimes in the winter, when the infirmary is very crowded, you do turn out patients before you otherwise would?—Yes, I think that is the result sometimes.

24307. Now we were told this morning by a medical officer of an infirmary that in his opinion there would not be a great deal of use in getting medical students to go over these infirmaries inasmuch as they refuse to attend to chronic cases, and probably even in hospitals they will not take an interest in them?—Then the fault would rest I should say with the medical superintendent not to impart that interest.

24308. You think there would be ways and means of getting them to take an interest in that sort of thing?—Yes, I have had no difficulty at all; they take their cue from the medical superintendent.

Earl Cathcart.

24309. You said a great deal about passing catheters in the case of males; how is it managed under your present system?—We have to have a sort of give and take arrangement; a lady of course cannot do that, so that she has to do a little more work in one direction, and my colleague and I do that work which properly belongs to her post.

24310. And you never employ female nurses for that purpose?—Never.

24311. Then how do you manage in your workhouse department?—We have to do it ourselves; we do the best we can.

24312. Then they have to send to you frequently in emergencies?—Now and then it occurs.

24313. But it is no part of the duty of female nurses to perform that operation in any case?—No.

24314. How came you to select, or who did select, a lady assistant?—The board of guardians; they elect the officers.

24315. And she was selected from a number of other candidates male and female?—I think there were only two in this time.

24316. Were those one male and one female?—Yes, one male and one female.

24317. Do you find that the lady assistant you spoke of just now gets on well with the matron and the nurses?—Fairly; I do not think I have much to complain of in that way.

24318. But do you think, all other things being equal, that a female doctor gets on as well with the matron and the nurses as a male doctor?—No, I do not think so.

24319. You think that the male doctor exercises more authority?—Yes.

24320. Is more in a position of authority?—Yes, or has more weight.

24321. And that the lady doctor is more apt to excite friction with the female staff?—Yes, Undoubtedly.

24322. That is your experience?—Yes.

(24.)

Earl Cathcart—continued.

24323. And difficulties might arise *tête-à-tête* with the assistant?—Yes, that might happen.

24324. But you yourself find it agreeable to conduct business with this lady, and have nothing to complain of?—Personally I have no objection; but I do find it an objection to have the regular work upset, because she cannot do all the duties appertaining to her post; that is an objection to me as an administrator. I do not regard it as a desirable plan that a lady should hold a post she cannot properly fill entirely; the post of a man.

24325. And all things being equal, you would not yourself select a female clinical assistant?—No, I would not have minded having two ladies; they would have been equal perhaps to one man.

24326. Then is the lady clinical assistant cheaper; is that the reason of the guardians appointing her, that she is cheaper, than a male assistant surgeon?—No, she is not cheaper; I cannot quite give any reason.

24327. Then how does she do her messing; does she mess with the nurses, or with the medical staff?—She has her breakfast alone, her luncheon with my other colleague, and her dinner with the matron.

24328. And that in itself is not a very convenient arrangement?—No, it is not.

24329. Being at Paddington, have you any railway men?—Who come in as patients, you mean? Now and then we have.

24330. The guardians recover against them, I suppose; they would obtain the expenses?—From the railway company, do you mean?

24331. No, from the men?—Yes, if they are capable of paying.

24332. I mean they would look out sharply after that?—Yes.

24333. Do you perform operations?—Yes.

24334. Capital operations?—All sorts.

24335. And successfully?—Yes, very successfully. I was getting out a return for the Local Government Board the other day, and I think our death-rate was only 2 or 2½ per cent.

24336. And have you sufficient assistance in yourselves to enable you to perform these operations?—We could do with more.

24337. You do call the lady in as well?—Yes.

24338. That only gives you two assistants; you cannot do without three persons in an important operation can you?—One ought to have three.

24339. Are you allowed to obtain an outside consultant and to pay him fees?—My board will never pay him fees; they object to that.

24340. But you are aware that fees are allowed by some boards of guardians?—I am.

24341. And do you think that is a good plan?—I think it is almost a necessity. I think that it is very hard on a doctor that he should be compelled to do capital operations without the responsibility being shared.

24342. If you had an honorary visiting staff the necessity would not arise for a fee for a consultant?—No, precisely so.

24343. Would there be any difficulty in having an honorary consulting staff?—I see none.

24344. Are there many medical men you would

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would like to see on such a staff?—Yes, a good many.

24345. Do you take venereal complaints?—No, not in the earlier stages of the disease.

24346. Then how do you manage to eliminate them?—The board of guardians has an arrangement to pay 16 s. a week to the Lock Hospital; so they are transferred there.

24347. And you think that a good plan?—It seems to answer well.

24348. Have you cases of the itch in your infirmary?—We scarcely take them in unless they are very bad.

24349. How can they be cured if you do not?—We sulphur ointment them and administer baths.

24350. You must take them in to administer baths of that sort?—They get them in the receiving ward.

24351. I gather from you that you quite share the opinion of Dr. Bridges that there should be no workhouse beds at all for the sick if it were possible to avoid it?—Quite so.

24352. That such is the advantage of the infirmary system that all the sick should be transferred from the workhouse proper to the infirmary; that is your view?—Precisely.

24353. Pauper nurses are inseparable are they not from workhouse sick wards; the old system of pauper nurses is almost inseparable from those?—Yes.

24354. Having a number of able-bodied women about they employ them in that way; in fact they must employ them?—Yes.

Earl of Lauderdale.

24355. Do you treat many patients in the receiving ward?—Only such cases as I have mentioned.

24356. Practically you say to them that they must go;—No, they will stay in the receiving ward and sleep there; there are a few beds in the receiving ward of the workhouse.

Chairman.

24357. Do you have any paupers to look after the infirm in the workhouse. We are told in regard to another infirmary (I think it was Bethnal Green) that they have three infirm attendants; have you any arrangement of that kind?—I believe there is something of that kind, but the infirm do not come within my official capacity.

24358. Has the matter of consulting medical officers come before your board?—I have laid before them my views; but I do not believe that boards of guardians will ever take up the idea.

24359. Are they afraid that consulting physicians and surgeons would cause the dietary and so on to be much more expensive?—I suppose that is their idea.

24360. In your opinion is that necessary; would it make the dietary more expensive?—No certainly not, with the reservation that as long as you leave the organisation of the infirmary as it is at present, that must rest with the medical superintendent, who is the responsible officer to the board for all those things, and he would be so then, if you leave them as they are set down in the Local Government Board orders at

Chairman—continued.

present, and simply add as I have suggested, the consultant who would see cases in consultation with the medical superintendent, and who would be guided by the ordinary rules of consultation you need upset nothing that exists at present, simply add to it.

Earl of Kimberley.

24361. If you have a consulting physician, he must have some authority; that is to say, he would have the power to say that a patient requires a particular dietary. How would you arrange that? At present, of course, the medical superintendent is the responsible person, and can order such dietary as he thinks the patient requires. Supposing the consultant physician and the resident medical officer differed, that the consultant physician thought that a more generous dietary was necessary, should you give the consulting physician the power of ordering it?—I think that a recommendation of that sort would come with very great weight, and it would save the medical superintendent from any blame that his board might visit him with, and thus he would be almost bound to do it. At the same time, inasmuch as he is responsible to the board, it would not do to take out of his hands the ultimate ordering of that dietary.

24362. The consultant physician would almost *ex hypothesi* be a physician of rather more standing than the resident medical superintendent; would it be possible to maintain for a moment, that if that physician thought a more generous dietary needed, it should be left to the discretion of another officer to give or refuse it?—I do not think that would be so, because in two instances which I can quote, that exists. In the first place, that precise arrangement obtains in the ordinary consultations in private life; it is the practitioner in attendance on the case, who is an ordinary general practitioner of less knowledge and practice and standing than the consultant who is called in, and by the rules of consultation it rests with that practitioner; not with the big man, the authority, who is called in, but with the practitioner in immediate attendance on the patient, to carry out or not the ultimate decision of the two. And in the second place, when I had these consultant gentlemen who came down as part of the post-graduate scheme, I did not find the slightest difficulty of that sort, and the relationship there was practically of the sort which you have named.

24363. What would occur in another case which I will ask you to take. Supposing that the question was one of a very difficult operation, and he desired to have the opinion of a consultant surgeon as to whether the operation should or should not be performed, it being a very dangerous one, and that you differed on it; that the consulting surgeon thought that it ought not to be performed and you thought it ought, and you perform the operation and the patient dies?—I should be a very bold man to do that.

24364. Would it not be an impossible thing for a man to undertake such a responsibility?—I do not apprehend the slightest difficulty in the direction you have named. It is one that one ought

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ought to consider, and I have looked at it from all positions for the last four or five years, and I have seen in practice now latterly that the difficulty would not arise. If I did the operation and the patient died you see what an enormous responsibility I should have to incur. But if I follow this man's advice you see I am shielded from any blame from my board or from the patient or from the public; I have him at my back.

24365. Practically the plan would work, you think?—Practically it would work perfectly.

Earl Cathcart.

24366. In what connection, let me ask you; have you any fear at all of the audit; do you act under any fear of the audit; has anything you have ordered ever been disallowed?—Personally I am perfectly free of the auditor; I am almost the only officer who can say that, but the medical superintendent has full authority to order whatever he chooses in the way of diet and physic.

24367. Then in fact your directions as to diet, or hospital comforts, or wine, or anything of that sort, have never been challenged?—Never.

24368. Let me explain that when I use the word "challenged," I mean, have the guardians ever complained to the Poor Law Board, or to anyone else, of anything you have done in regard to ordering hospital comforts?—No, they have never done anything more than ask me for explanations of this and that, which they are, as my masters, fully entitled to do, and which questions I am only too willing to reply to. They tell me, for example, in March (it is periodically looked into), "Your stimulant bill is a little more this year than last year," and then I explain it, and I look back to the returns and find perhaps that there are more cases, or more difficult cases, that year.

24369. And such questioning has no depressing influence on you in regard to the orders you give for hospital comforts?—No, it will not, because it can never be anything more than questioning; they cannot stop me.

24370. But they might complain of you as being extravagant to the Local Government Board?—That would only be done in an extreme case.

24371. But in point of fact that has no practical influence upon you, these questions as to the hospital comforts that you order for the patients?—No.

Earl of Kimberley.

24372. I do not for a moment intend by my question to suggest that there would be anything to complain of in what you yourself did, but I will assume that there is. The guardians might have a strong opinion with regard to the administration of stimulants, and they might be of opinion that stimulants were too largely administered, and there might be a difference of opinion so far, though your discretion remained untouched; therefore it would be possible to the guardians to represent to the Local Government Board that they thought their medical officer was in the habit of prescribing a much larger amount of stimulants than was the case in some other large infirmary which they might quote. I take

(24.)

Earl of Kimberley—continued.

it for granted you have never had any such complaints?—No, never.

34373. That is the only kind of complaint that could be made of you, namely, that the guardians might represent to the Local Government Board that they thought that you exercised an unwise discretion?—That is so.

Chairman.

24374. Do you desire to add anything to your evidence?—There are one or two things I should like to mention. In the first place, as to the figures regarding the number of beds in infirmaries. There are 12,170 beds in all the infirmaries in London, that is excluding the 4,000 in the sick wards of workhouses. Now that amounts to 50,000 patients passing through the infirmaries per annum, and I may be wrong, but it seems to me that it is a very great pity that so vast a field as that is lost for medical education and for medical research, not for experimentation, but for observation simply.

24375. That remark is in support of what you said just now about the admission of students to infirmaries?—Yes. Then as to the mode in which that should be done; after five years of careful thought, I think the best way of accomplishing that would be this: I do not think that anything could improve on the scheme which has been now adopted at the Metropolitan Asylums Board, and which is in consequence of the permissive legislation of the last Poor Law Act. You know that students are now admitted to the fever hospitals and imbecile asylums by the Metropolitan Asylums Board, and that is in accordance with Section 4, consequent upon which the asylum managers have drawn up a scheme which is issued in the form of a letter to the different fever hospitals. The only modification that would be desirable would be, that it should not be permissive but compulsory legislation. I am sure that the Paddington Board is the most enlightened of the boards of guardians in London; it stands alone in possessing no tradesmen at all on the board, and it is the most enlightened of the boards, but I do not believe that there are any guardians who take sufficient interest in the matter to introduce medical education into infirmaries.

24376. Can you shortly describe to us what the scheme is?—Briefly, it allows a student to gain admission to the fever asylums, and provides that he shall pay a fee of three guineas to the clerk to the Asylums Board, and that entitles him to attend for three months. When he is in the place he is to be under the control of the medical superintendent, and then the medical superintendent shall give a certificate of attendance. Any legally qualified medical man who may desire, may also attend the fever hospitals for purposes of medical instruction. That is briefly what it is. The date of that was the 10th October 1890.

24377. You would like to see that applied to the infirmaries?—Yes. I believe that would be the most perfect system that could be arranged, if applied to the infirmaries. The amalgamation idea, the idea of amalgamating hospitals with infirmaries,

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infirmaries, which is an alternative to that, would not, I believe, be workable. In the first place, the medical men attached to a hospital have enough work of their own to do without any addition, and if we want anybody of that sort, there are heaps of doctors who are only too willing to take the post of consulting physician or surgeon to an infirmary, and we might get plenty without amalgamating with the hospitals; the men there have plenty to do. And in the second place, it is not the sort of help that is wanted. Amalgamation with a hospital would not meet the case; what is wanted is assistance from below.

24378. Is there any other point?—I believe it was given in evidence that infirmaries tend to pauperise people, but my experience is directly the contrary of that at Paddington. When I saw that I carefully considered the matter, but the poor law infirmary does not tend to make people more ready to receive either in-door or out-door relief as able-bodied people, and in that sense, as I understand it, infirmaries do not tend to make the people ready to receive relief. The infirmary does not do away with the stigma which attaches to the receipt of pauper relief. They go away, and as in the case of the woman, Mary Knight, whom I mentioned just now, they stop away for four years or longer.

Earl of Kimberley.

24379. You said that infirmaries do not tend to promote pauperism, but is not going to an infirmary, in itself, pauperism?—Well, I do not know; it is sick relief, is it not?

24380. Certainly?—And they do not regard it as receiving relief, so to speak. And then, in point of law, I believe, it has been ruled that sick relief, and being in infirmaries, does not disfranchise people.

24381. You are quite correct; the receipt of medical relief does not disfranchise, though that, of course, is, is it not, also in itself an encouragement to people to become paupers; because the Act of Parliament says that they shall not be considered paupers; that does not make them the less paupers in reality, does it?—No.

24382. It is only a change of name?—Yes.

24383. Is it not the fact that what you state leads to the contrary conclusion from the one which you draw, namely, that the regarding of infirmaries as not pauper institutions leads to this: that it brings a large class of applicants for sick relief on the rates who might otherwise pay for their own medical expenses; if that is so, is not the infirmary a direct encouragement to pauperism?—We are guarded by that very inquiry officer I have named, so that people cannot get in who are able to pay; that is the marked difference between an infirmary and a hospital; that we are guarded by an inquiry officer and an inquiry committee of that sort. And I do not know, of course, so well as your Lordships do, but that is what seems to me the solution of the difficulties of the hospital abuse; but paupers are guarded by an inquiry officer and an inquiry committee. And then as to the question of the pauperism, I think one may legitimately draw a very broad line of distinction

Earl of Kimberley—continued.

between relief as an able-bodied person and relief by reason of sickness; and, I believe, it can be shown that going into an infirmary does not make a person more ready to receive relief as an able-bodied person. That is what I mean; time after time I have seen it that they had just as great a dread as ever of going on to the pauper list as able-bodied people after having been in the infirmary.

24384. I quite agree with you that it would probably have, and has had the effect which you describe, but how would that meet this point. The definition of a pauper is, I apprehend, a man who lives out of the rates, instead of supporting himself?—Yes.

24385. Now, whilst of course able-bodied paupers are a much more injurious form of pauperism than that which arises from sickness; still, if a man is able, out of his own pocket, to provide for his sickness, but finds it in an infirmary provided for him, out of the rates, and he accepts that, is it not *pro tanto* a pauperising of that man; that is to say that he is a man suffering from sickness, but, I assume, is a man who might pay for himself, but, from his not having any distaste to go into the infirmary, which he regards as a hospital, he goes to the infirmary, whereas otherwise, if he could not get relief of that kind, he would simply pay for his own medical attendance?—I see what you mean; I ought, perhaps, to qualify what I said, by saying that my experience is that it does not tend to promote able-bodied pauperism.

24386. I grant that?—As to the other I think it would be rather difficult to get experience on that point.

24387. I take it from your own evidence, which I am very much disposed to agree with, from what little I know, that there is much less distaste to going into an infirmary than there would be if it were connected with the workhouse; so that the effect is this, that a man does not feel himself a pauper by going there. Then there is the other side of the question, that a man is encouraged to go and get relief in sickness from the rates when he might obtain it for himself, and, in that way, has not the infirmary a pauperising effect?—Of course the arrangement of State hospitals for the reception of people in that case, is only what is practically done in all countries but England, and it is a question whether one can stamp out the tendency to pauperism by withdrawing that accommodation, or whether it would not be better to encourage them to practise economy rather than endeavour to prohibit them receiving relief in cases of sickness.

24388. I gathered from you that there was a careful inquiry made into these cases by an inquiry officer?—Yes.

24389. And of course you would say, and justly say, that that is some preventive against abuse?—Yes.

24390. I do not know whether you, as a medical officer, practically know how it is worked; but do you think that these inquiries do prevent people, who ought not to receive relief, from receiving it?—Certainly; it comes daily under my immediate notice in this way: A gentleman named X., a well-known billiard player, has his children taken care of by a Mrs. So-and-so, who lives

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lives a little way off from our infirmary; one of the children, in playing pulls the kettle off the fire, and the child is severely burnt. I take him in, under the Order, which enables me to take in urgent cases without any inquiry; then the inquiry officer comes round and finds that this child's father is Mr. So-and-So, in receipt of something like 500*l.* or 600*l.* a year from his billiard playing. The committee at once write to him, and say that they are going to charge him 25*s.* a week for the board and maintenance of his child. Of course he immediately comes to me, and says, "I am going to take my child away." Then I say "You can do it, but you do it at your own risk, because the child is not fit to be removed." He replies, "I will pay my 25*s.*, but will take it out next week if it is well enough;" and the abuse is done away with.

24391. Take the case now of an artisan earning 2*l.* or 3*l.* a week, do you think that an inquiry is made in those cases whether the man could pay?—Yes; he has to appear before the committee, and the committee ask the man what his work is, and what he receives, and they make an order sometimes for 1*s.* a week, sometimes 2*s.*, sometimes 3*s.* a week payment.

24392. Perhaps relief is offered on loan sometimes?—Yes, not unfrequently an order is made to that effect.

Earl Cathcart.

24393. The medical superintendent of St. Saviour's told us on Monday that infinite pains were taken in his infirmary that it should not be mixed up with the idea of a workhouse; that the word "workhouse" was never mentioned at all; that "infirmary" was the word invariably used; and consequently the patients did not think, or perhaps even know, that they really were workhouse cases at all; do you take that same pains?—No, we take pains in an opposite direction.

24294. It would be difficult for you to conduct the same business in the same way, and keep out the idea of the workhouse, as you are connected with the workhouse, with only a party wall between you?—Yes.

24395. Therefore people coming to your infirmary would not have the same impression?—There is another way in which they know. The words "Workhouse Infirmary" are written over our gate, so that they cannot think that they are not coming into a department of the workhouse.

Chairman.

24396. What do you propose to say about general hospitals; we have had a great deal of evidence already as to them?—I suppose, as a matter of fact, it would only be repeating what

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you have heard, but there certainly are a great number of general practitioners (I do not know whether you have had many of them), who might come forward to give cases, but do not, owing to professional etiquette, and what they believe to be the relations between themselves and consultants.

24397. I should be glad to hear anything you have to say as to that?—When I was connected with hospitals (I must not mention the name of the hospital), a case came to my notice where a surgeon was paid five guineas as a consulting fee about a case, and then the case came into the hospital under his care, and was operated on for nothing; and it certainly struck me at the time, as it does now, that if the patient was able to pay five guineas as a consulting fee he ought not to have come into the hospital for gratuitous treatment.

24398. It was as part of this gentleman's private practice that this fee was paid, was it?—Yes.

24399. Nothing to do with the hospital?—No, nothing to do with the hospital. There is another kind of abuse which out-patient departments of hospitals are liable to in addition to the one that is so glaring, namely, that it is used by people who come for physic, but who really want food. I used to be very frequently struck with that as assistant physician to the West London Hospital; people would come up, especially women with their children, who were suffering not from want of physic, but from want of food. It is an opposite abuse to the one that is so obvious, where people who are well able to pay a doctor do not pay him, but come to the hospital. This is one where people are starving, who ought really to have food given to them. Then I should like to draw your Lordships' attention to the extravagance of hospitals in the matter of alcohol. If you have the figures before you (they would easily be obtained from the Local Government Board Returns), and compare hospitals with infirmaries, you will see what a very glaring difference there is. There is a neighbouring hospital, a hospital that is very near to mine, that is exactly the same size as my own infirmary; the cost of their stimulants per head is seven times what they cost in my infirmary. Well, now it is replied to that, of course, at once, "We have in the hospital acute cases, severe cases which require stimulants." But that is quite compensated for by the fact that a great many of my patients are old people who require quite as much or more stimulants for the treatment of their complaints than the acute cases of young people in hospitals do. That is a glaring instance of the difference and extravagance in hospitals.

The Witness is directed to withdraw.

MR. JOHN HOPKINS, is called in; and, having been sworn, is Examined, as follows:

Chairman.

24400. You are the Medical Superintendent of the Cleveland-street Sick Asylum, are you not?—Medical Officer of the Central London Sick Asylum in Cleveland-street.

(24.) e

Chairman—continued.

24401. When was that built?—In 1875.

24402. How long have you been there as medical officer?—Twelve years.

24403. What is the Cleveland-street Sick Asylum

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Mr. HOPKINS.

[Continued.]

Chairman—continued.

Asylum; what is the institution for?—It is an institution for the treatment and nursing of the sick poor sent from three unions called the Central London Sick Asylum District, as long as they may need that treatment and nursing.

24404. Not in the nature of a convalescent home?—Not in the nature of a convalescent home, but as a hospital.

24405. It is supported by what?—Supported by the rates.

24406. Is it under the Metropolitan Asylums Board?—It is not under the Metropolitan Asylums Board; it stands in the same position as the ordinary infirmaries.

24407. And who makes use of this sick asylum?—These three unions send their sick to it.

25407. Now how many beds are there?—Two hundred and sixty-four.

24408. Do you ever have to refuse cases because you are over full?—We should have to refuse cases if there were not provision made against that. Messengers are sent up from the workhouses every morning to know if there are any beds for them, and what beds there may be are apportioned to the workhouses, and so these beds are filled from day to day, thus avoiding patients being sent up to us, and then sent back again to the workhouses.

24410. These three unions have a large number of sick beds in their workhouses, have they not?—They have a large number of sick beds, I believe, in all their workhouses.

24411. You do not know that of your own personal knowledge?—I do not know it of my own personal knowledge.

24412. And those perform the same duty as the infirmary?—The same as the infirmary.

24413. Are you, as well as being the medical officer, responsible for the administration?—I am responsible for the administration.

24414. Is there not some plan of building a new sick asylum?—At the present time the intention is to build a new infirmary with 250 beds elsewhere, leaving this as it stands in the meantime, possibly carrying on the two institutions eventually together.

24415. So that it would be 250 beds more for those three unions?—Yes.

24466. Do you find your duties excessive as medical officer and administrator too?—No.

24417. What medical assistance have you?—There is one assistant medical officer who does the dispensing.

24418. And is that all?—That is all.

24419. And then in the way of nurses what staff have you?—In the way of nurses we have an ample number of nurses, though the nursing is not on a very satisfactory footing; originally there were in each ward of 34 beds two women, one a nurse, and the other a ward assistant or ward maid; it was found that this was not sufficient, and so gradually these ward maids have been converted into assistant nurses; all menial work has been taken away from them, they have been put through a certain amount of elementary teaching in nursing, and they have been fitted to assist the nurses in the wards.

24420. Where has that elementary teaching been carried on; in the sick asylum?—In the sick asylum.

Chairman—continued.

24421. Could you mention the number of nurses you have?—The number of day nurses is nine, and then there are one night superintendent, six night nurses, and eight assistant nurses.

24422. That makes a total of what?—That makes a total of 24.

24423. Then, taking away the number of night nurses, there would be how many?—There would be 17 day nurses.

24424. Are those hospital-trained nurses, any of them?—Most of the nine head nurses are; the desire has always been to have trained nurses, but there has been a difficulty in getting them.

24425. Why is there a difficulty in getting them?—They do not respond to the advertisements.

24426. Nursing in poor law infirmaries appears to be unpopular with the profession?—I think so; and no doubt the appearance of the place has something to do with it; whereas the nurses are willing enough to go to the new infirmaries that have a presentable exterior; those infirmaries that lie in back streets, and have not a presentable exterior, they are not willing to go to.

24427. And under whom are these nurses?—Under the matron.

24428. And she is under you?—She is under me.

24429. Is she trained?—No, she has nothing whatever to do with the nursing; she simply exercises a general control over the nurses, without pretending to interfere with the nursing at all.

54430. She is then rather a superior servant, a housekeeper, than a head nurse?—More in the position of a housekeeper than a trained matron.

24431. Then you are responsible for the nursing?—I am responsible for the nursing.

24432. Do you think you have got sufficient nurses?—Yes, we have quite sufficient nurses now, I think; but I should very much like to see the assistant nurses better trained than they are; so far they are in a state of transition from ward maids.

24433. But that tends to get better perhaps?—It tends to get better.

24434. Do you consider that your sick asylum has sufficient accommodation for the patients and staff too?—The accommodation for the patients, speaking generally, is satisfactory, but the accommodation for the staff is very bad indeed.

24435. In speaking of the staff, do you include the nursing staff?—I speak particularly of the nursing staff.

24436. Where are your nurses lodged?—In various parts of the building; the assistant nurses in one block, the night nurses in another block, and the day nurses are scattered about; the head nurse of the ward sleeps next to her ward, and two supernumerary nurses sleep together in a small room next to another ward.

24437. Does that get rid of the whole number of nurses, or do some of them sleep in a number in one room?—There are only two nurses sleeping in one room; in all other cases each nurse has a separate room. I am now speaking of the day nurses.

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[Continued.]

Chairman—continued.

nurses. The assistant nurses and the night nurses sleep two in a room.

24438. The rooms for the day nurses and the night nurses are in quite separate parts altogether, are they not; a room occupied by a day nurse at night is not occupied by a night nurse during the day?—No.

24439. Then could you tell us what are the hours that you employ these nurses?—The day nurses are on duty for 13½ hours a day.

24440. Beginning when?—Beginning at 7. They come on duty at 7 in the morning, and they leave duty at half-past 8 at night.

24441. And do not they have any time off duty out of that?—Not out of that time, except on particular days; they get so many days and half days in the course of the month. Altogether the day nurses have a weekly average of 16½ hours' recreation; they are free to have it if they will take it; they do not take that 16½ hours.

24442. Then do they have any annual holiday?—An annual holiday of 16 days.

24443. To all grades?—That is for the day nurses and the night superintendent; but the night nurses and the assistant nurses have 14 days each.

24444. Do you keep your night nurses on as night nurses for six months at a time, or how do you manage?—Perpetually; when once promoted to the post of night nurse they remain so till they are promoted to another post, or leave.

24445. Supposing that a nurse stays in the hospital three years, from the time of her becoming a night nurse, she might be a night nurse all that time?—She might be a night nurse all that time.

24446. Do you think that is a good plan?—They enjoy very good health; they have more recreation than the other officers; they get altogether an average of 37 hours per week outside; during the summer-time, three hours every evening, and during the winter-time three hours every morning, from 9 till 12.

24447. Then, when do the nurses have dinner?—The nurses have dinner in the middle of the day, at half-past one.

24448. For half-an-hour or an hour?—For an hour. They are permitted to remain in the dining-room for an hour.

24449. And when do they have their supper?—They have no formal supper.

24450. Where do they have tea?—They have tea in the small kitchen attached to the ward, and those who do have supper have a kind of supper out of the remains of the dinner; there is no formal supper.

24451. Then, as a fact, after the dinner they have no substantial meal till the following dinner next day?—That is so.

24452. Do you think that is sufficient food for people having this 13½ hours' work?—It has practically proved to be sufficient.

24453. But you have difficulty in getting nurses you have told us?—We have difficulty in getting nurses, and yet the nurses who come to us say that they are more satisfied with the food which they get at the Cleveland-street Infirmary than they have ever been before. That is very largely due to the excellent steward we have,

(24.)

Chairman—continued.

who insists on having all the food that is got in quite up to the contract quality; and the consequence is everybody is satisfied; the food is very good.

24454. Is it so extraordinary a thing that the steward sees that the food is up to the contract in quality?—Seeing that all nurses who come to us from other places, testify to the superiority of our food, I think that is a reasonable inference.

24455. In regard to the night nurses, when do they have their meals?—They have their meals at hours varying according to the time that they go to bed. In the winter time they go to bed at 12 in the day and have their dinner before they go.

24456. That is, when they come out of the wards, you mean?—They have their dinner just before going to bed; that is to say they have it at 11 o'clock; and they have their dinner immediately on getting up in the summer time, at 4 o'clock.

24457. When do they go into the wards?—At half-past eight.

24458. Do they have any tea in the wards?—They have their breakfast and tea in the ward kitchen.

24459. Have you got any visiting committee?—There is a visiting committee.

24460. Do they ever come?—They come every committee day, that is to say once a fortnight.

24461. Do they consider that the feeding of the nurses is sufficient?—From time to time the question of feeding the nurses has been brought before the board and the visiting committee, and there have been improvements made in the diet; they are very much better fed now than they used to be at first.

24462. At any rate you do not receive any complaints?—Now the arrangements are generally satisfactory.

24463. Do you employ any paupers?—We employ the sick paupers that there are in the wards to give the nurses assistance as far as lies in their power.

24464. Just in the same way as occurs in a general hospital where a patient is expected to assist so far as lies in his power?—They are expected to assist as far as lies in their power.

24465. But are all the servants who do the scrubbing, paupers?—The scrubbing is entirely done by women who come from outside for the purpose.

24466. For payment at so much per hour?—For payment at so much per hour.

24467. Do you want any more assistance medically in your sick asylum?—One does not need any more assistance. At the same time there is no doubt if one had more assistance in the shape of clinical assistants, one would be able to find them plenty of work to do.

24468. And as regards the question of students, is there a great quantity of material wasted now in the infirmaries; might they learn with advantage there?—As far as the quantity of material goes, I believe that the hospitals have more than they require. There is undoubtedly material in the infirmaries that might be made use of, but I

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[Continued.]

Chairman—continued.

think generally there is not the material in infirmaries that would induce students to come for any length of time to attend the infirmaries. Those special cases that are in the infirmaries, that students will not see in the hospitals, are in the infirmaries for months and years; and the students in the neighbouring hospitals would become acquainted with these cases, and after seeing them two or three times, they would not come again.

24469. Some cases that come to 'you remain a long time?—Months, or even years.

24470. Who makes your contracts?—The contracts are made by the board.

24471. It is done by advertising?—By advertising for tenders; these tenders are opened on a specified day, and the lowest contract is generally selected.

24472. I think you said that you thought the number of nurses you had was sufficient?—The number of nurses is sufficient.

Earl Cathcart.

24473. I should like to know how the contributions are made to your sick asylum by the several parishes in the union; is it *pro ratâ* or by population, or by the number of beds, or how?—I am not prepared to answer that question.

24474. You could tell us perhaps what are the three parishes in the union?—There are three unions in union for sick purposes. There is the Westminster Union, the parishes of St. Anne's and St. James, Westminster; the two parishes of St. Giles and St. George, Bloomsbury, forming another union; and the Strand Union again, which is a union of numerous parishes.

24475. Does your housekeeper-matron give leave of absence, and all that sort of thing?—She gives the daily leave of absence to the nurses.

24476. Then with regard to the teaching, how do you teach your staff; is it by means of supernumeraries in the wards or how are they taught?—Their teaching is done in classes. The assistant nurses attend these classes and the night nurses together, at a time when the night nurses are off duty, and whilst the day nurses are on duty in the wards.

24477. Who gives the instruction?—The instruction is given by myself or my assistant.

24478. But you are of the opinion of Dr. Bridges and of everybody else who has given evidence on this matter, that all matrons ought to be trained hospital nurses?—I think it is a very desirable thing that the matron should have been a trained nurse.

Earl Spencer.

24479. Are there many cases in the sick wards of the several workhouses which ought to come to your infirmary?—I cannot speak as to that from my own knowledge, but judging by the number of applications that are made, I should imagine that there always is a considerable number of sick in the workhouses.

24480. You, I suppose, agree with the others, that the treatment in the infirmary wards is very superior to the treatment in the sick wards of

Earl Spencer—continued.

the workhouses?—I think the arrangements for the treatment in the infirmaries are so much more elaborate than in the sick wards of the workhouses that the treatment must necessarily be better in the infirmaries.

24481. You do not know that there is any need in these different parishes of a larger infirmary?—There is a new infirmary about to be built in consequence of need of room.

24482. How is the Central Sick Asylum Board constituted?—It is constituted of members chosen and sent by the boards of guardians of the various unions.

24483. So many from each union?—So many from each union.

24484. Do you know how large it is?—There are 13 members on the Board at the present time.

24485. How often do they meet?—The Board meets once a fortnight.

24486. Do you yourself ever go into the question, or does it come to your knowledge to what position in life the patients in your infirmary wards belong?—I have never had any reason to believe that any of the patients belonged to other than the pauper class.

24487. You have not had any reason to believe that they belong to the classes who can pay for their own medical attendant?—Certainly not to the classes who could pay; not to my knowledge.

24488. Have you any knowledge as to provident medical clerks in your neighbourhood?—I have no practical acquaintance with them.

24489. You do not know whether your infirmary discourages the existence of these?—I cannot say.

Lord Monkswell.

24490. The nurses have 13½ hours off duty you say every day, but they have an hour off for meals; that makes 12½ hours?—I was speaking of 16½ hours; that is the time that they are entitled to be absent from the building.

24491. But you said that they came on at 7, and went off at 8.30; and then your first observation was, that they had no time to themselves between 7 and 8.30; but afterwards you said that they had an hour for dinner; so I suppose we may take it that the longest day is 12½ hours?—Well, I could not possibly say that the nurses are absolutely off duty while it is the hour for their dinner, because they are liable to be called upon in the middle of their dinner to go to their wards.

24492. Then will you also tell us whether the 16½ hours that you mentioned off duty in the week include the meals?—It does not include the meals; that is the time they are entitled to be absent from the building.

Chairman.

24493. Is there anything else you wish to state to the Committee. Do you think there is any way in which the organization of your sick asylum could be improved?—I think in the direction of a trained matron and greater liberty being given to the nurses whilst they are off duty, by giving them a home; a nurses' home; a development

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Mr. HOPKINS.

[Continued]

Chairman—continued.

development in that direction would be very desirable.

24494. A nurses' home you say; do you mean by that within the building?—Within the building, but still a place in which the nurses would have a certain amount of home comforts.

24495. Is there no recreation room for them now when they are off duty?—No recreation room and no recreation ground.

24496. And where must the nurse go at such times?—Into her own room if she be a day nurse. If a night nurse or an assistant nurse she has no room to go to.

Earl of Kimberley.

24497. Have you experience of nurses at the general hospitals?—I have no experience of nurses at the general hospitals.

24498. You are not able to compare the condition of your nurses with the condition of nurses at the general hospitals?—I believe I am; for having taken a little interest in the matter, I know that the nurses in general hospitals have of late years very much improved. They have been very often placed under ladies of special training who have taken interest in the matter, and raised the tone of the nursing staff very considerably.

24499. Has it not occurred to you that all the arrangements of your infirmary are less favourable, speaking generally, to the nurses

Earl of Kimberley—continued.

than is usual in general hospitals?—Very much less favourable; so much less favourable that I believe it to be impossible, with the present structure, ever to raise the nursing staff to the efficiency it ought to arrive at.

Chairman.

24500. When were you a student?—I was a student between 1870 and 1875.

24501. Where?—At University College Hospital.

24502. Did you hold any resident appointment?—I held no resident appointment there.

24503. Before you came there, were you attached to a hospital?—No, I was at sea for a while; and previous to that, was the house surgeon of a provincial infirmary.

24504. What is your salary as medical officer of the Cleveland-street Sick Asylum?—My salary is 300 *l.* a year.

24505. And a house?—Coals, and a furnished house.

24506. But you get no food found for you; you merely have your house?—Simply a furnished house with coals and gas.

24507. When you said just now that you had been at sea, you went to sea in your professional capacity, I understand?—I went to sea in my professional capacity.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 22^o Junii, 1891.

L O R D S P R E S E N T :

Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord SAYE AND SELE.
Lord CLIFFORD OF CHUDLEIGH.

Lord SANDHURST.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. THOMAS DUNCOMBE MANN, is called in ; and, having been sworn, is Examined,
as follows :

Chairman.

24508. You are the Clerk, are you not, of the Metropolitan Asylums Board ?—I am.

24509. Could you tell us briefly what the board is ; when it was created in the first place ?—It was created in the year 1867 under the Metropolitan Poor Act, 1867.

24510. How many members are there in it ?—There are now 72 members.

24511. And how do they do their work ; are they divided into committees ?—They do their work as regards general principles as an entire board sitting in London, and they are divided up into committees of management for each of the several institutions under their control.

24512. Would you enumerate the different descriptions of institutions that are under this board ?—In the first place there are three imbecile asylums for harmless pauper imbeciles ; then there are five fever hospitals in London, and one convalescent fever hospital in the North of London ; there are three small-pox ships in the river at Long Reach, and a small-pox hospital on shore at Darenth, called Gore Farm Hospital ; and they also have the Training Ship “Exmouth” for the training of boys chargeable to metropolitan unions and parishes.

24513. Of course this inquiry only has to do with that part of the work of the Metropolitan Asylums Board which is concerned with the care of the sick ; can you tell us how many beds you have for the small-pox and fever patients altogether ?—At the present time in the fever hospitals, including the convalescent hospital in the North of London, there are 2,429 beds available for fever and diphtheria ; and in the hospital ships and the Gore Farm Hospital there are 1,150 beds.

24514. Those are small-pox beds, are they ?—Small-pox beds.

24515. And those are the whole of the beds under the Metropolitan Asylums Board for infectious cases ?—At the present moment, yes.

24516. What diseases do they take in ?—Into the London hospitals, infectious fevers, such as scarlet, enteric, and typhus ; and diphtheria.

24517. Do they take measles ?—No.

(24.)

Chairman—continued.

24518. They do not take any whooping-cough cases either ?—No.

24519. Then what becomes of the cases of measles ; that is very infectious I believe, is it not ?—I believe measles is an infectious disease under the Notification Act if the Local Government Board so direct ; but they have not so directed yet. We have no cognisance of what takes place in measles cases ; I presume they are treated privately.

24520. And whooping-cough the same ?—Whooping-cough the same.

24521. Is the disease of whooping-cough in the same position, as regards the Local Government Board, as measles ?—There is power also to make any disease an infectious disease within the Notification Act, but that does not render patients suffering therefrom eligible for admission into our hospitals ; that is prescribed by our original Act of 1867, and the Poor Law Act of 1889.

24522. Then I suppose these cases of measles and whooping-cough are distributed among the infirmaries ; is that so ?—I imagine that is so ; we do not receive any of them.

24523. They are not within your cognisance at all ?—Not at all.

24524. Have you any powers of detention of patients until they are cured themselves, or free from the risk of giving infection ?—The only power of detention with which I am acquainted is one which resides in the justices of the peace. The 12th section of the Infectious Diseases Prevention Act of 1890 gives a justice of the peace power, in certain cases, to direct the detention in hospital of persons suffering from infectious diseases ; but I know of no other power of detention ; we have no power.

Lord Thring.

24525. Supposing you remove such a person in any public conveyance there is a penalty under the statute ; you cannot remove a person suffering from an infectious disease, such as scarlet fever, in any public conveyance, without incurring a penalty ?—Quite so. That penalty rests upon

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Mr. MANN.

[Continued.]

Lord Thring—continued.

the individual who chooses to go out against our wishes.

24526. Virtually, that prevents their being removed, does it not?—Practically, I think it does. We have no actual coercive jurisdiction over them in the matter.

24527. But the person cannot get away?—His friends might demand him if they chose, but they would do so at their own risk. I am informed that there have been cases in the past in which people have gone away from the hospitals before they ought really to have done so.

Chairman.

24528. Are these people proceeded against?—We have no power to proceed against them; there is power to proceed against people improperly exposing themselves whilst suffering from infectious disease by engaging in certain kinds of business, or riding in a public conveyance.

24529. Supposing there was a patient in one of your hospitals whom your doctor thought still infectious, and his friends came and demanded the liberation of that patient, you have no power to stop him?—I think we have no power to stop him. We should of course use every moral power that we had, and we should point out the serious consequences that would follow. We have no power ourselves to stop him forcibly.

24530. Will you tell me what the process of admission to your hospitals is?—We now admit and have for the last two years admitted any patient simply upon the order of a medical man.

24531. The medical officer of health do you mean?—No, not necessarily the medical officer of health, any medical man who certifies that the patient is suffering from an infectious disease. It is under the Poor Law Act of 1889, section three.

24532. Perhaps you will read it?—"The managers of the metropolitan asylum district (hereinafter referred to as the asylum managers) subject to such regulations and restrictions as the Local Government Board from time to time make, may admit any person who is not a pauper and is reasonably believed to be suffering from fever or small-pox or diphtheria into an asylum provided by the managers." Prior to that, we could only admit them upon the order of the relieving officer, accompanied by the certificate of the medical officer of the district.

24533. They being paupers?—Yes.

24534. Then on information being conveyed to you that some one is suffering from an infectious fever, what occurs; do you send for him?—Yes, we send for him.

24535. You send in ambulance?—We send an ambulance.

24536. Do you make any charge for the ambulance?—No not in the case of patients removed to our hospitals.

24537. But then at the same time those who are not paupers pay for their keep, do they not?—We charge the cost of the maintenance of all patients to the parishes or the unions from which they are received; but there is power in the guardians of these parishes and unions to recover from non-pauper patients the cost of their maintenance.

24538. Now do you co-operate at all with the charities, with the general hospitals?—We co-

Chairman—continued.

operate with them in so far that we are quite ready to receive any case from their institutions just as we are from private houses.

24539. Do you make the charities pay?—No; in the case of non-paupers we charge the cost to the guardians of the parish or union in which the hospital is situated; and they have the power under the Act of recovering from that person or anyone liable to maintain him.

24540. Therefore you make the guardians in all cases responsible, and not the charitable institution from which you get your patient?—Quite so.

24541. Then have you a number of non-paupers as well as paupers in your hospitals?—Yes, certainly.

24542. And you would take any one of this Committee in if they applied?—Certainly.

Lord Thring.

24543. Under what order?—Simply upon the certificate of the medical man attending the patient.

Chairman.

24544. A private medical man, do you mean?—Upon the certificate of any medical man, under that section which I read to you just now.

24545. Do any students attend at these hospitals?—Yes; we have during the past year been enabled to give medical instruction, clinical instruction, in fevers in the fever hospitals, and we have received at two or three of those hospitals a certain number of students; but at present it does not seem to be very widely known or sufficiently appreciated.

24546. Do they come as individuals or do they come in classes from the general hospitals?—They come as individuals.

24547. Have you any knowledge of the number that attend?—Yes, I may say they have not been very numerous. We have had, I think, as many as 15 in one term at one hospital; that is to say, at the Eastern Hospital there have been, I think, as many as 15 students, chiefly from St. Bartholomew's Hospital.

24548. Then who does the teaching there?—The medical superintendent.

24549. None of the teaching is done by men from outside?—None of it.

24550. None by what is called the honorary staff?—No, none at all.

24551. Do these students increase or decrease in numbers?—The system has been in operation so short a time that it is difficult to form any opinion.

24552. It has been in operation for two years about, has it not?—No; the Act of Parliament authorised it then; but it has not yet been in operation for 12 months; the first students are only just receiving their certificates on completing their course.

24553. Have you ever gathered any opinion as to whether the admission of students into your hospitals is approved by the medical superintendents?—Yes, I think the medical superintendents rather welcome the opportunity of giving instruction, and rather approve of it.

24554. Would you tell us what the staff employed at one of your hospitals is?—It varies of course

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[*Continued.*]*Chairman—continued.*

course in the different hospitals, according to the size of the place, and also from time to time according to the number of patients under treatment; but a medical superintendent with two or three medical assistants may be taken to be the average medical staff of each institution.

24555. And the medical superintendent is responsible for the physical well-being of the patients, and also for the administration of the institution; is that so?—Yes, he is entirely responsible for the general conduct of the entire institution, under regulations laid down by the Local Government Board for his guidance.

24556. What would his salary be; what is the maximum and what the minimum salary that he might receive?—From 400 *l.* to 500 *l.* a year, with allowances of residence, coals, and gas.

24557. Have you ever heard that when your hospitals are full, the medical assistance is insufficient?—No, I think not, because they would at once obtain any further medical assistance if it were necessary. As I say, the number of medical assistants fluctuates; it goes up and down according to the number of patients under treatment.

24558. And how would they get that assistance; by applying to the board, or to their own committees?—The medical superintendent himself would apply to his committee, who would appoint a medical assistant.

24559. What number have you treated in the last 10 years of cases of fever, small-pox and diphtheria?—The total number of fever cases under treatment in the 10 years ended 1889 was 34,433; the total number of small-pox patients was 26,357.

24560. Can you give the numbers year by year?—Yes, I can give them to you year by year: In 1880, there were 2,464 admissions of cases of fever; in 1881, 2,322; in 1882, 2,867; in 1883, 2,720; in 1884, 2,547; in 1885, 1,855; in 1886, 2,197; in 1887, 6,537; in 1888, 5,152; and in 1889, 5,772.

24561. Is that the last year you have got?—That is the last year we have complete. The statistics are now being got out for the year 1890.

24562. You said you had only 2,429 beds, and in the year 1889 you had 5,772 admissions?—Yes.

24563. Do you then find your hospitals at times very much over-crowded?—Of course that does not represent the total number under treatment at one time.

24564. But do you find your hospitals at times very much overcrowded?—Yes we have done so. The largest number under treatment in 1887 was only 2,611.

24565. That is a little more than the number of beds?—Yes.

24566. It gives about 200 more patients than you have beds?—Yes.

24567. How is your system capable of expansion, because in a severe epidemic you might want 1,000 more beds; what should you do in that event?—I believe that in the past when there have been, as in 1887, more patients than the normal condition contemplated, they have

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been enabled to provide for them by erecting temporary wooden huts within the grounds of the existing hospitals. They have on two occasions hired the Plaistow Hospital and made temporary use of that.

24568. Where is the temporary Plaistow Hospital?—In the parish of Plaistow, in Essex.

24569. What is that used for?—It is not used at all, I believe, except when we have taken it at various times.

24570. Now, of course, in different times you have different numbers of patients; in 1885, which was the lowest year in the 10 you have mentioned, you had 1,855 patients, and in 1889 you had 5,772 patients. If you have got a very small number like that 1,855, do you keep your hospitals at full pressure with regard to officials and nurses, and so on?—No, a great many of the subordinate officials, including nurses, are discharged when not wanted. The staff is reduced as opportunity offers.

24571. But then this epidemic may come very rapidly, and nurses may be in tremendous request all over London. Have you any difficulty in getting nurses in such a case?—They have obtained nurses, but I believe there has been difficulty in obtaining the exact class of nurses they would desire, at times.

24572. Is there any regulation about all the nurses being hospital trained nurses, or not?—No, there is no such regulation, but I believe that latterly it has been the practice always to give preference to them.

24573. If you can get them?—If we can get them. Of course, in cases of epidemic it is impossible.

24574. Do you know if there ever has been any representation from the medical superintendents that they desire to have hospital trained nurses?—I understand that no such representation has been made.

24575. You do not know of any such?—I do not know of any.

24576. Are the matrons hospital trained nurses?—I believe that all those who have been appointed in recent years are; we have some that are not, I believe.

24577. In fact, you mean to say that, as far as you know, the tendency is, whenever a vacancy occurs among matrons, to fill it up by a hospital trained matron; is that so?—Certainly.

24578. Will you next give us the figures for the last ten years of the small-pox cases. In these 5,772 cases in 1889, and so on, do you include diphtheria, or are they merely the numbers of scarlet fever cases?—Diphtheria has been included only within the last two years. In the 5,152 cases for 1888 are included 99 diphtheria cases, and for 1889, in the 5,772 are included 722 diphtheria cases.

24579. Then there was a most enormous increase of diphtheria in those two years?—The explanation is this: that prior to that year we did not take diphtheria in these institutions.

24580. In 1888 when you had 99 cases, did you only begin to take them towards the conclusion of the year?—The managers were only empowered to take diphtheria by the Poor Law Act of 1889.

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24581. Then

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24581. Then your financial year was through ; is that so?—As these were taken in 1888 I assume they must have taken them as a matter of urgency prior to the passing of the Act, in contemplation possibly of the Act which they knew was coming.

24582. The figures are not quite a clear statement?—The figures are not quite a clear statement.

24583. Do you include typhus in the figures you have given us, with respect to fevers?—I include scarlet, typhus, and enteric.

24584. Could you give us the figures for the different diseases, showing how they increased or decreased?—Yes. Would you like me to hand in this report for 1889 (*producing the same*).

24585. Yes; but will you first give the figures to us that we may have them on the Notes?—In scarlet fever the cases of admission for the 10 years, beginning with the year 1880, were, 1,949, 1,477, 1,850, 1,920, 1,845, 1,353, 1,780, 5,900, 4,408, and 4,518.

24586. That is all scarlet fever?—That is all scarlet fever, for the 10 years.

24587. Now we will take typhus?—Typhus 28, 219, 148, 45, 29, 53, 10, 35, 1, and 23.

24588. Then enteric?—248, 415, 515, 486, 493, 220, 333, 441, 450, and 290. Then there were other diseases included, such as relapsing and certain other fevers, and there were certain other diseases which were cases of mistaken diagnosis, which were received into the hospitals and were too ill to be removed, and therefore were kept there for treatment.

24589. Now, how has small-pox increased or decreased?—The totals I gave you before included also there a few cases of mistaken diagnosis where they were kept for treatment; but confining it simply to small-pox the admissions of small-pox cases within the last 10 years have been 1,982, 8,551, 1,799, 598, 6,363, 6,146, 99, 56, 62, and 5. It will perhaps be as well for me to point out that that startling decrease from the year 1885 onwards is attributed to the entire removal of all small-pox cases to hospital ships in the river, they having been hitherto treated in the London hospitals along with the fevers.

24590. Then how do you get your patients down the river; have you got an ambulance boat?—We have ambulance boats; we established a river ambulance service in the year 1884.

24591. The patient is driven down in an ambulance and put on board this boat?—The patient is moved from his home to, first of all, a receiving room in one of the London fever hospitals for examination, in order to test the diagnosis. If, as it often happens, it turns out to be a case of mistaken diagnosis, of course the patient is at once sent back again; but if it proves to be small-pox, the patient is then removed to the nearest wharf, a special wharf belonging to the managers, and conveyed by one of the ambulance steamers to these ships. I perhaps had better add that that process refers to non-epidemic times. In the case of an epidemic they are removed straight to the wharf, where a special medical

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officer is retained for the purpose of the examination.

24592. Now could you tell me what the whole of the cost is of these fever hospitals and small-pox hospitals; it has varied, I presume, during the last 10 years pretty much?—Yes, very greatly. I have here an account for one year, the last year, 1890.

24593. That is the year, is it, when you had 5,772 cases?—No; those years that I have given you are the actual years, ending 31st December. The financial year ends on the Saturday following Lady-day in every year; so that the accounts do not exactly correspond with the numbers of patients.

24594. Do you make out any calculations as to how much they cost per bed or per patient?—We show the cost in the hospital per patient per day.

24595. Perhaps you would tell us what the cost was of the small-pox and fever hospitals last year?—Of course it varies in the different hospitals. Shall I give it separately?

24596. First the whole amount?—The total amount of cost of fever cases for the year ending March 1891 was 110,344 *l.* 16 *s.* 5 *d.*; the cost of small-pox cases for that same year was 7,715 *l.* 8 *s.* 8 *d.*

24597. This is the actual cost of the patients?—This is the actual cost of the patients.

24598. And in that are included salaries and wages and so on?—Yes, everything.

24599. Those are the two kinds of institutions, then, or do you include the enteric and typhus in the fever hospitals?—In the fever hospitals are included all those things I referred to just now.

24600. Can you give us, for that year, what you put the patients cost per day at, if you have it there?—It varies very considerably. I must give it you as regards each separate institution. It costs more in one place than in another, by reason of the different construction of the building and the different manner in which the fluctuation in the numbers under treatment at one time occurs, and several other small circumstances; but I can give you the average daily cost per patient at each separate institution.

24601. Will you please do that?—In the eastern hospital it was 3 *s.* 6½ *d.* per day (these are fever hospitals); in the south eastern, 3 *s.* 9½ *d.*; in the western, 3 *s.* 11½ *d.*; in the south-western, 4 *s.* 4½ *d.*; in the north-western, 3 *s.* 1½ *d.*; and in the northern, that is the convalescent fever hospital, 2 *s.* 6 *d.*

24602. Have you got the numbers treated at each?—The average daily number of patients was 300 at the eastern, the average daily number at the south eastern was 235; at the western, 156; at the south-western, 140; at the north-western, 224; and at the northern, 412.

24603. Now are these all fever cases?—These are all fever cases, and the other things that I included.

24604. And small-pox?—With regard to small-pox I am afraid it is impossible to give you a daily average.

24605. I want to know what you have got?—I can give you the daily cost of the food and clothing

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clothing of the few patients that were there, of the patients who were actually received in the ships during last year; it was 1 s. 2½ d. per day.

24603. Have these hospitals got any gardens attached to them, surrounding them?—Most of the hospitals consist of blocks, situate in ample grounds; the grounds of each hospital are about nine acres.

Lord Thring.

24607. With regard to the different cost of these institutions, do you mean to say that the same disease costs in one of your hospitals more than it does in another?—It costs apparently a little more; it is impossible to compare them exactly, because we have to keep up a different staff at one place from that which we keep up in another, in consequence of the nature of the building itself. At the South Western, for instance, it was originally two hospitals, and so the administrative arrangements there are totally different from what they would be at another hospital.

24608. You mean that the difference in cost consists in the difference of the establishment?—In the difference of the establishment.

24609. Not in the difference of cost of the actual maintenance of the patient?—No, but in the difference of the numbers that must be employed to look after the patients.

24610. How many of your hospitals are there; six?—There are five fever hospitals for acute cases in London, and one convalescent hospital, just outside the boundary.

24611. Now take any one of them; give me the name of any one of them?—The Eastern occurs first.

24612. Take any one of them, not the Eastern?—The South Western.

24613. How is that practically managed; who manages it?—The medical superintendent.

24614. And is there no committee over him?—Yes, there is a committee of our board, as I explained at the first.

24615. What does that Committee consist of?—It consists of 14 members of the board who meet fortnightly at the institution.

24616. Are they appointed by the board?—They are appointed by the board.

24617. And they act as governors of that particular hospital in the same mode as the governors of an ordinary hospital?—Quite so.

24618. Are all the accounts brought before them?—We have a finance committee of the entire board, before whom the accounts come finally.

24619. Take the case with respect to the nurses in the South Western Hospital; who appoints the nurses?—The committee.

24620. And there is a matron appointed, I presume?—Yes,

24621. And has the matron full control over the nurses?—She has, I believe, absolute control over the nurses, subject to the control of the medical superintendent, in accordance with the regulations laid down by the Local Government Board; her duties are very strictly defined by the Local Government Board.

24622. What class are the nurses; are they lady nurses?—I think not, as a rule.

(24.)

Lord Thring—continued

24623. You do not train your nurses?—Only by appointing them as assistant nurses, and subsequently promoting them.

24624. Take the case of the South Western Hospital, you do not train the staff of nurses for that particular hospital?—No.

24625. And you get them as you can?—We get them as we can.

24626. I do not understand how you can manage to get proper nurses unless you keep a very large staff of nurses at hand?—We generally have sufficient nurses; in fact, always sufficient nurses in the establishment for the needs of the patients there are.

24627. And who is the judge of whether there are sufficient nurses?—The matron and medical superintendent.

24628. And supposing there are not, to whom do they appeal?—They appeal to the committee.

24629. And do the committee appoint?—The committee appoint.

24630. The committee have power to get any number of nurses?—Yes; I imagine too that in the case of a real emergency the medical man and the matron would themselves appoint, subject to ratification at the next meeting by the committee.

24631. You do not know at all whether nurses object to the infectious hospitals on account of the danger they run in going to them?—I do not think so.

24632. And you do not know at all what the mortality amongst the nurses from these infectious diseases is?—I think we have some statistics on that; I have a return which shows the total illness during one year, the year 1889, amongst the nurses.

24633. And what was that?—There were 49 nurses or servants, subordinate officers generally, warded during that year.

24634. Out of how many?—I suppose the total number is some hundreds, 500 or 600; there are about 100 at each hospital.

24635. You mean there were only 49 ill?—Only 49 separate cases of illness in the subordinate staff of officers during that year.

24636. That would not be more dangerous than in the ordinary nursing?—I am afraid I have not sufficient knowledge of ordinary nursing to say, but it does not seem very high.

24637. What are your nurses paid?—The superintendent nurses are paid 40 l. per annum, rising to 46 l. per annum; the nurses 30 l., rising to 36 l.; and the assistant nurses 22 l., rising to 26 l., in each case with the additional allowance of board, lodging, washing and uniform.

24638. Then your nurses are paid more highly than they are in the general hospitals; you do not know that?—I did not know that as a fact, but that is probably due to the fact that the diseases that they have to do with in our hospitals are infectious.

24639. What is the matron's salary?—The matron generally gets 100 l. a year, in addition to the allowances of board, lodging, washing and uniform.

24640. Then with respect to these nurses do not you turn them out as trained nurses at all; have you no system of certificating them or

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stating how long they have served you, or what their capacity is?—Of course we always give a certificate as to their conduct and so on on leaving.

24641. I mean as to their skill?—No, I think not.

24642. Are there any paupers employed in or about the nursing establishment or the subordinate officers at all?—They sometimes render very slight casual assistance, I believe, but it is not recognised at all; they are not employed, in any sense, in the institution by authority.

24643. With regard to the non-pauper patients, I did not quite understand your evidence. Suppose I want to go into one of your hospitals, what do I do?—You apply for an ambulance for the purpose of moving, and your medical man simply has to give a certificate that you are suffering from a disease which entitles you to admission.

24644. Then I go off to the hospital and I lie there; what becomes of me; how do I pay?—The guardians of your parish or union would, if they thought fit, recover the amount from you; they would ask you to pay it.

24645. Then you do not admit me except through the medium of the guardians?—Yes, we do; we admit you direct; but we make a claim for your maintenance against the guardians.

24646. How do the guardians know that I am there?—They are bound to accept our demands. I give them immediate notice of all admissions.

24647. But I live in South Kensington, and I want to go to one of your hospitals; you say that my doctor, the South Kensington doctor, certifies that I am suffering from scarlet fever, whereupon you send me an ambulance, and I am carried off to your hospital; how do they know where I come from, or who I am, or what becomes of me?—Your private medical man certifies where you are resident.

24648. Then you say, "Lord Thring has gone from South Kensington to our hospital," and you make the guardians pay for me, and then they can get it back from me if they can?—You would be moved to the Western Hospital, and I should at once inform the guardians of the fact that you had been admitted, and inform them that you are chargeable to the parish of Kensington.

24649. I am not chargeable to the parish?—But you are, under the Statute, my Lord, in the case you have been putting. It is not poor law relief in any sense; it is simply a statutory debt.

Earl of Kimberley.

24650. But supposing a person is cured, then *primâ facie* he remains chargeable to that parish?—But in no case could he remain after being cured.

Lord Thring.

24651. Only one question with reference to students; perhaps you are not acquainted with the system relating to students?—You mean students in our institutions?

24652. I mean about the medical question, whether you should, or should not, have students in the hospitals?—I have not had very much ex-

Lord Thring—continued.

perience of that, of course. I understand that it is very largely advocated by many prominent medical men.

Earl of Kimberley.

24653. Recovery from the guardians is regulated, is it not, by this clause (*handing the Act to the Witness*), if you will read it; Clause 3 and the first three sections of it?—Yes, it is the Poor Law Act of 1889, Section 3. I have already read the first sub-section: "(1) The managers of the Metropolitan Asylum District (hereinafter referred to as the Asylum Managers) subject to such regulations and restrictions as the Local Government Board from time to time make, may admit any person who is not a pauper, and is reasonably believed to be suffering from fever, or small pox, or diphtheria, into an asylum provided by the managers."

Lord Thring.

24654. You admit any person, as I understand you, on the certificate of the doctor that he is suffering from the particular disease?—Yes, quite so: "(2) The expenses incurred by the asylum managers for the maintenance of any such person shall be paid by the guardians of the union from which he is received, and those guardians may recover the amount of those expenses as a simple contract debt from the said person, or from any person liable by law to maintain him; (3) The said expenses, so far as the same are not recovered by the guardians, shall be repaid to them out of the metropolitan common poor fund."

Lord Saye and Sele.

24655. I should like to know what the average number of deaths has been in all of the hospitals during the 10 years that you have spoken about?—Will the actual numbers do instead of the average?

24656. Yes?—The numbers of deaths from fever and other complaints in the fever hospitals were 328, 334, 380, 385, 392, 219, 224, 613, 679, 736.

24657. And small-pox deaths?—The small-pox deaths during the same 10 years were 288, 1,431, 263, 93, 943, 1,055, 24, 3, 8, and nil.

24658. Do burials take place at the expense of the relatives?—Almost every patient is buried at the expense of the managers, at the common expense; but there are a few cases in which the friends persist in wishing to make their own arrangements for the funerals, and they can, if they like, take the bodies away under certain regulations; there are certain regulations and restrictions.

Chairman.

24659. You do not recover that burial money from the parish?—Yes, it is all charged as part of the common charges.

Lord Saye and Sele.

24660. Is there any cemetery attached to the hospital?—We have, at the small-pox farm.

24661. Has each hospital a separate chaplain?—Yes.

24662. Can

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Lord Saye and Sele—continued.

24662. Can you tell me what the stipend of the chaplain is?—About 100 *l.* to 150 *l.* The chaplain at the Eastern Hospital gets 100 *l.* a year; at the North-Western 150 *l.*; those are the two limits of the stipends. They vary at the different institutions, slightly.

24663. Have you any fund out of which you can help patients on leaving?—No.

24664. No convalescent home?—Yes; I have already referred to the convalescent hospital which is part of the managers' system, at Winchmore Hill, to which we transfer patients when they are convalescent.

Lord Monkswell.

24665. Do you pay Roman Catholic chaplains or the chaplains of any other religious persuasion except the Church of England?—Yes, in one or two cases there is a Roman Catholic chaplain paid.

24666. You give them every facility for coming to the hospitals?—Yes, we do. I believe the Jewish Rabbi attends occasionally also.

24667. How long have you been clerk to the board?—Five months.

24668. You said you would do all you could to prevent a patient who might still convey infection from being taken away by his friends, but you could not prevent it if he insisted on it; but if he infringed the law by going in a cab, would you not tell of him, and try to get the law enforced against him?—I should say certainly we should, if, in our opinion, he was doing that which was improper.

24669. But if he were simply infringing the law, would you not try to get the law enforced against him?—At the present moment, as your Lordship knows, the law is being altered by a Bill. I believe that anyone who is suffering from a disease may now enter a public conveyance, provided he gives the driver notice; but in the Bill before the House of Commons, an attempt is being made to absolutely prevent that.

24670. Now about the cost of these patients; you say you take in non-pauper patients; does the cost of maintaining those patients include interest on capital?—Not at all.

24671. Then non-pauper patients are paid for partly out of the rates, that is to say, they pay exactly the same as the pauper patients?—That is so.

24672. And of course the accommodation is in no respect different?—That is so.

24673. Do you insist on your resident medical men having a London qualification, either of the College of Surgeons or Physicians?—Not necessarily a London qualification.

24674. They may be Edinburgh or Dublin qualifications?—Yes, I think so; they must be qualified to practise in England.

24675. But I suppose an Edinburgh qualification or a Dublin qualification would be sufficient?—If that would entitle them to practise medicine in England.

24676. I do not know whether any medical man from the Metropolitan Asylums Board is going to give evidence, but if not, I should like to know from you what you suppose the explanation is of these ships decreasing the spread of small-pox so much; is it supposed that small-pox patients being sent to the general hospitals,

(24.)

Lord Mundella—continued.

spread the disease there through the hospitals?—I do not know how long it is since they were received in general hospitals; but it is believed certainly that the isolation of them in the ships is much more efficient than the isolation of them in the fever hospitals.

24677. First of all they were sent to general hospitals, and after 1867 they were sent to you, and when were these ships established?—In 1884.

24678. Between 1867 and 1884 you used to receive them in the fever hospitals?—In the fever hospitals, in special wards.

24679. And did you find then that the disease was spread by that course?—I believe it has been alleged that it was so.

Chairman.

24680. About detention of the patients, I want to be quite clear. Supposing there was a boy in a fever hospital, and the parents for some reason, were very dissatisfied, and came and insisted upon taking him away. I understood from what you said just now, that you have no power to detain him?—I believe we have none.

Earl of Kimberley.

24681. What is the case with regard to a pauper. I quite understand that you have no power to detain a non-pauper patient, but (I may be wrong) I was under the impression that a pauper could not discharge himself from the workhouse with an infectious disease; do you know how that is?—The admission of a patient into our hospitals is not assumed to be parochial relief; he is not in the position of an inmate of an ordinary workhouse.

24682. He does not, in accordance with your view (which no doubt is correct), come under the regulations with regard to paupers, even though he be a pauper?—Quite so; as to discharge, certainly not.

24683. Then, supposing he is a pauper in a workhouse, and he comes to your asylum, do you mean that from that moment he ceases to be regarded as a pauper in the workhouse?—In that case, if such a case was received by us from a workhouse, he would certainly be sent back to the workhouse from which he came, and they would have the determination as to whether they had power to detain him or not.

24684. But supposing that he wished to go out, being in an infectious condition, you would not allow him to go out, but would return him to the workhouse?—We should only allow him to go out to the workhouse.

Chairman.

24685. Can you tell me on what principle the chaplain at one hospital gets 100 *l.* a-year, and the chaplain at another hospital 150 *l.*; is that salary determined by the finance committee, or by the committee of the institution?—That is determined by the Board, with the sanction of the Local Government Board, he being a principal officer. The Board has to make all appointments to principal offices, and they are made with the sanction of the Local Government Board.

24686. But, as a matter of fact, one gentleman gets

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gets 150 *l.* where another get 100 *l.*; which is the larger institution of the two?—It depends upon local circumstances so much. At the Eastern Hospital for instance the gentleman who is chaplain happens to be vicar of the parish, and so I suppose 100 *l.* a year is considered to be sufficient remuneration under those circumstances.

24687. Who draws up the chaplain's duties, the Board?—They are settled by the Local Government Board. That is prescribed in Article 73 of their General Order of 1875.

24688. Then is the other gentleman who receives 150 *l.*, a vicar or a curate or what?—He does nothing else; I believe he has no other preferment of any kind. There is one gentleman who is chaplain of two institutions, and he has no ecclesiastical preferment.

24689. Then each institution you told us has its own committee, which is formed of members of the Board?—Yes.

24690. Are there any members on that committee who are not members of the Board?—None at all.

24691. Do they have visiting governors who go round these institutions at all?—Only members of the committee; they pay interim visits to the different institutions between the regular fortnightly meetings; and of course the inspectors of the Local Government Board visit.

24692. How often do the inspectors of the Local Government Board go?—That I am afraid I am unable to say; I believe it is at irregular times.

24693. Do they pay a stated number of visits in the year?—I do not think so; I think they go when the Local Government Board think proper.

24694. When they think something requires looking after?—I believe they visit all the institutions within their district with a certain frequency, but I do not at all know what it is; and I think it is irregular.

24695. Is there anything else you wish to say to the Committee?—I might perhaps add, with regard to the detention of patients, as so much has been said about it, that a threat to the

Earl of Kimberley—continued.

relatives is generally sufficient to prevent their taking any further step, I mean pointing out the serious consequences and so on. It is generally in the case of children that the question arises; and a threat to the parents is quite sufficient generally to prevent their taking any further steps in the matter.

24696. A threat as to consequences, you mean?—As to consequences which will follow if they do persist in their determination. I might perhaps clear up one point by stating that the Diseases Prevention (Metropolis) Act of 1883 provides (in Section 7) that: "The admission of a person suffering from infectious disease into any hospital or hospital ship provided by the managers, or the maintenance of any such person therein, shall not be considered to be parochial relief, alms, or charitable allowance to any person, or to the parent of any person, and no such person or his parent shall, by reason thereof be deprived of any right or privilege, or be subject to any disability or disqualification." I think that rather meets the point as to the power of detention on the ground that they were inmates of the workhouse.

Earl of Kimberley.

24697. I conclude that you would not return a patient to the workhouse till you considered him free from infection?—We do not let any patient go out if we can help it, till absolutely free from infection.

24698. You would not return a man to the workhouse who was not free from infection?—Of course not.

Chairman.

24699. Have you anything else you wish to state?—[Since giving my evidence I find that the Local Government Board in 1888, (Oct.) authorised the managers to take diphtheria, in view of the Bill they were about to introduce]. Shall I put in the volume containing the Report of the Statistical Committee for 1889?

24700. Yes. (*The Witness hands in the Volume.*)

The Witness is directed to withdraw.

Mr. WILLIAM TULLET HOWARD is called in; and, having been sworn, is Examined, as follows:

Chairman.

24701. You are Clerk to the Guardians of Bethnal Green, are you not?—Yes.

24702. The other day we had Dr. Knox here, the Medical Officer of Bethnal Green Workhouse Infirmary, and in his evidence he gave us to understand that the workhouse is very much overcrowded at times?—It has been for several years. We have, I think, now over 200 more than our number.

24703. Has the question of building a new infirmary been before the guardians?—Yes, for a long time.

24704. For 24 years?—Oh dear, no.

24705. Since 1868, is that so?—About six or seven years; not since 1868; certainly not more than ten years.

24706. But why has this long delay taken place?—From the difficulty in obtaining a site.

Chairman—continued.

We did hope to obtain a site on what is called the Poor's land, and in fact we went so far as to offer a sum of, I think it was, 15,000 *l.* for this site, but an opposition was got up in the parish, and the Charity Commissioners now refuse to sanction the sale. That delayed it for quite two years. We are now in treaty with another party, but whether we shall be successful or not of course I cannot say.

24707. But was there an election cry against spending this money?—No, it was a cry for open spaces. They said we were going to build on an open space which the poor ought to enjoy as a playground; that was the question.

24708. Are there compulsory powers for buying?—We have compulsory powers to purchase anything that adjoins, but not otherwise.

24709. Adjoins

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Chairman—continued.

24709. Adjoins what?—Adjoins our present workhouse.

24710. Have you ever had any complaints made about your workhouse infirmary by the Local Government Board?—Yes, they are urging us to build a new infirmary.

24711. Here is a question that was put to Dr. Knox: "I am afraid that you enjoy at Bethnal Green the reputation of being the very worst institution of this kind in the Metropolis," and he said, "We do;" that is at Question 24124; is that your opinion too?—I should not like to confirm that; I should rather doubt it.

24712. Do you know any infirmary which has a worse reputation?—Well, you see, we have no separate infirmary.

24713. I ought not to have called it an infirmary; but it is a place for the treatment of the sick?—You see our house has been built something like 40 to 50 years; formerly, I believe it was considered almost the model workhouse in London, indeed, I am sure that it was; but it has been enlarged and patched, and that sort of thing, and now it is not up to the present date; no doubt of that.

24714. That was in answer to Lord Cathcart at Question 24124; then said Lord Cathcart at 24125, "And the whole thing ought to be amended or abolished and reconstituted to-morrow?" and Dr. Knox said, "Abolished; it would not be possible to amend it:" do you corroborate that?—No; and I may say that we have had the two inspectors of the Local Government Board, and the question was mooted, and Dr. Bridges said that at a certain expense it could be made into a suitable infirmary.

24715. At the same time Dr. Knox is the medical officer who certainly ought to be able to form an opinion about his own workhouse?—Medical officers sometimes have peculiar notions, I think not quite right. Dr. Bridges is, of course, a physician, and he expressed that opinion which I have just mentioned.

24716. Do you know how long that gentleman, Dr. Knox, has been medical officer, is it 14 years?—Eleven years.

24717. Then he was asked another question which is this: "It is impossible to keep up discipline with 80 pauper nurses?" and his answer was "Utterly impossible;" can you form any opinion on that?—I was not aware that we had any pauper nurses.

24718. Then here is another thing to which I will call your attention; in the next question, 24127, Lord Cathcart asked: "The fact is that the whole thing is a crying and notorious evil; that is so is it not?" and Dr. Knox's answer is "That is so." What do you say to that?—The house is overcrowded; but otherwise I should say things are not so bad; the wards are kept clean.

24719. Are you able to form any opinion as to the quality of the nursing or not?—None whatever.

Earl of Kimberley.

24720. It appears by Dr. Bridge's evidence at 24073, that you have 495 beds, and that you sometimes have as many as 590 sick; do you suppose that there is any workhouse or infirmary (24.)

Earl of Kimberley—continued

in London in that discreditable condition?—I am not in a position to say.

24721. Do you think it likely?—It is possible; I think not to the same extent, certainly.

24722. Now do you not think that that is a very crying evil?—It wants amending, certainly.

24723. No, I want an answer to my question; is it not a crying evil?—I should say not.

24724. You do not think it a crying evil that there should be only 495 beds with 590 sick?—That might happen but for a very short time.

24725. Is it, do you suppose, the opinion of your guardians, that is not an evil?—We all admit that.

24726. But I asked you whether it is not a very crying evil; is not that a state of things which is most distressing and discreditable?—I cannot say.

24727. Then I suppose I may take it that the opinion of your board, and your staff is that such a state of things is not discreditable?—The opinion of our board is that we want a new infirmary.

24728. I want to know whether the opinion of your board is that the state of things is discreditable and distressing?—The opinion of the board is that we are overcrowded, and that it is quite necessary to obtain fresh accommodation; and they are trying their hardest to do so; but we cannot refuse to take people in, and let them die at their homes; that is our difficulty.

24729. But, perhaps, what your guardians would say for themselves would be, that it is a discreditable state of things, but that it is not their fault?—They would say it is a very unfortunate state of things, and it is not their fault.

24730. Because they are desirous of building a new workhouse, but they have not been able to find a site?—Exactly, that is so; and if we were not rather overcrowded sometimes, we should simply have to leave the people to die at their own homes; we are between the two evils.

24731. Would it not have been possible to make an arrangement with any other infirmary or workhouse in London to take the surplus that you cannot accommodate?—We have written to every one that is at all likely, and they are all full.

24732. You have not been able to make any such arrangement?—No; we board out some able-bodied and get room in that way, in several workhouses.

24733. Would it not have been possible for you to hire a temporary building?—No, we have cast about here and there, and every place is full.

24734. Do you mean that there is no possibility, in a large district like yours, of hiring a temporary building for the sick?—I think not. We have just purchased a building, but we have been obliged to use it for old people; that is an extra workhouse, which we opened about six months ago: that relieves us considerably; we get rid of about 160 people in this new place; but then the Local Government Board said that

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it is not fit for the sick; so we could not send our sick there.

24735. Still that relieves your numbers?—It relieves our number to the amount of 170 or 180.

24736. That, of course, gives you more accommodation for the sick?—Yes.

24737. Did you ever suggest to the Local Government Board whether it would not be possible for them to obtain special compulsory powers for you to get a site?—We have never mooted that question. Of course it would have been necessary to come to Parliament for that.

24738. No doubt; but that has not occurred as a possibility to you?—No, I hardly know where we should find a place; Bethnal Green, as you know, is a very crowded neighbourhood altogether.

24739. Of course, I only ask you whether you have ever made the suggestion?—No, we have not.

24740. Of course, if such compulsory powers were given, a spot could be found for you to erect the building when you please?—Yes.

Chairman.

24741. The following letter has been received from Dr. Knox addressed to the Clerk of this Committee, and dated the 18th of June: "I am not sure if a note was taken in my evidence to-day of the number of night nurses here in addition to those on day duty, and beg to forward the enclosed list showing the complete staff: On day duty—One superintendent, 11 infirmary nurses, three infirm ward nurses, and four imbecile attendants. Night duty—One superintendent, eight infirmary nurses, one infirm-ward nurse, and two imbecile attendants." As far as you know, is that a correct statement of the staff?—That would be correct, I believe.

Lord Thring.

24742. I understood Dr. Knox to say there were 80 pauper nurses in addition to the trained

Lord Thring—continued.

nurses; do I understand you to say that there are none, or that there are any, or what number?—They would not be recognised certainly by the board. The nurses are supposed to do the nursing; I believe there are some women there to do the scrubbing and that sort of thing, but they are not supposed to interfere with the nursing, certainly.

24743. The doctor told us positively that there were 80 pauper nurses or 80 pauper women assisting in nursing; do I understand you to say there are not 80 or any number whatever?—No, I would not say that, because I know nothing of the nursing arrangements.

24744. You do not deny his statement on that point?—I was not aware of it, and I do not think the guardians know.

24745. I understand you are not aware of the details of the nursing in the workhouse?—That is so.

24746. Therefore you cannot either affirm or deny the statement as to the pauper nurses?—No. I might say that Dr. Knox has never made any official report to the guardians of scanty nursing, or anything of the kind, which it would be his duty to do if we had not sufficient.

Lord Monkswell.

24747. In regard to this Poor's land, is it not the fact that this Poor's land is held subject to a trust not to build?—Yes.

24748. So that you would have to go to Parliament, or at any rate to the Charity Commission, to get rid of that trust?—No doubt we should have to come to Parliament. Part of it is already built upon, as your Lordship is aware, by the Museum; I think they got powers from Parliament to build that.

Chairman.

24749. Is there anything else you wish to say?—No.

The Witness is directed to withdraw.

MR. WILLIAM VALLANCE is called in; and, having been sworn, is Examined, as follows:—

Chairman.

24750. You are the Clerk to the Whitechapel Board of Guardians?—I am.

24751. How long have you occupied that position?—Twenty-four years.

24752. Have you been able to form any opinion as to how far medical relief of various kinds is adequate to the requirements of London generally?—I am not prepared to express any opinion except as regards the Poor Law itself. I am of opinion that the present system of poor law medical relief in London adequately meets the needs of the poorest class of our population, that is those who require medical aid and are destitute of the means of providing it. It secures to the destitute poor prompt medical attention by doubly qualified and registered practitioners, who are remunerated for their services alone, the medicines and appliances being provided by the guardians. It is also

Chairman—continued.

connected with a separate infirmary system which provides skilled medical treatment, nursing by paid and trained nurses, and maintenance; these combining to aid the out-door medical officer, to increasingly attract the sick poor, and to improve the chances of the recovery of patients.

24753. In giving that answer, do you allude to London generally, or are you speaking more particularly of your own union?—I am referring to London generally.

24754. That is what my question was directed to. And now as regards Whitechapel itself, how is that off for medical relief?—The same answer will apply.

24755. Now, in addition to that medical relief which you say you consider sufficient for the destitute poor, have you any hospital relief, charitable

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charitable relief in your union?—The Charity Organisation Committee do occasionally supplement the poor law relief in the direction of the grant of surgical appliances, where the circumstances of the applicant appear to place him outside the poor law help, and where he appears to deserve being saved from poor law relief of any kind.

24756. But have you any general hospital in Whitechapel?—The London Hospital is within the Whitechapel Union.

24757. Now does not that relieve the poor law of a good many cases?—I am afraid I cannot answer the question positively; the fact is it may relieve the poor law, at the same time it may feed it. It attracts, it must necessarily attract, sick poor to that part of London; and such cases as are found not to be admissible to the London Hospital are frequently referred to the infirmary, as poor law cases; and therefore it is difficult to say whether it relieves or increases the number of poor law cases.

24758. In your answer to my first question you said that all the poor were provided with what you called paid and trained nurses?—I was speaking then of the infirmary system.

24759. I think we have had evidence here to show that only a portion of the nurses at the infirmaries are hospital trained nurses?—I believe I am absolutely correct in saying that in the Whitechapel infirmary the whole of the nurses are paid and the whole of them trained. Partly by reason of structural arrangements, and partly from the accession of numbers of late, we may be a little understaffed. The medical superintendent has very recently expressed his opinion to the infirmary committee that the staff of nurses will require augmentation, and he has already received instructions to formulate these requirements so that they may be considered.

24760. Can you tell me whether the matron of your infirmary is a hospital trained nurse?—She is.

24761. Perhaps you would like to see that the case in all the infirmaries?—Decidedly.

24762. And that extends to the nurses too, does it not?—That extends to the nurses too.

24763. We had a statement made to us the other day by the medical superintendent of St. Saviour's Infirmary to this effect: that he considered that the present infirmary system had a pauperising effect, because as soon as a patient got into the infirmary he practically said: Now I need not take the trouble to provide against sickness because if it comes I have this place to come to. Have you ever formed any opinion in that direction?—The only sense in which it can be said that our present infirmaries have a pauperising effect is in the fact that they have led to an enormous increase in the number of indoor sick poor; but, after all, "pauperising" is a relative term, and if it be said that the present infirmaries are increasingly attractive to those who are living under insanitary conditions, or to those who would otherwise be in receipt of outdoor relief, and when it is borne in mind that, attractive as they may be, these infirmaries are in themselves sufficiently protective against serious abuse, I am not prepared in unqualified terms to say that the infirmary system is pauperising.

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Chairman—continued.

24764. Have you ever heard of the case of a man being so pleased with an infirmary, having been once there, that he has domiciled himself in that union so as to be able to go to the infirmary when old age overtakes him?—I have never had my attention drawn to such a case; I can understand the possibility, in some cases, of London infirmaries being attractive to such people; at the same time I should think such cases would be very few, quite exceptional.

24765. Is your Whitechapel Infirmary one of the new ones under Gathorne Hardy's Act?—It is a separate infirmary under an infirmary order, but not specially erected as an infirmary; it was adapted from an original workhouse; but as an adapted institution we consider that it is a tolerably efficient one.

24766. Then it is not built on the pavilion system?—It is not built on the pavilion system.

24767. Then as regards the duties of the medical superintendent, I suppose in your case, the same as in others, the medical superintendent is responsible for everything that goes on in the infirmary?—He is.

24768. He is responsible, therefore, for the physical requirements of the patients, and at the same time for the administration of the establishments. Now have you ever considered whether that is putting too much on him, to this extent, I mean, that a man may be possibly a very good doctor and a very bad administrator; or again he may be only a good administrator, and therefore his patients may suffer from his neglect?—Yes, such a thing is possible; at the same time where the medical superintendent is wise in his administration, he will delegate to the matron, say, the whole of the domestic arrangements, exercising control and interposing only through the matron, not going between the matron and the subordinate staff with regard to the duties to be performed. So with the steward, if the medical officer is wise he will leave the steward free in his own department, only interposing when there is fault to find, or direction to give, and then to the steward himself, and not going between the steward and his subordinate staff; in this way exercising a general control, and still leaving details to the two departmental officers, his time is not severely encroached upon, and the patients need not necessarily suffer in regard to medical attention.

24769. In fact, really successful administration and successful medical treatment depend entirely upon the tact shown by the medical superintendent?—Yes; in fact I may say that when the present medical superintendent was appointed, I was so impressed with the importance of this, that I advised him to see both the matron and steward and arrange as to their departmental duties with a view to relieving himself and avoiding anything like friction; and I think the result has been very successful.

24770. How long has that medical superintendent been there?—About four-and-a-half years, I think.

24771. And the matron about the same time?—No, the matron has held office not more than a year and a-quarter. Some four and a-half years since, just before the present medical officer was appointed, I prepared a memorandum which I

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have

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Chairman—continued.

have here, of a scheme then under the consideration of the guardians for placing the administration of the infirmary upon the same footing as a general hospital; and, as bearing upon the subject, if I might be allowed, I would put it in, assuming it to be of any service to the Committee.

24772. It would be very useful to us, I think; but could you give us briefly what the points are?—The plan would involve the appointment of a non-resident consulting physician, and the like consulting surgeon, and, probably, two resident assistants. The authority of the consulting physician and surgeon would be supreme in the treatment (including diet and nursing) of the patients; but, subject to that authority, the resident assistants would be held responsible for the medical care of the sick poor. Other possible advantages would be an improved classification of the sick, a better record of cases, a higher standard of nursing and increased means for the efficient training of pupil nurses. The arrangement would also afford to medical students a field of study which is said to be greatly needed, since the visiting physician and surgeon respectively, would be allowed to introduce for accompaniment with them through the sick ward, such pupils as they might desire. After commenting upon this, the memorandum refers to the Manchester Parish Infirmary, which is nominally connected with the workhouse, and administered by the master of the workhouse, but really administered by the matron under some such system as I have shadowed forth. Then the concluding paragraph is to this effect: "But it may be that the guardians whilst favourably regarding the proposal are not prepared to revolutionise their infirmary administration, and to give permanency to the arrangement by means of newly-framed regulations, in face of the possible risk of non-success." "It remains to inquire whether there is not an alternative which will combine the advantages of the proposed scheme with a less revolutionary disturbance." "The question may, perhaps, be answered affirmatively thus: Adopt the proposal so far as regards the appointment of a visiting physician and the like surgeon; but instead of appointing two resident assistant medical officers, appoint a resident medical officer and a resident assistant. The effect of this modification would be that, in the treatment of the sick, the medical officer would be subject to the control and direction of the visiting physician or surgeon, but in all other respects, he would be the chief controlling and responsible officer of the infirmary." Then the memorandum goes on to suggest, that it might be well to more clearly define the duties of the matron and steward.

24773. But that rather leads me to ask, is it your opinion that the medical men are not sufficient in number in the infirmary?—I received the impression that it would be a great improvement, and would be better for the poor and the administration, if we could bring medical men from outside, who would be presumably more abreast of modern medical science; but, after consideration, the guardians came to the conclusion that it would be well to leave things as

Chairman—continued.

they were. They would not take the responsibility of initiating a new system.

24774. May not one of the reasons why the guardians did not acquiesce in your plan be, that they were afraid that the outside men might cause more expense in the diet and in dressings?—That point is referred to in the memorandum, and it is one that was raised, but I do not know whether any opinion in that direction was seriously expressed.

24775. The guardians, at all events, thought it better to let well alone?—Yes, that is so.

24776. Did you ever consider at all, supposing students were admitted under your scheme, together with a non-resident consulting physician, by whom they should be taught; should they be taught by the resident as well as by the consulting physician?—I have not really thought that out. The impression I received then was, that they would accompany the physician or surgeon in their clinical work.

24777. You would have them under some very carefully considered organisation?—Clearly.

24778. Not that they should drop in whenever they happened to be free?—Certainly not.

24779. You would like to see students in the infirmaries in any case?—I think it would not only be of great service to the profession itself, but improve the administration. The students would come in with very critical eyes; and the result would no doubt be to keep the medical administration up to the mark.

24780. The objection has been raised sometimes that the poor object to be examined by a large number of medical men, that is to say, having their wounds or whatever they may be examined by students as well as by the doctors; and the opinion has been expressed here that there is nothing in that objection; have you any opinion upon it?—I am not prepared to say that there is very much in it. I have understood from the relieving officers that such statements have been made by the poor, and that they prefer the infirmary to the London Hospital for that reason; but I am not prepared to attach very much weight to that.

24781. Did you not once try to effect a co-operation between the London Hospital and the Whitechapel Union?—I cannot say that we ever made any attempt to formulate an arrangement. First of all, we send no cases to the London Hospital, other than such as are recommended by our own medical officer as requiring surgical operations, and those patients we pay for at the rate of 2 s. 6 d. a day; but they are very few indeed, there is rarely more than one there on an average. And, on the other hand, some years ago we had reason to complain that patients, when they ceased to be suitable patients for the London Hospital, were too readily transferred to our infirmary; but that complaint has been now removed, inasmuch as the hospital authorities take precautions themselves by receiving undertakings upon admission for removal or burial, or by seeing that the patients have homes to which they can be removed, and having them removed there; but we get very few cases now of transfer from the London Hospital, by reason of the improved

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improved arrangements which they have adopted.

24782. Do you think any co-operation between the charities and the poor law is possible?—I think it is very desirable indeed that there should be a clear understanding as to the classes of cases which are suitable for admission to the general hospitals, and as to the cases suitable for the poor law infirmaries, because, as poor law infirmaries for destitute sick poor, they are almost on a level of general hospitals. I have often felt that it would be well if there were some qualification of disease, rather than of poverty, for admission to general hospitals under which suitable cases could be transferred from the infirmaries, or from the provident dispensaries, or from private practitioners under prescribed conditions. That is the only idea I have ever formed.

Lord Thring.

24783. Perhaps you can clear up a difficulty about the question of chargeability to the guardians. I understand that when I go into one of the metropolitan infectious asylums, I can go under the order of my private doctor, stating that I have got small-pox, for instance; then I understand that the metropolitan asylum receives me on that private order; and then I understand that a debt is created on my going in, between the parish to which I belong and the asylum. For instance, I belong to South Kensington; I understand that on my going into the asylum, South Kensington becomes liable to pay the asylum for my maintenance and cure; and then I understand that the guardians of South Kensington have a right to recover from me the expense they have paid to the Metropolitan Asylums Board; but that there is no debt between me and the Metropolitan Asylums Board at all. That is the state of the case, is it not?—There is no doubt that that is so. Upon admission of a patient without a poor law order, notice is sent to the guardians of the admission of the patient, and with a notification that the patient will be charged, say, to the Whitechapel Union. That notice in ordinary course I hand to the relieving officer, and he is required then to enter in his report book the fullest particulars he can obtain in regard to the circumstances; and upon a report of those circumstances the guardians adjudicate. Say, for instance, that a patient has considerable means. They would estimate that a patient would not be in longer than a given time; in a case of fever they would perhaps say two months; in the case of small-pox a shorter period. Then they would declare a certain sum to be upon loan, 20 s. or 50 s., or whatever it may be, and the usual steps would then be taken with a view to recovery.

24784. Only one or two more questions, to complete it with respect to the expense. I go in, say, to one of the Metropolitan Asylums, and I say "I belong to South Kensington;" supposing that I stated wrongly that I belonged to Kensington, who is at the expense of determining to which parish I belong?—The last known address or the last stated address would be taken to be the address to the Union of which your maintenance would be chargeable.

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Lord Thring—continued.

24785. And would that be conclusive for the purposes of the Metropolitan Asylums Board?—It is not a question, I take it, that would ever be disputed.

24786. Then one question more. With regard to the expenses of my cure, my maintenance or whatever you like to call it, the expenses of my residence at the hospital, do I rightly understand you that they pay only the cost of my cure, or that they pay the cost, including a certain sum for expenses of establishment, or on what they base the estimate?—As far as the Whitechapel guardians are concerned, they arrive at the sum to be assessed, having regard to the equities of the transaction; but legally if they were compelled to take proceedings to enforce repayment, they certainly could not recover more than the actual maintenance.

24787. They could not recover any establishment expenses?—No establishment expenses at all.

24788. And then, supposing they put too little on loan, cannot they recover beyond their estimate?—No.

Earl of Kimberley.

24789. You say "upon loan;" what necessity is there for its being upon loan, because the Act of Parliament says it is to be recovered as a contract debt?—Perhaps I was wrong in using the words "on loan," I was rather bringing it within the category of loans.

24790. You are thinking of cases where it would be on loan; in this particular case the Act says that it shall be recoverable as a contract debt?—The declaration of loan is unnecessary, but practically we bring it within the category of a loan.

Lord Thring.

24791. Then practically I am thrown, to a certain extent, upon the rates in that way, because the expenses of the building and of the establishment are not really included in the sum charged by the guardians to me, though they are expenses which they incur for me?—That is so.

Lord Monkswell.

24792. You said just now that in their agreement with the Whitechapel Union the Metropolitan Board would look to the equities; what do you mean by that?—The relieving officer reports that a child which has been admitted to the fever hospital is the child of a tradesman, say, and that this tradesman pays 40 l. or 50 l. a year rent in a certain street, and that he has two other dependent children at home. That is the representation of the circumstances; and upon this representation, the guardians would, perhaps, say at once, "You will pay 40 s." or "60 s." as the case may be, simply to make the recipient feel that there is a responsibility attaching to him for the maintenance of his child; but in estimating the 40 s. or 60 s. the guardians would not make any estimate of the actual cost of provisions and necessities, included in the term "maintenance," but they would deal with the equities of the question as a whole, by disregarding the legal claim,

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claim, and declaring a specific sum to be by way of loan.

24793. What would be the fixed charge of the Metropolitan Asylums Board; is it altered from time to time?—It is altered from half year to half year.

24794. What is it, about?—Each asylum varies.

24795. What is the highest and what the lowest?—It varies from about 2*s.* 3*d.* a day in infectious hospitals to about 10*d.* a day in imbecile asylums.

24796. About 10*s.* a week?—Yes, as an average.

24797. That is the maximum they are allowed to charge you; in fact they always do charge you a fixed sum?—Yes.

24798. And children the same as adults?—Yes.

Lord Thring.

24799. But take the case of my sending a servant, for whom I am willing to pay the actual cost, would that be estimated in the same way?—I am afraid there is no uniform system adopted by boards of guardians in dealing with such cases, and I therefore am not aware of what system is adopted in other unions. I only say that that is the arrangement we adopt.

MR. FRANCIS MEAD CORNER is called in; and, having been sworn, is Examined, as follows:

Chairman.

24807. You are a resident in East London, are you not?—I am.

24808. Would you tell me what qualifications you hold?—I am a Member of the Royal College of Surgeons, England, and hold the Society of Apothecaries' Degree.

24809. You are a surgeon then?—Yes.

24810. Do you call yourself a general practitioner?—I am in general practice.

24811. How long have you been resident in East London?—Thirty-four years; I have been in my present parish 34 years.

34812. And what post have you held in connection with hospitals or local institutions in that locality?—I have been surgeon to the Poplar Hospital for Accidents during the whole of the time I have mentioned, 34 years. I am the senior surgeon there; and I have held the appointment of surgeon at the hospital for the term that I have lived in Poplar.

24813. Then have you lived in Poplar 34 years?—I have.

24814. Then you are well acquainted with the condition of the poor in that district?—I am. I am also medical officer of health, which post I have held for the last 12 years, which gives me a further knowledge.

24815. Have you any information with respect to the feeling of general practitioners in the East of London as regards the out-patient departments of general hospitals?—Yes; there was a conference within the last month bearing upon the question now before this Committee, and the universal feeling is that there does exist a great deal of abuse, especially amongst the out-patient departments.

Earl of Kimberley.

24800. I suppose it comes to this: the maximum of course is the actual cost; in a case where the parent of the child is evidently a person in very easy circumstances you would charge the whole?—If it was found that there was a willingness to pay.

24801. I suppose, independently of willingness to pay, in the case of a person specially well off you would charge the whole of it, of course?—Yes, but we should be unable to recover by legal process beyond the actual maintenance.

24802. What you mean by the equities, is that you would proportion the sum short of the whole of it, to what you thought, on the whole, the person might be able to pay?—Yes.

24803. And you would accept that from them without having recourse to legal proceedings?—Yes.

24804. If it was necessary to go to legal proceedings that would be another matter?—Yes.

24805. In fact, you deal with it as in the other poor law cases where you think the recipient ought to pay?—Precisely in the same way.

Chairman.

24806. Is there anything else you wish to say to the Committee?—I think not.

The Witness is directed to withdraw.

Chairman—continued.

24816. On what do they base that conclusion?—They have come to that conclusion from their own personal knowledge of cases.

24817. Cases which had been to them and they had got on their books, and then had left them, do you mean?—Yes; or patients who had been attending the hospitals as out-patients, and had got too bad to be able to attend them longer, and then came under these practitioners in the ordinary course of treatment.

24818. And then were perfectly able to pay?—Quite able to pay.

24819. In the case of some who have been first to practitioners, and then to the out-patient departments of the hospitals, is it not possible that they may have expended all their means in paying the doctor?—Quite so; that I know to be the case not infrequently.

24820. Could you check that enormous flow to the out-patient departments in any way, do you think?—Yes; I think by the use of an agency in each district. In Poplar we have a very good agency, that of the Charity Organization Society. I think that such an agency would, if more developed, check these cases and another class of cases, that is where persons go to the hospital for very trivial ailments, ailments for which they would never think perhaps of going to their own medical man; there are not a few of those.

24821. Is the tendency of hospitals to encourage those trivial ailments in order to increase their returns?—There is such a tendency, though in our neighbourhood that is not necessary. The London Hospital has such a flux of patients that they do not need to multiply their numbers.

24822. Is

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[Continued.]

Chairman—continued.

24822. Is the London Hospital close to the Poplar Hospital?—It is nearly two miles distant.

24823. Then the competition has reduced the fees of these general practitioners, has it not?—I should say it has to some extent; I should think probably their competition with each other has also had its influence.

24824. What part do clubs and provident dispensaries take in the treatment of the sick in Poplar?—We have a provident association in Poplar, I think probably the oldest in London; but it is very meagrely patronised; it is a provident association that admits of attendance by thoroughly skilled men in the district for the whole family, including midwifery, and the cost of that is something under a pound a year; but it is practically very little used.

24825. But would not that compete also with the practitioner?—If proper selection were made of the persons joining it, I do not think it would.

24826. Then, so far as your experience goes, this provident association has failed?—It has to a great extent, simply because persons, somehow or another, do not care to belong to it. There is the opportunity of their getting to the hospital, and there is not the need of their making this provision for themselves.

24827. Does the provident association pay its own medical officers?—Yes; through the fees of the members.

24828. We have heard in this inquiry something about what they term doctors' shops; have you anything to say on those?—Yes; those are what I suppose are meant by the cheap dispensaries; they have multiplied very greatly within the last 10 or 15 years in the neighbourhood, very greatly indeed; I mean such dispensaries as charge 6 *d.* for a consultation, including medicines.

24829. What is your objection to them?—I have no serious objection to them, because in one sense I think they do a great deal of good. Prior to their establishment the poor people were in the habit of going very largely to druggists and being prescribed for, and I think practically that has become extinct; but I do not think that, for the charge made, justice can be done to patients.

24830. You mean they do not get value for their money?—I do not think they do.

24831. When they went to the druggists, no fee was paid, but they only paid for the medicine, I suppose?—I think about the same fee used to be charged as is now paid to the local practitioners.

24832. Still, as regard that, a man has as much right to start a doctor's shop as any other shop, has he not?—Yes; I may say that the feeling of this conference the other day was, that if medical men would unite and come to a common understanding, it would be quite easy for them to get double what they are now charging, as what the working population of our district at present receives make a very large amount of money, and they could very well pay much larger fees.

24833. When you say they make a lot of money, have you any idea of the average wage?
(24.)

Chairman—continued.

—I hear a great deal from the leading hands, and no doubt they earn from 30 *s.* to 4 *l.* or 5 *l.* a week many of them.

24834. Are those the class of people who become your patients, do you think, at the Poplar Hospital?—A good many of them go to the Poplar Accident Hospital for Accidents; our numbers are very large there, and I am afraid (I do not know whether it is necessary to publish this) from rather reprehensible causes. I might mention to the Committee, that in the year 1889 there were brought to the hospital 325, and in the year 1890, 493 persons under the influence of drink, and we got a good many assaults that I daresay are connected with the same cause; in 1889 we had 710; in 1890 we had 676.

24835. But how does the number of cases of persons brought in, in a state of intoxication, bear on the question?—It bears on the question in this way, that a large amount of their earnings goes in the consumption of drink. The premiums of some of our public-houses that have changed hands lately go from 20,000 *l.* to 30,000 *l.*

24836. Then do these out-patients departments give surgical appliances, such as trusses, and so forth?—No, generally not; only for some special case. At the Poplar Hospital for Accidents, we supply them if the patient is not in a position to supply them himself; but at the out-patient department of the London Hospital, I think they are not supplied, unless for some very special reason.

24837. That is a portion of the cure, is it not?—A most essential portion in many cases, especially if the result of accident is distortion.

24838. Do you think a good many people go to out-patient departments who are suffering from want of food as much as from want of physic?—Certainly; those are stopped by the working of the Charity Organization Society in my district. They refer in nearly every case applying for a hospital letter to me or to some responsible medical man in the district, and if it be found that the person is suffering from insufficient food or a bad home, or that kind of thing, and has not the means of improving himself, it is advised that the letter be not given, but that the case be referred to the parish, so that a considerable check is placed on the misuse of letters in that way.

24839. Then you do try and check, in Poplar, this crowd of people going to the out-patient department?—Yes; the agency of the Charity Organization Society is a very efficient one there, and the clergy work with it, as well as the medical men; and the medical men are very willing to give certificates to any case referred to them by this organisation, as to the fitness of the case for a hospital or what hospital, or whether it is a convalescent case or what not.

24840. Now, in Poplar, you have the Poplar Hospital for Accidents, and not very far off you have the London Hospital?—About two miles off.

24841. But now take another district of London, Berners-street, where the Middlesex Hospital is; there are a large number of hospitals we are told in that district with over 2,000 beds,
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Chairman—continued.

in a radius of one mile, and an unlimited amount almost of out-patient departments. Would such an organisation be possible in a district crowded with hospitals like that?—I think so. I do not see why London should not be cut up into districts and worked through agencies. I see no other way than that of checking abuse or misapplication of letters. I think it would be quite practicable if the agencies of, say the Charity Organization Society were more used, because I never knew of any instance where a case needed a special letter or special help in any way, in which they did not get it through the Organisation when applied for.

24842. Then you would, if possible, make the inhabitants of a district go to a hospital in that district?—That would not apply to ours, because we are insufficiently supplied with hospitals; but, by this agency, and by the energy we meet with at the board, the whole of the hospitals of London are put under tribute; we make use of all of them more or less; but it is only by a great effort on the part of the philanthropic workers there.

24843. Then, according to that, the hospital accommodation in your district is insufficient?—I should say distinctly so. As regards the Poplar Hospital, a movement is going on now, and in all probability within a year we shall have our accommodation doubled. We only have accommodation for 40 beds now, and there is no accommodation for a women's ward at all; so that we are going to double our beds and make accommodation for a female ward as well.

24844. But will that anything like supply the amount that you require?—Purely for accidents, it will.

24845. Would you like to see anything in the shape of a licensing body, to prevent hospitals being built at the caprice of anybody who might wish to build one?—There should be some controlling body, especially in the starting of a new hospital or the extension of an old one.

24846. That is to say, you would have some voluntary body who should recommend for a license?—Yes; or I think the Local Government Board has on its staff experts of the highest standing in connection with hospital matters. I should trust them. I think, in preference to any other body known to me.

24847. But supposing a man puts down a large sum of money to build a hospital, and a large sum of money to endow it, you could not interfere with him, could you?—No; but I should have greater trust in that money being well expended, if I knew that the Local Government Board had some hold over what was the selection of the site and the character of the building, so that the best results would accrue from the expenditure.

24848. But supposing people gave a certain sum to start the building of the hospital, and had to beg for the remainder of it, and also have to beg for the money to keep it going, would you like to stop that, do you mean?—Yes, I should; and for the reason that that building would very likely be put where it is least wanted. For instance, take in our own district, the Victoria Park Hospital, for consumption and diseases of the chest; it is a hospital to which a great number

Chairman—continued.

apply, and from the prevalence of lung troubles they very often have to wait a long time before they can get admitted. Now I have understood that Brompton Hospital is a very rich hospital, and if funds were forthcoming I think that in our own neighbourhood there is a particular need for such a building; we are distinctly short in accommodation in respect of beds for consumption and diseases of the chest.

24849. Do you think that the poor go about from hospital to hospital very much?—Yes, they do.

24850. That there is an overlapping of charity, so to speak?—Yes; they will go, for instance, from the London to Bartholomew's, and from Bartholomew's to Guy's.

24851. Have you any idea why they do that?—They are chronic cases, and they imperfectly recover, and I daresay they get tired of attending to such cases at one hospital, and they move them to another; or they do it from caprice themselves.

24852. Would you like to see an inquiry officer at every hospital, in addition to your Charity Organization Society?—I think that if the local agency were properly carried on, the other would scarcely be needed.

24853. At some of the hospitals we have been told they do limit their number of cases by making inquiries?—Yes, I think it results well; but to my mind, if the inquiry were made in the district where the person resides he would be fairly dealt with, and I think the inquiry would be more thorough.

24854. Is not that inquiry sometimes rather a lengthy proceeding?—That is one of the charges that is made against the office of that particular society that the inquiry is too minute.

24855. I do not make the charge; I merely ask the question?—I think, perhaps, it is excessive in some instances; but if it is a fair case, I do not see any serious objection to it.

24856. Then you would not refuse a case first treatment?—No, certainly not. Any person going to the hospital (this is the case in the Poplar Hospital) is seen once; and if not looked upon as a proper case, an accident or an emergency case, is referred to their own medical attendant, or to the Poor Law.

24857. Now do you have any students at the Poplar Hospital?—No.

24858. You have a very large out-patient department, have you not?—A very large out-patient department. The attendances of out-patients in 1889 were 34,730; in 1890 they were 30,700 odd.

24859. Therefore there is a large field unused for medical instruction?—Yes, it is so.

24860. But would you not like to see students admitted there?—It has been mooted, but it stands over for the extension of the hospital. I think when that is accomplished, in all probability there will be that addition.

24861. Have you ever considered the case of convalescent homes at all?—I have a great deal to do in passing these cases to convalescent homes; I see, perhaps, daily one or two cases, as to their fitness and the filling in of certificates.

24862. But is there a sufficiency of convalescent homes?—Yes, I should say as far as our needs

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needs go; but I think a great deal is due to the energy of those who undertake to provide letters for them. The clergy are very active, and we have a branch of the St. John the Divine Nursing Institute in working operation in our district; they are in touch with their centre, and a wide circle of influential people; and the same would apply to the Charity Organization Society. So that really I do not think any case needing special convalescent treatment would stand out for any great length of time.

24863. You said just now you have had 30,000 attendances at the out-patient department in one year; does not that give very small time to the attention and diagnosis of cases?—Well, a great proportion of them would be simple dressings afterwards. They are accidents, so that the attendants in the receiving room, the nurses, are able to do a great deal of that work.

24864. What assistants have you got in that particular department?—There are three surgeons for the out-patients; there are two house surgeons, and there are generally two porters, who are excellent dressers, and a female nurse.

24865. The porters are dressers, you say?—Yes, it is so.

24866. They come to that by practice?—Yes, by practice.

24867. Is that as much assistance as you require?—There has been no application for more; I think that is sufficient; the house surgeons do a great deal of dressing.

Lord Zouche of Haryngworth.

24868. What would be the composition of this controlling authority for licensing the hospitals?—I have not thought it out, but I think the Local Government Board as the existing authority, or the county council; but the Local Government Board having such an excellent staff of reliable men to advise them, I think would be an acceptable authority to all persons; and being the health authority, I think it would probably be the best selection.

24869. You would prefer it to the county council?—I should.

24870. Could you describe, very briefly, how your local agency of the Charity Organization Society is worked?—They have a permanent agent and visitor paid, and a committee, and any one wishing for a hospital letter or convalescent home letter makes application there, and then the circumstances are taken down and inquiry made; and if the person be a fit person, the case is usually sent, for reference either to the medical attendant of the case or to me, if there be no particular medical man, and on my report or on

Lord Zouche of Haryngworth—continued.

the report of the medical man, the case is sent forward, a letter being given to a hospital or a convalescent letter provided.

24871. But how do they practically make these inquiries; have they a staff of people who go round to the different houses of the applicants?—Yes, that is so; and as a rule the members of the committee who attend know the cases before they are brought up; they are very often sent by members of the committee.

24872. They know from experience?—Yes, they know of the case really before the application is made, often; but, if not, the inquiry is conducted by the officers; they have two who go to the homes.

24873. And you find there is no practical difficulty in carrying it out?—No, no serious difficulty at all; I think it works exceedingly well, and I think the really deserving, whether it be the person or the case, does get help and fairly promptly.

24874. And do you think that it excites any jealousy among the poor in the neighbourhood, these inquiries being made?—Yes, I think some resent it; but the gain is so palpable that my impression is that opposition will gradually lessen. It is the same with instruments; a large number of instruments are supplied from the Organization to persons which otherwise they would have a very great difficulty in getting.

Lord Clifford of Chudleigh.

24875. Are these instruments supplied on payment?—If they are in a position to pay towards them, they are expected to do so.

24876. But they are furnished by the hospital on the recommendation of the Charity Organization Society; is that so?—No; as a rule we refer the cases to the Charity Organization Society, and the Charity Organization Society makes the inquiry and supplies the instrument.

24877. On such payment as they may be able to get?—Yes, according to the means of the patient. And I may mention too, perhaps, that the east of London hospitals have to supply hospital accommodation for what is known as West Ham, Canning Town; that is immediately over the border from Poplar, and has now a population of some 200,000 persons, practically without any hospital provision whatever.

24878. I suppose you have a very large proportion of accidents, do you not, in that neighbourhood?—A great number of accidents, and a great number come from this district to which I refer, the West Ham district.

The Witness is directed to withdraw.

MR. T. BEATTIE CAMPBELL, is called in; and, having been sworn; is Examined, as follows:

Chairman.

24879. You are the Secretary of the Royal Westminster Ophthalmic Hospital, are you not?—I am.

24880. Where is that hospital situated?—At the corner of Chandos-street and King William-street, West Strand.

(24.)

Chairman—continued.

24881. And would you tell me when it was founded?—It was founded in the year 1816.

24882. Do you have beds there?—Yes, we have beds there for in-patients also.

24883. Do not you act as a sort of annexe or adjunct to Charing Cross Hospital?—Not at all;

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[*Continued.*]*Chairman—continued.*

we are in no way connected with them, except in this way: that as they do not deal with eye cases there, they simply send them on to us; but our institution was founded before theirs, and is an older institution.

24884. As a special hospital you co-operate with a general hospital?—Yes.

24885. You are practically the special department of that hospital?—No, not at all.

24886. That is to say as regards the eye cases which they do not treat, and which they send to you for treatment?—Only so far; but then we have cases from all over London, and all over England as well, quite independently of Charing Cross.

24887. I will come to that in a minute; but so far as Charing Cross Hospital is concerned, there is co-operation between you, as a special hospital, and the general hospital as regards those special cases which you treat, eye cases?—Yes.

24888. There is no eye department at Charing Cross Hospital, is there?—No.

24889. Does the Charing Cross Hospital support you in any way by funds?—Not at all; we are entirely distinct.

24890. Are any men at your hospital on the staff of the Charing Cross Hospital?—One of our assistant surgeons is also an assistant surgeon at Charing Cross.

24891. Are you a medical man yourself?—No, I am not.

24892. How long have you been at this hospital?—I have been seven years secretary.

24893. Have you ever found any difficulty or friction on account of these cases coming from one hospital to the other?—Not as far as I am aware.

24894. Then could not that co-operation be extended to other special hospitals by other general hospitals, so that they could work in with one another in the sense of give and take with one another?—They could I believe, but several of them have eye wards of their own, and would take cases there; but we claim that they cannot treat them so efficiently as we can.

24895. And the Charing Cross Hospital send all their eye cases to you?—Yes.

24896. Is yours a free hospital?—Entirely free.

24897. And how many beds have you?—We have 30 beds.

24898. And what number of out-patient cases do you attend; that is to say, what is the number of attendances in your out-patient department?—The approximate number of the attendances as far as we could estimate it last year was 56,000; but the actual number of patients was 9,172 last year.

24899. That was the number of new cases?—New cases.

24900. Do not you keep any register of the attendances?—We do not keep a register of the total attendances; they receive a letter, and then a case will attend probably five or six times; say six times, some more.

24901. If the number of attendances were registered that would accurately give the work of your out-patient department, would it not?—It would be rather difficult to form a system of

Chairman—continued.

registering each attendance, after the first one, unless we took the letters. The patients take the letter themselves at our place, and bring it with them at each attendance.

24902. But there is no note made when a case attends after it is a new case?—No, not more than appears on the letter.

24903. But would it not be a good plan to have some means by which you could actually tell what the number of attendances was that took place in your out-patient department, because otherwise are the statistics very valuable?—We get at it pretty closely.

24904. How many attendances do you provide for in a letter?—That letter would be good as long as the patient attends for a year, and we should not renew that letter inside the current year.

24905. Well, if a patient obtains a letter from you on the 1st of January, he could come till the 31st of December of that year?—He could come twice a week, or as often as he required to attend.

24906. Where do you get your funds from?—From the public by appealing; we have a certain amount received from annual subscriptions and donations, and the Sunday Fund, and the Saturday Fund, and dividend on a small amount of funded property. I can give you the figures.

24907. What was your expenditure last year?—The expenditure last year was 2,169 *l.*

24908. And your income last year?—The income last year was 2,272 *l.*

24909. So that you had a small surplus?—We had, last year.

24910. And then what were your donations?—The donations were 940 *l.*

24911. And annual subscriptions?—Annual subscriptions, 670 *l.*; received from the Sunday Fund, 116 *l.*; and from the Saturday Fund, 124 *l.*; from dividends, 341 *l.*; and other incidentals amounting to 82 *l.*

24912. Did you get any legacies?—We did not receive a single legacy last year.

24913. Did you look upon that as being exceedingly unfortunate, or does it often occur?—It is one of the difficulties of special hospitals, I have found, that we do not get as many legacies as general hospitals, and that was a very unfortunate year.

24914. Do you pay your staff?—No, they are all honorary.

24915. And do the patients pay anything?—Nothing. There is a donation box on the table to which they can contribute, but there is no payment asked.

24916. Does that amount to anything in the course of the year?—Last year the donation boxes were 174 *l.*; but that is not all actually given at the hospital; we have other donation boxes out in the Strand, and different places; that includes all the boxes.

24917. Have you only 30 beds?—Those are all the beds we have available for in-patients.

24918. And how many of those do you generally keep filled; what is your working average about?—Twenty-six.

24919. And how is your hospital managed; is it managed by a committee?—By a committee, consisting

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consisting of 20 gentlemen; Sir Rutherford Alcock is the chairman.

24920. And how often do they attend; do they attend once a month, or once a fortnight?—Once a month, and then there are sub-committees; there is a finance committee which meets once a month, and sub-committees which meet as occasion may require.

24921. What do the sub-committees do; are they special sub-committees?—There is a standing committee which looks into any arrangements in regard to repairs of the building, and any question that may have to be considered as to the nursing and domestic arrangements.

24922. Would you call that standing committee the executive of the hospital?—No, the committee of management at its monthly meeting would be the executive committee.

24923. Does the finance committee examine all the small books, and the account books, and so on?—Yes.

24924. They are not merely laid on the table?—No, they initial them.

24925. Have you a public audit?—Yes, every year.

24926. By a member of the Society of Chartered Accountants?—Yes, Messrs. Theobald Brothers and Miall are the auditors.

24927. Do you give any of your governors or subscribers letters for the recommendation of patients?—No, we do not demand letters of recommendation from the patients. We would give the governors letters if they asked for them specially, but no letters are required from the patients. We were the first hospital to establish the principle of relieving the poor without letters of recommendation.

24928. Do you make any inquiry at all into the position of those who apply?—Yes, we question them with regard to their means before registering them; and if any were considered not fit subjects for medical relief we should reject them.

24929. But do you ever reject them?—Very occasionally; not many.

24930. Then you do not take any steps beyond just asking the patient a certain number of set questions, I suppose?—No; we can pretty well judge the class of patient. I do not think that that department is much abused.

24931. You do not think that this charity is abused?—No.

24932. You have 30 beds, you say; then you have some nurses?—Yes.

24933. Where do you get your nurses from?—They are trained nurses. Those we happen to have at the present moment were three years in an ophthalmic hospital before they came to us; three of them are thoroughly trained.

24934. Then an ophthalmic nurse requires special training; is that so?—It would be a great advantage. That is one of the advantages that we claim over a general hospital, that our nurses are specially trained in the work which they have to do.

24935. Do you get patients sent to you from any other general hospital besides Charing Cross; from Middlesex, King's College, University College, or St. Mary's?—No; I think that Middlesex and University College have eye (24.) e

Chairman—continued.

departments of their own; we treat a great many cases from subscribers to those hospitals on account of the patients preferring to attend a special hospital; I presume because they get better advice.

24936. I was going to ask this question: It might occur that a case presented great complication which an ophthalmic surgeon at one of the general hospitals might not feel himself competent to deal with; would then that hospital send such a case to you, or has that thing never occurred?—I am not aware of such a case; it might have occurred.

24937. Would you go so far as to say that, with the exception of Charing Cross, you consider that your special hospital is looked upon rather jealously by general hospitals owing to the fact of your being a special hospital?—I would not say that altogether. We are a hospital of very old standing, and take a position of our own, as it were.

24938. Is your senior ophthalmic surgeon a man of very high reputation?—Yes; he is also the senior surgeon at Westminster Hospital.

24939. Senior surgeon, or senior ophthalmic surgeon there?—He is senior surgeon at Westminster Hospital, and the senior ophthalmic surgeon with us.

24940. Then it is generally the case that general hospitals have such distinguished men as their ophthalmic surgeons?—All our ophthalmic surgeons must be thoroughly qualified, and must be Fellows of the Royal College of Surgeons; even the assistant surgeons have to be Fellows of the Royal College of Surgeons before they can be appointed to our hospital.

24941. That is what we call at the general hospital the honorary staff, is it not?—The honorary staff.

24942. You are not singular in that respect, are you, because we have been told here that it is useless for a man to try to get on to the staff of a general hospital unless he holds these qualifications?—I am not aware as to the practice with regard to other hospitals.

24943. How many nurses have you?—We have four nurses, that is to say three nurses, one of whom is a night nurse, and a probationer; and the matron of course supervises.

24944. Are these eye cases cases which require comparatively little attention, as compared with the accident cases, and so forth, in general hospitals?—They require very careful nursing and attention, especially cataract cases in the first three days after operation.

24945. Is the one nurse sufficient then at night?—Yes; the bulk of the patients would be asleep at that time, unless they were very bad cases which required considerable attention.

24946. And the medical men never raise any objection on that point?—No; we find our one night nurse is sufficient.

24947. Then who superintends these four nurses?—The matron.

24948. You have a matron then; what salary does she receive?—£. 60 a year, and board and lodging.

24949. What salary do you receive?—I receive 280 l. a year.

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24950. And

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Chairman—continued.

24950. And then, as regards the feeding of your patients, and so forth, who live in the hospital, do you contract for your food?—We have an arrangement; we contract with some of the local tradesmen, and are supplied in that way by contract.

24951. Do you invite contracts, or do you advertise?—We invite them from the special tradesmen that we have had dealings with, and in fact we have dealt with for a good number of years, and we find that we get better supplied in that way.

24952. But have you ever compared your prices with those of other hospitals?—Yes; we find that we are very much about the current rates that are charged. Of course ours is a small hospital, and possibly we would not get all the advantages that a large hospital would get in contracting; but, on the other hand, we never have any complaint from our patients with regard to the food. I may say that our patients are always thoroughly satisfied, and they say that they are better fed and treated in our hospital (those of them who have been in other hospitals) than elsewhere.

24953. Do you ever get any complaint from your subscribers as to the prices paid?—No.

24954. Who invites the tenders, do you, as the secretary?—Yes.

24955. And who makes the contract?—The committee.

24956. On your recommendation?—Well, provided it were the lowest tender; but, as I say, we have dealt with the same firms for some years and have been well supplied, and there has been no question raised about it.

24957. Is there anything else you wish to state to the Committee?—I would just like to say something with regard to the hospital, that being near the Strand, we get a good many printers and compositors from the different publishing offices and tailors employed by the West End firms, and every year there is an increasing demand for more accommodation; and we get a large number of the poorest class from the densely populated districts of St. Giles and Seven Dials and Covent Garden and Drury-lane; there is no other eye hospital within two miles.

24958. You draw from a large area?—Yes, we get cases from all over England, and many of the unions.

24959. With regard to those who come from the unions, do you make the unions pay for them?—The unions which send cases usually subscribe to the hospital. And I may say, also, that special hospitals labour under a disadvan-

Chairman—continued.

tage in getting in funds; it is usually more costly than at a general hospital; and of course the expenses of maintenance are generally a little larger in proportion.

24960. In regard to that, is not your receipt from the Hospital Sunday Fund a small one, about 116 l. a year?—Yes.

24961. At the same time the Hospital Saturday Fund is a larger one?—It was more last year. The Saturday Fund, I may explain, got in considerably more money last year than they did the previous year. I do not know on what principles they divide. I might also say that the hospital is very valuable for a school of ophthalmic surgery; we have a school connected with it.

24962. You have students?—Yes, and it is largely used by medical men in practice, students who have recently qualified, and also medical officers of the army and navy. Medical officers of the army and navy, I may say, are free to attend the classes; that is one of our rules.

24963. In regard to that I will ask you this question. Do private practitioners send you cases?—Yes, very frequently.

24964. Then you co-operate with certainly one general hospital and with many private practitioners?—Yes, I may say that the ordinary run of general practitioners do not understand much about eyes. And there is one point that gives us an advantage over the general hospitals in attending to these cases. We have a resident house surgeon who is devoted entirely to ophthalmic work, whereas the resident house surgeon at a general hospital might, or might not, know very much about eye cases. I could give you the figures with regard to the attendance of the students.

24965. I should like to know how many students you have?—We had 58 last year; out of that number there were 51 qualified medical men, four in the different services, and three students unqualified.

24966. How do those students come to you; do they come from a general hospital?—Some do. We have an arrangement with Charing Cross and Westminster Hospitals by which their students come to us.

24967. Is there any thing else you wish to state?—Sir Rutherford Alcock, our Chairman, went rather thoroughly into the question of special hospitals, and made a speech at the Mansion House in March 1889, which is contained in that report (*handing in a report*).

The Witness is directed to withdraw.

Die Lunæ, 29^o Junii, 1891.

L O R D S P R E S E N T :

Earl of LAUDERDALE.
Earl CATHCART.
Earl of KIMBERLEY.
Lord CLIFFORD OF CHUDLEIGH.

Lord SANDHURST.
Lord LAMINGTON.
Lord SUDLEY (*Earl of Arran*).

THE LORD SANDHURST, IN THE CHAIR.

MR. FREDERIC ANDREW, is called in ; and, having been sworn, is Examined, as follows :

Chairman.

F 24968. YOU are the Secretary, are you not, of the Royal Hospital for Incurables?—Yes.

24969. Where is that situated?—Near Putney Heath.

24970. And it has an office in London?—At 106, Queen Victoria-street.

24971. Do you apply to the Hospital Sunday Fund for assistance?—We are excluded from that by one of their rules.

24972. I will come to that in a minute ; I only wanted to know whether that is so or not. When was this institution founded?—In 1854.

24973. How was it founded?—It was founded at a public meeting at the Mansion House.

24974. And whence came the funds by which it was founded ; was it founded by public subscription?—By public subscription.

24975. How long have you been connected with it?—From the 2nd of October 1854.

24976. You became connected with it at the commencement?—At the commencement.

24977. May I ask what salary you are paid?—At present 500 *l.* a year.

24978. And board and lodging?—No.

24979. You live out of the place?—I live out of the place.

24980. For how many patients have you room?—Two hundred and eighteen inmates.

24981. And what relation do the men bear to the women?—The men are 38 only, and the women are the remainder, about 180.

24982. And are there two separate wings, or are they divided off?—There is a communication entire throughout the whole building. The apartments used by the male patients are, however, distinct, and at one end of a large wing of the building.

24983. Now, would you tell me how the institution is managed ; have you an annual meeting of governors?—There is an annual meeting of governors, at which a report is presented, and a statement of the receipts and expenditure of the year.

24984. And who presides at that meeting?—The treasurer.

24985. Who is the president?—The Earl of Aberdeen.

(24.)

Chairman—continued.

24986. And you have a number of vice-presidents, I presume?—We have about 20 vice-presidents.

24987. Then anybody who is a governor is able to attend this annual meeting ; is that so?—Everyone who is a governor ; and a subscriber of half-a-guinea a year or a donor of five guineas at one time is a governor.

24988. There is an annual meeting, you say ; do you have any quarterly meeting?—Not quarterly ; we have half-yearly elections, public elections, of candidates.

24989. Do you mean for inmates?—For inmates and pensioners.

24990. Then have you any committee of management?—A committee of governors are appointed, a portion of them, every year. I will, if you please, show you a list of them. (*The Witness produces it.*)

24991. How many of these governors are there?—Twenty on the board of management.

24992. Of that board of management what is the quorum?—Five.

24993. And what is about the average attendance?—At the board of management it varies very much ; sometimes it is less than the quorum, in which case the minutes are not confirmed until a quorum sits. These meetings occur regularly twice a month, and there are meetings of the house committee (who are from the board of management) at the institution every week.

24994. How many members attend the meetings of this house committee?—Six or seven.

24995. And what do they do?—They take cognizance of all main things that go on in the house. The matron, who is the principal officer, reads her journal. The steward, who has charge of the stores, and particularly of the male division, and the male attendants, also reads a report. I should say that those reports are read every other week, but the meetings are held every week. The house committee then have cognizance of requests for leave of absence, any question of complaint, or any matter in which the matron or the steward desires the advice and direction of the committee.

24996. Out of this body are there any visiting governors ;

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Mr. ANDREW.

[Continued.]

Chairman—continued.

governors; is there anybody who visits otherwise than once a week?—No, no fixed visiting governors. The house is opened at all times, of course, to the board of management, and it is also open at all times to the public.

24997. But now do you get many of the governors; do any of them come round on other days than the board days?—Not very frequently. I must correct myself. We have some governors who are living in the neighbourhood who frequent the house a great deal.

24998. You mean to say coming at all sorts of times?—Coming at all sorts of times.

24999. And have you any ladies who visit at all?—Not appointed to visit; we have many who do visit the house, but they have no official standing.

25000. Casual visitors?—Casual visitors.

25001. In the case of a complaint how would that be carried to the committee, and would the committee see the individual who wanted to complain?—Certainly. Probably if it were a serious complaint the patient might send in a letter desiring to see the committee.

25002. Is that ever done?—Oh, yes; or a patient may desire that a member of the committee would be so kind as to visit him or her in order to speak to him or her. Besides that the matron has a book of requests in which any complaint can be entered; but should any complaint be made against herself, or should it so happen that a patient would be in fear of entering it (though I do not think that would happen) the patient could address the chairman of the committee of the board by letter at once.

25003. You mean to say in the committee-room?—In the committee-room.

25004. Has that ever been done?—Yes, a letter was addressed the other day to the chairman of the committee by a patient.

25005. And was the grievance gone into?—I am afraid I cannot speak from memory as to the issue, but it was not a very serious thing.

25006. But it was ventilated?—It was ventilated; and any patient having a grievance can approach the committee in that way. I have several instances that have come to my knowledge within the last one or two months. For instance, there have been complaints made, rightly or wrongly, in connection with our seaside-house branch. Well, they have come before the committee, they have gone into the matter, and the matron has been up before them, and has been asked to give her account of the whole thing.

25007. Is there not a great reluctance on the part of these incurable patients to address the committee?—There is, naturally, that.

25008. And would they not get on much better if visiting governors were appointed to sift the matter for themselves and report to the committee?—They have many opportunities of doing that. For instance, the other day a private gentleman living in the neighbourhood was written to by one of the patients, and he brought that matter before the committee at once, although it was a letter addressed to him, and he saw the patient; and we are so situated that several active members of our committee live in the immediate neighbourhood of the hospital, and

Chairman—continued.

are practically, on that account, visiting governors, although not delegated to visit.

25009. Now, as regards your nursing, how many nurses have you got?—May I say that we have two grades of nurses. The matron herself is a trained nurse, a Nightingale nurse.

25010. Before we go to that, I will ask you a question as to this committee of management that meets once a week; do they have all the books of the institution before them?—They have what we call the provision book, which contains an account of all the consumable things received, and the amount expended on them during the past week, and the cost carried out week by week according to the then number of inmates in the house.

25011. And is that checked by them; do they see it; or is it merely laid on the table?—They see it and sign it. With regard to the checking, the committee do not go over all the items, because that would be a work which would occupy them a long time; but, with regard to the checking, before any quarterly accounts are paid, that book is gone over by a gentleman from our office, and every delivery note of provisions or consumable things is compared with the entry in his book, and the amount expended is added up and the balance carried forward; so that we have that check upon the provision book.

25012. But then the committee themselves do not check anything, I understand?—They do not in that way; it would be a work of a considerable time to go over it all.

25013. How long does this committee generally sit?—About three hours.

25014. About three hours a day?—About three hours a day, (*i.e.*, on the day of weekly meeting, *see* (Q.) 24,993.)

25015. Now as regards your nursing, are your wards big wards or small wards?—Small wards.

25016. How many beds do they contain?—Not more than six.

25017. What is the position of the matron?—The matron is the principal officer of the house.

25018. Is she supreme in your absence?—She is supreme there altogether in the absence of any of the committee or of the secretary; but I do not claim myself to have authority in the house; that is her province. Of course she applies to me for advice, and I take cognizance of everything and anything that goes on.

25019. What is the matron; is she an English woman?—She is a German lady, who has resided in England for the best part of her life.

25020. And has she any knowledge of hospital management?—A very good knowledge of it. She was at Sir Patrick Dunn's Hospital in Dublin before she came to us, and she was trained I believe at St. Thomas's, and she is a member of the Nightingale Nursing Body.

25021. Then she is a trained hospital nurse?—A trained hospital nurse.

25022. How long has she been there?—Ten years.

25023. And she came from one of these institutions that you have named?—From Sir Patrick Dunn's Hospital in Dublin.

25024. What salary does she receive?—£. 200 a year.

25025. And board and lodging?—And board and lodging.

25026. As

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[Continued.]

Chairman—continued.

25026. As regards your nurses, are your nurses trained? You were beginning to say that you have two grades?—We have two grades. There are what we call divisional nurses, one nurse superintending a corridor; there are three of those on duty in the day, and one at night; and one appointed to the male side. Those are all trained nurses.

25027. And how many trained nurses are there altogether?—Five besides the matron.

25028. Then the second grade; what are they?—The second grade are assistant nurses who are not trained. They are to a great extent personal attendants upon the patients under the matron. I need not say that they have, many of them, acquired a very good notion of nursing and the treatment of invalids, because of being under trained nurses.

25029. Would it not be better to have more trained nurses?—They would not be required.

25030. Do you mean to say that these incurables do not require trained nurses in the same way as accident cases do?—Clearly so; they are only permanent invalids.

25031. Is the divisional nurse, as you term her, responsible for her corridor?—She is responsible for the good nursing and good order of the corridor.

25032. How many wards has she under her charge; take an average case?—I am just trying to picture to myself a corridor. About 15 wards.

25033. This one nurse would have under her about 15 wards?—Yes.

25034. And how many beds would there be in each ward?—From four to six; some of them have only two.

25035. There would be about 60 or 70 beds under her; is that so?—It would not come to so many. I would prefer to find that out by the number of patients. We have 218 patients altogether. If we take away 38 from them, that would leave the female patients, who are the majority; and amongst those female patients there would be three day nurses, each having charge of one corridor; that is practically one-third; and one night nurse who, with two assistant night nurses, attend to the patients during the night.

25036. But with regard to the day nurses, you have got your divisional nurse who has, at any rate, about 40 beds we will say under her?—Yes.

25037. And she is the only trained nurse in charge of that corridor?—The only trained nurse in charge of that corridor.

25038. And do you think she can exercise a sufficient supervision over that corridor?—Clearly; we have experience of that.

25039. Do your nurses stay long with you?—Some of them a considerable time; we have some who have been there some six or seven years.

25040. And do you keep the same nurses in charge of the same patients, as a rule?—Yes, unless the needs of the house require a change.

25041. Then except on some extraordinary occasion, you would not take a nurse away from a patient?—No; the nurse comes to regard a

Chairman—continued.

patient as her patient, and the patient comes to regard a nurse as her nurse.

25042. Is there any nursing committee?—No.

25043. That is entirely in charge of the matron?—Entirely in charge of the matron and the medical officer.

25044. And would complaints be made to the committee by a patient with regard to the nursing, or to the matron?—To the matron.

25045. And then it is her duty to communicate it to the committee?—It is her duty to remedy it herself if the thing is within her own judgment and power.

25046. Does she give any account to the committee of her control of the nurses?—She reports to the committee all the changes that take place, with the reason of them.

25047. How many of these assistant nurses have you?—Thirty-one I think the number is.

25048. And who selects them?—The matron selects them.

25049. She engages them, in fact?—She engages them; she reports the engagements, and reports the dismissal or leaving, and what the cause of it was.

25050. And she has absolute authority with regard to these nurses?—Subject to reporting everything to the committee.

25051. But a nurse may be dismissed before the committee know of it?—She reports giving notice; but a nurse may be summarily dismissed for misconduct, and the committee would then hear of it after it was done.

25052. I mean to say, is there any possibility of appeal by the nurse to the committee?—The thing, practically, does not happen.

25053. Have you any isolation wards?—We have one ward on the male side which we call the cubicle ward; it is divided part of the way up by strong partitions, and a separate space private from the rest can be allotted to the inmate. They are fixed cubicles. On the female side, the more general practice is to separate a patient that requires separation as best it can be done. There are rooms which hold only two, and sometimes a patient is relegated to one small room, if need be; and then screens are in use in the house frequently. In speaking of nurses, might I add in regard to our men patients that with the exception of the female trained nurse who has charge of the nursing of the men, they are attended to by men attendants.

25054. And what are they generally, commissionaires or old soldiers?—Mostly old soldiers, or persons who have been in lunatic asylums or public institutions of some kind.

25055. You mean trained, to a certain extent?—Trained, to a certain extent.

25056. Do you take in any patients who suffer from cancer?—Yes.

25057. And do they occupy a general ward?—We have no case of cancer at present, and it is very rarely that it occurs.

25058. Would the committee put it in the general ward if such a case occurred?—When the cancer became clearly developed we should remove it into a separate room.

25059. Would you tell us what your medical staff is?—The medical man who visits the hospital

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[Continued.]

Chairman—continued.

pital is Dr. Woodhouse. His duty is to come to the hospital every week day, and at any time, week day or Sunday, day or night, when special services may be required of him.

25060. Then you have no resident medical man?—No resident medical man; there would not be employment for him.

25061. And this one gentleman is at the beck and call of the hospital when required?—Yes; and besides that, a consulting staff and specialists, whenever occasion requires, are called in.

25062. You have a number of men on the consulting staff?—Yes. Your Lordships will see them on the list before you.

25063. Is it a fact that the patients suffer much from bed sores in your hospital?—Not very much; we have occasional instances of bad bed sores, but the cases are quite infrequent.

25064. Very infrequent?—Very infrequent indeed. In some cases bed sores have been got rid of entirely by the care bestowed upon them, but there are certain cases in which it is impossible to avoid bed sores—in bed-ridden cases and cases of great attenuation. I mentioned that we had now one case of bed sores, a patient named Miss Lewis.

25065. You mentioned just now that you have a steward; what salary does he receive?—He receives 150 *l.* a year, and board and lodging.

25066. What are his duties?—His duties are to take in all provisions, and account for all provisions, and to issue them. His duties lie altogether with the male staff, the porters and the male attendants.

25067. Does he receive the provisions?—He receives the provisions.

25068. Do you get your food by contract?—By contract.

25069. And who makes those contracts?—What we term the finance committee.

25070. Do you advertise for tenders?—No; we send to a select number of tradesmen.

25071. Who chooses those tradesmen?—The choice of them has the sanction, of course, of the finance committee, and I may say that we select those who have been named to us at one time or other, or have, at previous times, served the institution fairly well. We are willing to take in any new name, but experience goes extremely against our issuing tenders broadcast, and then, taking a person merely because he wants to supply the institution. We have found that people have an idea that certain goods will do for us, because we are a public institution. We insist the other way, and are, if I may say so, extremely particular in getting the conditions of the tender observed.

25072. Now, for instance, has the contract for meat been in one man's hands for a long time?—It has been in the last man's hands for some few years. Previously to that, it was in the hands of another man and this man alternately.

25073. And the making of those contracts is done by the recommendation of the finance committee?—Entirely.

25074. But then, if you do not advertise for tenders, do you ever compare the prices you pay with the prices paid by other institutions?—We have done so, but not very frequently, because we are our own judges in the matter, and we

Chairman—continued.

have every reason to believe, at least we have good reason to believe, that the tenders are genuinely put in.

25075. But then, if you do not advertise for tenders, and do not compare with other institutions, how can your committee be satisfied that there is economy?—May I say that some little time ago a new man was proposed to us by the treasurer of a large institution in the city, and from the prices that he gave for meat we were induced to send him a form of tender. The first time he did not send in at all; the second time his prices were greatly in excess of what we had been in the habit of paying; we concluded that he had come to know that we required good things, certain things which perhaps would not be, as a rule, supplied to a public school, and he was out of it in price.

25076. Now do any of your committee of the board of management ever inspect the food?—Yes.

25077. How often do they inspect the food?—Occasionally, not at any stated times; they go and see the stores.

25078. I mean this: does any gentleman who acts as visiting governor ever go into the wards at any time and see the food?—Yes; we have known it done several times.

25079. And has he found everything satisfactory?—No, not always. He has seen things to be remedied.

25080. Do the patients complain of their food very much?—Not very much; but we do occasionally hear of complaints, as, I presume, is the case almost everywhere.

25081. As regards the diet, there is a variety of diet, I suppose; the doctor orders special diets in some cases?—The medical officer, Dr. Woodhouse, orders all sick and special diets.

25082. Who sees that they are carried out?—He writes them on a card which is attached to the patient's bed, and it is the duty of the divisional nurse to see that those things are given to the patient. She requisitions the steward, and they are sent up for the patient's use.

25083. Then the responsibility for the diet, or the change of diet, rests with the medical officer?—It rests with the medical officer.

25084. Therefore supposing a certain diet is kept on for too long a period, that is his business?—That is his business, but we expect the doctor to revise his lists about once a month, at least.

25085. Does he do so?—I believe so.

25086. Who knows what exact diet is being ordered; do the committee see that?—They will see in the provision book everything put down; wine, for instance; the wine and the spirits and the kind of wine are allowed each a column in the provision book; and besides that, the committee, being a little jealous of the administration of spirits, have the whole thing brought down and separately accounted for in the provision book.

25087. Then with regard to vegetables, have you a kitchen garden?—We have a large kitchen garden.

25088. Does it supply all your wants?—Not quite; it does not supply sufficient potatoes; it supplies a large quantity of fresh green vegetables, and the rest we have to buy.

25089. Do

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[Continued.]

Chairman—continued.

25089. Do you estimate in your accounts the value of those vegetables that you supply from the grounds?—We put down in the account under the head of “housekeeping” the amount expended in getting the produce of the farm. We call it the farm; of course, it is a small thing. When we have the proper number of cows we have 10, and that is nearly sufficient for the wants of the house, because the steward is not allowed to mix any water with the milk to eke it out.

Earl of Kimberley.

25090. You do not give the patients much milk diet, I suppose?—Sometimes the doctor orders milk rather freely.

25091. With 10 cows and 218 patients, it could not be a large quantity?—Our cows now are yielding 16 quarts a day each cow.

Earl of Lauderdale.

25092. Are all 10 cows in milk at the present time?—Eight at present.

Earl of Kimberley.

25093. Do they supply you with milk only, and not with butter?—Not butter, milk only. We find that the place is very well supplied with milk.

25094. When you say 10 cows, you mean 10 cows actually in good yield?—Yes.

Chairman.

25095. The great proportion of your patients are women, because they are about 180 as compared with 38 men?—One hundred and eighty against 38.

25096. Has it ever occurred to the committee that it would be well to have female visitors or a female committee?—It certainly never has.

25097. Have you ever had the suggestion made from outsiders?—We have heard it made.

25098. Have you ever heard the wish expressed by a patient for a female committee or female visitors?—Not that I can remember.

25099. Because obviously there are a good many things that a woman would hardly like to complain to a man about?—Naturally. We have, as I already hinted, a good many lady visitors. The house is freely open; no order is required, not even that the person should be a subscriber.

25100. But then a person walking into a hospital which is an incurable home, cannot possibly tell anything about what goes on in the institution, can they?—May I say that they often know a very great deal, and sometimes (I say this without wishing to make any reflection) by their rather injudicious way of carrying on with the patients, they produce complaints which have very little foundation. Some of our patients are a little injured by over-sympathy.

25101. But then at the same time you would do away with that evil if you had official female visitors. I think it would be very disastrous indeed to have a ladies' committee. A thoroughly competent matron, a skilled woman such as we appear to have now, would, in all probability, not at all please a ladies' committee.

25102. Why not?—In the nature of things it would be so. She has skill and knowledge of her own, which no ladies visiting could have;

(24.)

Chairman—continued.

and the tendency most probably would be to attempt to, may I say, coerce the matron, and to produce a state of things which would be very undesirable indeed.

25103. Then you think that a large number of ignorant lay governors is preferable to having an intelligent female committee?—I cannot admit that the lay governors are ignorant.

25104. Do you think that lay governors can form any opinion, beyond checking the accounts, in regard to these complaints?—Would not ladies be lay governors too?

25105. But I am speaking of the female side of the institution; would you think that the male lay governors are capable of investigating female complaints?—Most clearly there is a very great limit to the investigation of female complaints; but we are very fortunately placed in having very competent people about us; and there is always the salutary expectation, fear, perhaps I may say, of public opinion. Our place is open as the day, and if things went wrong we should not only have complaints but scandal.

25106. Have you got your balance sheet, your accounts of receipts and expenditure?—Yes (*producing the same*).

25107. What was your expenditure last year?—The expenditure is divided into heads. The expenditure upon the hospital, leaving out shillings, was 12,999*l.*; the expenditure upon the seaside house at St. Leonard's, where 10 patients are accommodated, was 1,097*l.*; the amount of pensions paid was 11,129*l.*, outdoor pensions. Then, with regard to the total expense of management, perhaps the headings should be read to make it clear: rent and attendance at office, 331*l.*; salary and commission, and office and election expenses, 1,672*l.*, including clerks and collectors; printing and stationery, 294*l.*; advertisements, 227*l.*; postage, 178*l.*; travelling expenses, 37*l.*; professional auditor, 26*l.* 5*s.*; law charges, 42*l.* 4*s.*

25108. I do not think you need go through the rest of the details; what is the total under that head of expense of management?—£. 3,415.

25109. That makes the sum total of how much, about 28,000*l.*?—About 28,000*l.*

25110. And then your receipts?—The total receipts last year were 44,509*l.*

25111. You had a handsome balance; what funds did those receipts come from?—Annual subscriptions, 7,472*l.*; life subscriptions, 5,175*l.*; donations, 1,941*l.*; bequests, which were unusually large, 26,210*l.*; collections, 336*l.*; dividends, 2,657*l.* Some payments for cases (a few cases are taken on payment; they are the remnant of an old arrangement), 520*l.* Then there occurs a special item, “compensation for removal of cattle”; we had our cattle taken away because of the disease.

25112. That brings it up to 44,000*l.*?—That brings it up to 44,000*l.*

25113. You said, in mentioning your expenditure, that the expenses of salaries and commission, &c., were 1,600*l.* odd; does that 1,600*l.* include your salary, and the clerks and collectors?—Yes.

25114. Who gets this commission?—The collector gets a slight commission; it is not much; he gets partly paid in salary, and partly by a commission.

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[Continued.]

Chairman—continued.

commission. I may say that the collector is almost superannuated; he is now upon a kind of part-time allowance and work, having been with us nearly as long as myself.

25115. Does anybody else receive commission besides the collector?—No, they only receive salaries.

25116. You, yourself, receive no commission?—No commission.

25117. What is your property that yields a dividend of 2,600 *l.* a year?—I have a list here of the purchases of stock from the earliest period.

25118. It is from stock, not property in land or houses?—No, not in land or houses.

25119. Is the 26,000 *l.* odd from legacies exceptionally large?—Quite so. It arises principally under the head of one particular bequest.

25120. Have you any idea what the average of the last 10 years of your legacies would be?—I should not like to speak without book, but I should think about 10,000 *l.* a year.

25121. You mentioned just now a large sum paid away in pensions, about 11,000 *l.*; is that a system of out-door relief?—Practically it is, though we do not adopt the name. The original scheme at the very outset was twofold; it was to be a home for those for whom a home was most needed, and there was to be a pension of 20 *l.* a year (it was not quite that amount at the beginning) to persons in their own homes in London and the country.

25122. Any part of the country?—Any part of the country.

25123. How do they get these pensions; are they elected to them?—They are elected the same as the inmates; they are elected in one catalogue of names.

Earl of Kimberley.

25124. With regard to the complaints that may be made, as I understand the matron does not necessarily report those complaints?—Not if they are matters which she can arrange by herself.

25125. And if the inmates are dissatisfied with her mode of dealing with the complaints, they can apply to the committee themselves?—Clearly. I should myself, if a letter came addressed to the chairman of the house committee, not open it.

25126. From whomsoever it might come?—From whomsoever it might come.

25127. Now I gather from your answers to previous questions that your system is really that you put implicit confidence in the matron; there is no check on her at all?—There is the check of the control and oversight of the committee and of a report to the committee. The committee make themselves acquainted with all that goes on in the house; she is the servant of the committee.

25128. But I understood you to say, or I gathered from you, that you objected to a ladies' committee, because you thought that a ladies' committee would interfere with the matron. Therefore, I assume that your committee does not interfere with the matron?—She is the servant immediately of our committee.

25129. But I gathered from you that you objected to a ladies' committee, because you

Earl of Kimberley—continued.

thought that such a committee would interfere with the matron. I think I am right in saying that?—May I say that that is only a personal view. The committee have never had submitted to them an offer of service by ladies that I know of, except in very early days; not in the memory of many of our committee; they have never had submitted to them an offer which they have exercised a judgment upon and declined afterwards. I am merely expressing the impression which I believe prevails that a ladies' committee would be objectionable.

25130. But what I want to get from you is this: whether your opinion is that the matron ought not to be carefully supervised by any one, or whether your opinion is that a committee, such as you have, of lay governors, can supervise her better than a committee of ladies?—I think they could.

25131. And might I ask why; is it because they have better experience in the management of women patients than ladies could have?—No, I cannot admit that; but one must take the working of the house as it stands, and one must have the experience of years gone by to help; and it is upon that that the committee rely, and not upon a theory. They have had many years' experience of matrons, and they appeal to the general well-being of the house, and the comfort of the patients, and say that it is a scheme which answers well, and does not require such an intervention as has been suggested.

25132. Is it not sometimes the case that after the services of an official have been going on for a very long time, on the application of a little new life, things are not found to be perfectly satisfactory; after things have gone on in one groove for a long time, with perfect satisfaction, when a new eye comes does it not sometimes discover that all is not right?—I hardly know how to answer a general question of that kind.

25133. Is it not possible that that may happen?—Certainly, it is possible; and it is always to be expected that things will want mending, and that things going on in one groove will inevitably get wrong.

25134. Do you not think that if you had a ladies' committee they might very likely discover a good deal about the matron and the management that you do not now know?—I think very likely they would.

25135. Do not you think it would be very desirable that your institution should try that experiment; it might increase the confidence of the public?—I do not know what may be in your Lordship's mind upon the matter, but I do say, as I said just now, that it is proper, I think, to look upon the actual working of the thing, and inquire whether, considering the kind of patient you have, chronic invalids, and therefore with something of a predisposition to complain, it would be possible for a place to be very much better managed, or very much more free from evils than our own is, because we are open (as I have ventured to say more than once already) to the visits of everybody; and if ladies come and become acquainted with the patients, or hear things about the matron which they think ought to be inquired into, they will be treated, and their

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their story will be treated, with all possible respect, as it should be.

25136. The impression left upon my mind is, that you put implicit confidence in your matron?—Certainly not; not in anybody; but we have a very fair and a warranted share of confidence in her. I should be extremely sorry to say anything to lead to the impression that we thought we were perfection; on the contrary, we can only hope to be finding out things that require continual mending in some way or other.

25137. So that you think a committee of lay governors can well supervise the management of these female patients?—I think they can, with the help of the medical and professional assistance which they have. A medical officer is a privileged man with access to the secrets of the maladies, or supposed maladies, of all the patients, and with him at their elbow, and the matron and her staff of nurses, there is more likelihood of getting at the real way of treating patients, it seems to me, than by encouraging a number of ladies to come in and offer their opinion about the cases.

25138. You do not think their opinion would be much worth attending to if it were against the matron's?—You are rather driving me to conclusions, which I am not answerable for. I say, that taking the institution as it is, and submitting its management and the details of it to any impartial person, and satisfying all reasonable inquiry, the thing would be found to work as well as could be expected, and much better than might be hoped for by the introduction of a ladies' committee to control the movements of the matron; because, I think, the ladies would not get a first-rate matron to submit to them.

25139. I cannot help thinking that it comes to this, that in your opinion you ought practically to place yourselves in the hands of the matron, because if anybody supervised her she would not submit to it?—No, I did not express myself so.

25140. I understood your opinion to be that if you had supervision of the matron by such a committee of ladies she would not submit to it?—Yes, that is my opinion.

25141. Then your practice is to appoint a matron whom you consider a good matron, and then to put implicit trust in her?—I must demur to those general and comprehensive terms.

25142. You do not think that it does amount to that, when you say "implicit" confidence?—We put implicit confidence in nobody, but we have very great confidence in the matron; she has faults like everybody else, and these faults, like other people's faults, are capable of being mended. We are getting very good service out of her, nevertheless.

25143. I understand that you do not theoretically put implicit confidence in her; but practically is it not the case that you do act as if you had implicit confidence in her?—I do not see how implicit confidence can be inferred when the matron is made to report all her actions to the committee, and to justify them, and to be interrogated upon them.

25144. What guarantee have you that the matron does report all things to you?—This is what is really done. She keeps a daily journal,

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Earl of Kimberley—continued.

in which the events and incidents that happen in the day are put down; and I suppose she is like a trusted officer in any other place. You place a very great deal of confidence in such people, and when you find out that the confidence is misplaced, then you find fault and think differently of them. It is a very considerable responsibility that attaches to her post. We have crises happening in that house; we have sudden accessions of disease, and things which require great presence of mind and skill, or we might almost have sudden death occasionally; and she is a woman of resources. She is there, she can be called, and can be at the bedside at any moment in the night or the day in the case of something happening; and she must needs have knowledge of a greatly superior kind to the lay ladies who might be deputed to form a committee; and she would not be likely to submit her better knowledge to their less knowledge. If she is wrong, consequences will happen.

25145. Does the matron make regular visits to all parts of the institution, day and night?—Yes, she visits the patients; she sees them all in turn, but not at stated times.

25146. Does she sometimes visit the hospital at night?—She is often round at night and about with serious cases; but the nurse who has charge of the night nursing, the divisional nurse, is herself a trained nurse; and she is generally selected because it is a duty which requires rather more confidence to be reposed in the nurse chosen than in the day nurses. We have three nurses including the divisional nurse who are all night in attendance going to and fro, besides a male attendant, who is the night attendant and who is up all night on the male side.

25147. I think the matron is the principal officer who has control and management apart from the committee of the institution?—Yes, the principal resident officer.

25148. In the abstract, except when the committee attend or have business to do, she is really the responsible person?—Clearly so.

Lord Clifford of Chudleigh.

25149. Does the medical officer make any reports to the committee upon the management of the hospital?—He makes a professional report on the general state of health and upon the particular cases that are upon what we term his sick list. With regard to the general management of the hospital he is not asked, in a regular way, to report. Everything that comes under his notice he might report upon; for instance, bad food he would report upon if he heard of it.

25150. Would patients be likely to make any complaints to him as to the treatment they receive at the hospital?—I do not know whether they would or not. He is a man that has their confidence; he has been 20 years there.

25151. You have known of no instances of that?—I do not call any instances to mind of complaints having come formally and officially through him.

25152. I want to ask one question about the ladies' committee; is one of the objections to it that a ladies' committee would not be likely to use a wise supervision over the matron, or is it that the matron would object to any supervision of

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that kind?—I think the general opinion of the committee is that it would not work well for the welfare and the harmony of the house.

25153. That is not quite an answer to my question; my question is what is the reason of their thinking so; is it that they think the supervision would not be a wise one, or is it that any good matron would resent any supervision by a committee of ladies?—One hardly ought to pledge the committee to an opinion on a general question of the kind that has never come before them. I think you see the difficulty of one's position in answering a question put in that way. The committee has not, excepting in an instance where a suggestion was made many years ago, had the matter before them in a form in which to exercise their judgment upon it. My impression is that they believe it would not work, but I should be wrong in conveying the impression that that is the expressed and decided opinion of the committee; it would be altogether wrong for me to let that go forth from this room.

25154. What is your own opinion?—My opinion is that it would not work well, for the reason I have given, namely, that in matters of nursing, and particularly those things which your Lordships have referred to here, as proper for the supervision and inquiry of women, their knowledge would be very inferior to that of a trained nurse, and still more inferior to that of a trained nurse and a medical man together. Then, too, their suggestions might clash with the views of the matron and the medical officer. Ladies are extremely prone to make suggestions which are not always the most appropriate or suitable.

25155. Then the medical man does not interfere at all with, he exercises no supervision as to, the matron's management of the hospital?—I do not quite follow.

25156. I asked you just now whether the medical man ever gave any report as to the management of the hospital, except purely medical ones, and you told me he did not?—He gives only a professional medical report; the committee hear anything he may have to say, but he is not called upon to report upon the general management of the hospital; it is hardly in his business to do so. He does express an opinion; he says it is very splendidly managed.

25157. Do you think that it is possible for a wise supervision to exist by persons who have less technical and detailed knowledge than the person they are supervising?—It would produce a very great difficulty, I think, in the nature of the case, and a difficulty which one would not see one's way through at all. The matron has under her charge all these people with extremely various maladies and many different peculiarities which have to be studied. She has to study very carefully how she places even a single new patient that comes, where her room is to be; and she says to the committee, "I think the best plan is to place her so and so," or "I have temporarily placed her so and so." That is according to her experience and knowledge of the different cases. A ladies' committee, particularly if a new patient happened to be a little hysterical and attractive and gained everybody's ear, would perhaps, have a little different opinion, and try

Lord Clifford of Chudleigh—continued.

to enforce it against the better judgment of the matron.

25158. Does it not come to this, that it is your opinion that the supervision of the ladies' committee would go into detail instead of being confined to judging upon broad principles?—Most probably.

Earl of Kimberley.

25159. If the medical officer saw anything that he thought was an abuse in the house, would he report it to the committee, something apart, I mean, from medical treatment?—I have no doubt he would. I should say that as a gentleman concerned with the interests of the place, he would report it.

25160. Though you are so well satisfied at present, it might happen that abuses crept in, but if they did do you think he would report any abuses?—I think he would; but I object to its being said that we are "so well satisfied."

25161. Now does the medical officer attend in any way to the sanitary condition of the house, apart from the actual treatment of the patients; would it be his duty to attend to the sanitary condition of wards and the house generally?—The sanitary condition of the house generally is the duty of the steward, who is particularly entrusted with the health relations of the house.

25162. Has the steward any experience in such matters, any special knowledge of such things?—He has a very good general knowledge as to drainage.

25163. With regard to the condition of the ventilation of the wards, who would report upon that?—It would not be specially reported upon unless there was something which happened to bring up the subject of the ventilation of the wards.

25164. But who is the person in the house that you consider responsible for seeing that the wards are properly ventilated?—The matron principally.

25165. Is she experienced in the matter of the construction of wards and the ventilation of wards?—Yes.

25166. Would she consult the medical officer upon the question?—She would, if she thought fit.

25167. Only if she thought fit; do you mean that the medical officer would not, if he thought the wards imperfectly ventilated, consider it part of his duty to make a report about it?—He would probably speak to the matron about it, and the thing would be remedied. If he thought there was anything faulty in the construction of the wards or in the habits of the patients which tended to lessen the ventilation, he would bring it to the notice either of the divisional nurse, whom he sees every day, or to the matron, or if nothing could be done he would bring it to the committee.

25168. Now with regard to the drains; that is left to the steward, you say?—That is the steward's business.

25169. Is the steward a sanitary engineer?—No.

25170. Has he any experience beyond that which any person who looks at drains occasionally has?

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has?—He is a man of very excellent judgment in those matters.

25171. I want to know whether he has any knowledge at all of such matters?—Not as an engineer; we should consult our architect if the drains wanted revising.

25172. Who is responsible for seeing that this drainage is all in good order from day to day?—The steward.

25173. And does he inspect it constantly?—Yes, he has it coming continually under his supervision.

25174. Has he any knowledge at all of the mode in which a sanitary engineer inspects drains?—He has.

25175. Does he inspect the drainage in the way in which, if you called in a sanitary engineer, he would inspect it?—I cannot quite answer that question, but if he found anything beyond his power to discover—

25176. You must know enough about the present system of the inspection of the drainage of houses to know that there is a regular process by which drains are inspected, and by which it is ascertained whether they are in working order. I want to know whether your steward inspects them in that way, or do you know what he does?—I do not know the actual things that he does, but I do know that the drains are ascertained by him and known by him, soil pipes and all that, to be in a clear and efficient condition, and that he sees that they are. I do not know what further he does.

25177. Is it long since the house was built?—We have been there since the year 1863; and there have been different drainage works carried out as parts have been added to the building; those drainage works have been designed and carried out by the architect constructing the building.

25178. Is he a sanitary engineer?—He is an architect.

25179. Do you think he knows anything about sanitary engineering?—I think a great deal.

25180. As much as an architect does generally?—Yes.

25181. That is nothing. Have you ever thought that it might be desirable, merely as a security, to have a yearly inspection, such as many people have of their private houses, by a sanitary engineer, merely to see that your drains are in good order?—No, we have not.

25182. Do not you think that that would be a security, and a good plan?—Possibly. We have our machinery overhauled year by year in that way.

25183. Have you ever had an outbreak of diphtheria in your house?—No.

25184. Or any infectious disease?—One case of typhoid some time ago, but I believe that is not considered infectious.

25185. You have not had any serious outbreak of any kind?—No. We have had two or three cases of influenza this spring; only three cases amongst the staff; no cases amongst the patients.

25186. Is your staff of nurses in good health as a rule?—Yes.

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25187. Have you any map or plan of your drains?—Yes.

25188. Which you keep up to date?—Yes.

Earl of Kimberley.

25189. How do you get your water?—From the Southwark and Vauxhall Water Company.

Earl Cathcart.

25190. Considering the special nature of your institution, that it is an institution for incurables, do you find that that causes a depressing influence over the patients and the staff generally, and the servants?—I am almost fearful of being thought to be a confirmed optimist, but I may say that our house is a very cheerful house. I should be extremely glad to take your Lordship, or any of your friends, over the place, to show you all the patients.

25191. You mentioned some difficulty that you had in regard to your seaside home; what was the difficulty there?—I mentioned that there was a case in which some of the patients complained about the matron.

25192. What exactly did they say; what was the complaint?—The complaint was chiefly on the score of her being not of a very good temper, and things were said about her being away from the premises.

25193. And what is the name of the matron?—Mrs. Morfee.

25194. Has she been long there?—Three years.

25195. And has there been an inquiry?—There has been an inquiry by the committee.

25196. Did the committee examine the patients who made the complaint?—Will you let me say that in this particular case certain patients thought fit to write letters to individual members of the committee, or rather to, I think it was their wives, on the understanding, and with the hope that they would not be asked personally to give evidence, they being persons who were ill.

25197. They wrote to the wives probably because they thought that women would be more sympathetic in such a case than men?—Probably they did.

25198. If they wrote to the wives of the committee, instead of to the committee themselves, they probably thought that women in such a case would be more sympathetic than men. And what was the result of the inquiry by the committee?—The matron came up to the committee, she was told the nature of these complaints, and her explanation was given. The particular request of the patients, that they should not be named in the matter, was respected by the committee; and under those circumstances all that they could do, and what they did, was to give the matron to understand very explicitly the lines on which they expected their institution at St. Leonards to be managed and conducted.

25199. Did they reprimand the matron, and tell her that she ought to be kind and gentle to the patients?—They reminded her of the intention of the place; that it was to be, if I may be allowed to say so, a place of rest and recreation for the inmates, and that they expected it to be

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conducted entirely in accordance with that idea; but with the complaints in a sort of way unproven, without any evidence being tendered which could be tested in any way, the committee felt that that was as far, on that occasion, as they could possibly go.

25200. Have there been any subsequent complaints, subsequent to that inquiry. About when was that inquiry?—About two months ago.

25201. Have there been any complaints, subsequently?—Nothing, but what relates to that state of things.

25202. I understood you to say that you thought a matron was the proper channel through which complaints ought to come to the committee; do you think that the matron would be a proper person to bring complaints against herself?—I do not think that is what I said. I said that the patients themselves were perfectly free, and were expected, in case of grievance, to address the committee, passing the matron by and addressing a letter to the chairman of the committee.

25203. But supposing the seaside patients made complaints to this matron, do you think there would be much prospect that this matron would bring them to the committee?—That is a question I can hardly answer.

25204. Have you a personal acquaintance with her?—Yes.

25205. Has she pleasant, gentle, and amiable manners?—Yes; she was selected from others by recommendation; she was a stranger before she was selected; there was no previous knowledge of her.

25206. I will change the subject. You are aware that lady visitors in hospitals are not supposed to interfere at all with the discipline and management of the hospitals, but are supposed to go there to read books and comfort the patients; and that is the case at your hospital; there is a general understanding that when they go there it is not to interfere with the discipline, but to comfort and instruct and read to the patients?—To read to the patients and be a comfort to them is doubtless the first reason why they are welcomed there; but if the patients choose to confide in them (and it is very desirable that they should be on such terms), the ladies receiving such confidences are perfectly free to see into the matter.

25207. Do you tell me positively that ladies who did interfere with the discipline and receive complaints would not be snubbed and have their visits stopped; is that your impression, or is it not; I will take your answer, yes or no?—May I ask what the question is again.

25208. The question is, do you mean to say that if ladies went to your institution and acted otherwise than in merely instructing and comforting the patients, if they interfered with the discipline and asked questions about diets and other things, their visits would not be discouraged?—Certainly not, we should not discourage them.

25209. And you think that on the part of the matron, and on the part of others, if ladies were known to come in to make inquiries into diet and discipline, the visits of those ladies would

Earl Cathcart—continued.

not be discouraged?—I do not see why they should be.

25210. I ask you yes or no; you can answer the question, and I will take your answer?—I do not know that I can. We have not any case in point. These general questions are very difficult to answer.

25211. I merely asked you for your opinion; I will take your answer?—They would not be discouraged. If there was anything like what your Lordship is pleased to call interference, any undue interference with the discipline of the house ought to be discouraged; but a reasonable and proper way of making complaints and hearing what the patients have to say would not be discouraged.

25212. Now supposing that such a visitor as Miss Twining came to you as a lady visitor, she being so experienced a person, would not any observation that she might make be of the greatest possible use to your committee?—Possibly it might, but as I have said before, the committee have taken care to provide themselves with a person in whom these requisites are, to a great degree, found without disparaging anybody else.

25213. You do not hold with Miss Twining's opinion when she said that she would think nothing of a matron who disliked a ladies' committee?—Miss Twining is welcome to her own opinion.

25214. Please answer my question; you do not agree with Miss Twining, or you do?—I do not agree with her, certainly.

25215. What is the name of the matron of the main institution?—Mrs. Linicke.

25216. Why should your committee have chosen a German when there are hundreds of English ladies qualified for the post?—Mrs. Linicke is an English woman by nation, although a German by birth.

25217. Was she brought up in Germany?—Yes, I think so; I am not acquainted with her history. She has been many years in England; she was at Sir Patrick Dunn's Hospital, and I think previously to that she was the matron of a school for children of missionaries.

25218. Can you give us any reason why she, being a foreigner, was appointed to that post; is there any particular reason why the committee appointed her?—Because of her apparent qualifications and the recommendations that she had.

25219. Were there a great many candidates; was she selected from a great many candidates?—No.

25220. Then why did you not invite a great number of applications?—This lady was introduced as a person who desired to be a candidate for the place, and the committee, having seen her and heard all her recommendations, appointed her.

25221. Whom was she introduced by?—Mainly by a gentleman of the committee, Mr. George Frederick White, who had known her.

25222. Did you advertise for candidates?—I think not at that time.

25223. Was Mr. White a very influential member of the committee?—He is an influential member of the committee; he is a very good friend of the hospital.

25224. What

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25224. What knowledge had Mr. White of this lady; had she ever been in his service in any way as governess or anything?—I believe she had been in his family as a governess at one time.

25225. To take care of his little children?—To educate his daughters.

25226. And she had given satisfaction in that position?—I cannot say.

25227. But if she had not given satisfaction in that position, Mr. White would not have recommended her for the post of matron?—I cannot say what Mr. White might or might not have done.

25228. I want from you yes or no; did Mr. White really nominate and appoint this lady?—No.

25229. Or was he instrumental in appointing this lady?—He was only instrumental as a member of the committee in bringing her forward.

25230. And was she a young person at that time?—Her age, we understood, was 45 at the time she was appointed.

25231. But you, yourself, now cannot suppose that a German woman could have the same taste, instinct, and everything else, and the same sympathy that an English woman would have with English women?—She was long resident in this country, accustomed to English society and to English ways, and it was not considered that her origin should be a bar to her appointment, if her appointment was in other ways desirable for the sake of the institution.

25232. But you did not advertise, and did not call in any candidates beyond this one lady who was nominated?—I cannot call to mind at this moment the circumstances.

25233. Please brush up your memory; I want to know?—I am being asked questions on the sudden, without having any idea what questions would be asked. I believe there was no advertisement at the time; that the committee were desirous of filling the vacancy with an efficient person; that they were quite aware that, in answer to advertisements, they would be very likely flooded with persons who were not efficient, and so on.

25234. If anybody said that this lady was a terrible person with a terrible temper, they would be saying that which was not true, would they?—They would be saying a very improper thing indeed.

25235. I ask you whether it would be totally untrue if such a statement were made?—No doubt the lady has a temper, as other ladies have; but, I think, for it to be said that she was a terrible woman with a terrible temper would be a libellous thing.

25236. A wrong thing to say?—A wrong thing to say, certainly.

25237. But the lady was a lady with a great deal of temper; I understand from you that she has exhibited temper on many occasions. I will take your answer, whatever it is; I understood, from what you said that she was a lady who did exhibit a great deal of temper?—Yes, she can exhibit temper.

25238. Have the patients made complaints of the matron's temper to the committee?—A com-

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plaint was made some time ago by one of the patients, certainly.

25239. How long ago?—Two or three years ago.

25240. What was the nature of the complaint?—That the matron spoke violently to her.

25241. What did the matron say?—The matron admitted it, and pleaded an extremely irritating cause.

25242. And do you say that during the two or three years since then the matron has not lost her temper with the patients?—I am not there to see, and do not visit the house.

25243. But, within your knowledge, has there been complaint of the matron having lost her temper with the patients since the period you refer to, either through outsiders or to the committee direct; have there been complaints made by the patients of the matron's temper. (*After a pause*). I ask you for an answer, yes or no?—May I ask, do you mean have the patients complained to the committee?

25244. Have they complained through outsiders to the committee, or have they complained direct to the committee of the matron's temper since that period when she was reprimanded?—I can hardly call any case to mind. I know of one case in which I believe the matron has had occasion to be a little sharp with the patient; I believe, in one case, but I do not know any other.

25245. Do not you think that with incurable people, and people in that position, a matron ought to be a person firm but of a fine temper, and not one to lose her temper with such patients?—It is very desirable to have a person like that.

25246. Are you, then, prepared to produce the matron's diary, or is she going to produce it herself, for the last few years; you told us that the matron keeps a diary?—She keeps a journal.

25247. That journal can be produced?—If it is desired.

25248. If it is called for?—Yes.

25249. And is that document very fully entered up; does it go into circumstances; you have seen the book, have you?—I see it every week.

25250. Does it go into all the details of everything that goes on?—Not into all the details.

25251. But it goes into details at some length?—At very fair length.

25252. Is it a diary that would give their Lordships an idea of how her duties are conducted?—I should think so.

25253. Is there anything in the nature of a defaulters' book of the nurses kept?—No.

25254. Any record of offences committed by the nurses?—No. Any offence committed by them would be dealt with as a mistress deals with her servant's faults.

25255. It would be dealt with by the matron, you mean?—By the matron.

25256. Off-hand?—Off-hand it may be.

25257. Perhaps in a passion, if the lady is, as you say, a person or rather infirm temper. Have there been any complaints from the nurses that they had been treated in a high-handed manner by the matron?—Scarcely any. There was one

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the other day, that the matron would not let her go out at a certain time, but I have not really known of more than one or two incidentally happening.

25258. But if a nurse did complain of the matron, or was thought to be about to complain, she might be dismissed without the matter coming before the committee at all, might she not?—I do not know that that would happen.

25259. Do not you think that as, in other hospitals, there ought to be a defaulter's book of nurses, a record of offences by nurses, and how they are dealt with?—Possibly.

25260. And do not you think that somebody else than the person actually brought in contact with the nurse should adjudicate upon it?—I am not sure of that, because if the matron's fair authority is to be upheld, the nurses must feel in a proper manner towards her.

25261. Have you ever heard complaints of the matron in regard to the disposition of disagreeable cases, and even dying people alongside of others, that the arrangement has not been satisfactory to other patients; I refer to scrofulous cases, and other disagreeable cases, and cases of dying people; that she has placed them in a bad position; and that the classification of the matron was not judicious?—No; no complaints that I know of.

25262. You told us that the matron is responsible for the classification of the patients?—Mainly responsible.

25263. Do not you think that would be more the duty of a resident medical officer than of a matron?—If the medical officer saw that the patient was in such a state that he or she should be separated, he would give orders to that effect.

25264. Now in regard to the food, there are constant complaints of the food; is that so?—No, not so; there are not constant complaints; there are occasional complaints.

25265. It is only natural that with many incurable cases of that nature there would be many complaints, that appetities would be capricious and all that sort of thing; but you say you do not receive complaints?—We have not recently; the last complaint (and that was not a specific complaint) being as to New Zealand mutton. That the meat was discoloured was the complaint, and the committee have discontinued receiving it; they do not tender for it at all.

25266. But considering the number of your incurable patients, may it not be that complaint is natural?—I cannot tell.

25267. Do you think it is so?—I have no reason to think that they are in the habit of making them.

25268. Why do you have men nurses; there is a reason for that, no doubt?—Because it is more fitting more suitable. The cases are very heavy and require strength; and it is thought more fitting that they should have all these offices to do about people of their own sex; but as I have said before, the nursing of the male side is under the immediate superintendence of a trained female nurse.

25269. So the men nurses are mainly employed because of the lifting of heavy patients?—Lifting, and other offices.

25270. Have you not complaints of the women

Earl Cathcart—continued.

nurses being weak and unfit to lift the female patients, and causing suffering to those patients; have your committee received any complaints of that nature?—I think not; I do not remember any.

25271. Would not those be the sort of complaints to which lady visitors would particularly attend, as being more sympathetic?—The matron ought to be as good a judge of that as anybody else if she is up to her work.

25272. Are you of opinion that there ought not to be a resident medical officer?—Clearly.

25273. And for what reason?—Because he would not find work enough to do.

25274. You have 218 patients, I think you told us; assuming that you have 200 patients, and that the doctor gave to each of them five minutes a day, I think that would make 16 hours and 40 minutes?—He is not required to see every patient every day. The cases are of that chronic nature that the actual ailments, in many cases, are so few and far between that medicines are not so much required. A case of chronic paralysis or chronic rheumatism does not want to see the doctor every day. But nevertheless the doctor sees every patient once a week; every day he sees all the patients that he thinks he should see, or that desire to see him, or that the divisional nurse wishes him to see.

25275. It is quite contrary to all evidence that we have received here before to-day to suppose that 218 patients would not require a resident medical man; you are against the world in that respect; and you mention emergencies constantly occurring which the matron has to attend to; surely those should be treated by a medical officer?—When your Lordship says it is against the evidence of the whole world, I understand that what is in your mind is hospitals generally. Ours is not of the nature of a hospital; it is an asylum, more like a large almshouse.

25276. But with 218 patients you are not of opinion that there is sufficient work for a resident medical officer?—I am clearly of opinion that there is not work enough. Our people get what any person in a private house, and with command of money for medical fees, would get himself or herself, a visit whenever necessary and general inspection, so that the case is always under the doctor's purview more or less.

25277. What do you pay your medical officer?—£. 200 a year.

25278. You could get a resident medical officer for 200 £. a year. Was your medical officer nominated by a member of the committee or selected after an advertisement for candidates?—There was an advertisement, I believe, about 22 years ago, and he applied voluntarily; he was not known, I think, to any member of the committee.

25279. This is a most important point; do not you think that a resident medical officer would be a very valuable check upon your matron; please answer me yes or no?—I have no experience of that kind of thing.

25280. But I asked you for your opinion; you have been there many years, and you must be able to form an opinion one way or the other. Do not you think that a resident medical officer would

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would be a valuable assistant and an important check upon the matron?—I think that in a place like ours (and it is not to be compared, as I have just said, which seems to be done, with general hospitals, where you have cases of accident and active disease) a medical officer would not find employment for a great deal of his time.

25281. Not with 218 patients?—No; he certainly would not.

25282. The absence of bed sores is a test of skilled nursing, is it not?—You are almost asking me a professional question.

25283. But having been there 20 years, you must have a good idea on the subject?—I have this idea, that bed sores can be in certain cases mitigated, but in certain cases they appear to defy the skill of the medical officer.

25284. Have you every sort of proper appliance in the way of water and air beds to prevent bed sores?—Yes, water beds for all patients as soon as they are found to require them.

25285. Have you at this moment a number of cases of bed sores in your hospital?—Personally, I only know of one reported as having bed sores, a person named Lewis.

25286. Are the bed-sore cases mentioned to the committee every week?—The doctor mentions them in his general report, and says what he thinks is necessary.

25287. They are not filed?—They are reported verbally, but he keeps a history of every case and its treatment in his own book.

25288. Is that book summarised?—It is under the different cases. He has the history of every case that comes in, and its treatment.

25289. But he makes no written report to the board?—He makes no written report to the board.

25290. Is not that rather a loose way of transacting business?—The cases are well known, and those reported as ill on his sick list are mentioned, and special cases are mentioned, and his report is taken down in writing by myself in the minutes of the house committee.

25291. Does he report once a week, on the board day?—Once a week.

25292. Would it not be better if he made a regular formal report, which was filed, or a report in a book, for the information of the committee?—It might be desirable; however, there is a great deal of sameness in the reports.

25293. If you had a resident medical officer you would expect him to make a report. Does your medical man take outside practice besides?—Yes.

25294. And supposing one of his private patients wanted his assistance in a labour case, the hospital would have to wait till he had got his labour case over?—No; he has a partner whom he could send.

25295. Do you see one partner one day and the other the other day?—It is very seldom that the partner is required to come.

25296. But the doctor has other work out of doors?—He has his general practice.

25297. And you think that in an institution with 218 beds it is a better plan to have an outdoor doctor, with a general practice to look after?—It is found to answer very well at the house.

(24.)

Earl Cathcart—continued.

25298. Who has found it to answer well, the committee?—The committee, who are in a position to judge.

25299. Now, with regard to visits, I gathered from you that the visits of the committee to the dinners were not habitual, but only took place occasionally?—Occasionally.

25300. "Occasionally" is how often?—They have not been in the dining rooms as a committee; individual members may have gone in.

25301. But the point is, that you appoint some members to visit during the week?—The house committee themselves visit as a body once in the week.

25302. How often do the house committee visit the dinners?—The times are so occasional that I cannot offhand give you an average.

25303. But how occasional are they; are they once a year?—Oh yes, oftener than that.

25304. Are they twice a year?—Quite twice a year, I should say.

25305. Do not you think that it is a serious neglect of their duty that they should visit the dinners twice a year rather than twice a week; do not you think that twice a week would be reasonable for the visiting committee?—I think it would not be reasonable; because that would be calling gentlemen from their homes, or from London, to do that which they would not have time to do.

25306. What distance are you from London?—About seven miles from the City.

25307. But have you no members of the board who live close to the hospital?—We have some, as I said before.

25308. Do they not come in to visit the dinners?—They have done it frequently; but they have done it as individual members.

25309. Is there any book in which these individual members record their visits?—They record their visits in the lodge book.

25310. And that book could be produced?—Yes.

25311. How often is the house visited by the visiting committee?—The house committee, once a week.

25312. Do they always go round the house once a week?—They do not always go round the house; they separate, and go about the house.

25313. But they are not conducted round formally by the matron to see every part of the house once a week?—No.

25314. Why do they not go round to the dinners as well on the board day; because they do not think of it; is that it?—It is not their practice, that is all I can say.

25315. Now, through evidence that has been given this year, we have heard of the importance of beef tea; do you take any precautions to ascertain that the beef tea is always up to the mark?—The doctor frequently tastes it; and then besides beef tea we have what is of the same nature, Brand's Essence of Beef, in rather considerable quantities.

25316. Do you ever inspect the meat supply yourself?—I have done so.

25317. Do you do so constantly, at regular times?—When I have done so it has been at irregular times.

25318. Do you consider it part of your duty to

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to inspect the meat supply and other supplies?—No, I do not.

25319. You leave it entirely to the steward?

—The committee, whenever they please, visit these stores.

25320. Are you anywhere near the hospital yourself?—You mean where I reside. I live about a mile from the hospital.

25321. Have you ever been sent for in any emergencies out of office hours?—I do not think I have; not in any serious emergencies, certainly.

25322. Have you had occasional complaints from the nurses of their food not being sufficient, and not being of good quality?—I have never heard of its being insufficient; I heard of the general complaint there was about the New Zealand mutton, which involved everybody in the house. It was not thought that that complaint was so extremely well founded as it was made out to be; and it was rather against the colour, and the mutton was changed.

25323. But do you mean to tell us that as a general rule the nurses have not been dissatisfied with their diet?—I do not think they have; we have not had complaints from them.

25324. Now you have correspondence and complaints through outsiders occasionally, that is to say a patient in the hospital will not speak to the matron or to one of the board, but will represent it or write to an outsider, who brings forward a complaint occasionally; have you had many cases of that nature?—One recently, and one I can remember some time ago. In the recent case the gentleman bringing the complaint was asked to come to the committee, but was first of all to give details and names, which he declined to do, and then he was asked to come and see the committee, which he also declined to do.

25325. And what was the nature of the complaint?—It was not made to me personally; it was made to a gentleman of the committee.

25326. It was not made to the committee as a body?—No, it was made to a gentleman of the committee.

25327. And did he bring it before the general body of the committee?—I must think on that point. Yes, he wrote, I believe, at first to a gentleman of the committee. Substantially it was brought before the committee. He was asked to be so good as to give his informant's name, which he declined to do; he said he could not do that; and then he was asked by this gentleman, who was resident in the neighbourhood, to come and see the committee, and explain what these complaints were, but he did not do it.

25328. The gentleman did not attend?—No.

25329. Now when there are all these roundabout ways of communicating complaints, does not it rather show to your mind that complaints are snubbed by the authorities; if people have to go so much roundabout to make complaints, does it not show that they have no particular direct way of making complaints?—They have a direct way; it is free to any patient to make a communication to the committee, or ask for anything to be investigated or seen into; but I do not infer that, because complaints come through

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visitors, who perhaps may be over sympathetic, therefore there are a large number of suppressed complaints; I do not think there are.

25330. But do not you think there is a general impression on the part of the patients that if they complain some one in authority will be down upon them?—I have no idea of that: I have no evidence of that.

25331. Now with reference to the water supply, there was a complaint about the water supply; about the quality of the water, was there not?—I do not remember any; we have had a better system of filtration for drinking water, but we have had no complaints of the general quality of the water.

25332. When did you get this new system of filters?—About six months ago, the new system. We had had a system in use for some years before that.

25333. Under the old system did they say that the water was nasty or stinking, or full of animalculæ?—No, I never heard of that.

25334. Why should you get a new system of filters?—It was very much insisted upon by a gentleman of our committee; he was particularly strong on the subject of water and filtration.

25335. Who was the gentleman?—His name was Mr. Seaman.

25336. Is he a professional gentleman?—No.

25337. What did he say; that the water was foul?—That it was not properly filtered, that the system was imperfect.

25338. Did he say that the water was cloudy or bad to the taste?—That it was not thoroughly filtered.

25339. And if it was not thoroughly filtered it was dirty; that was what he meant (and that it was disgusting to the patients)?—With a flavour about it. It seemed to me to be Mr. Seaman's idea, but we never heard it was disgusting to the patients.

25340. Had he much difficulty in convincing his colleagues?—They were quite ready to look into it and have the system changed.

25341. They had the water up in bottle and tasted it, did they?—I believe they did.

25342. And spat it out?—I do not know.

25343. At all events they said it was nasty?—I do not know that they did.

25344. At all events they got a new system of filtering?—Yes.

25345. You will not be surprised to hear that I have heard complaints of the water; you in fact admit that the water was not what it should be?—Mr. Seaman, the gentleman I referred to, considered it was not so; I think there was not much the matter with it.

35346. We have not heard anything about your chaplain; what do you pay him?—We have no paid chaplain.

25347. Then how do you see to the cure of souls of these poor incurables?—The vicar of Putney, the honourable and reverend Robert Henley, has given gratuitous services since he has been at Putney. He comes up every Sunday afternoon and conducts a service. He administers the Holy Communion both in the large room to the patients who wish to communicate, and also in different parts of the house, and he sees any patients who wish to see him. On the Sunday

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Earl *Cutheart*—continued.

Sunday evening there is a service generally conducted by a Nonconformist minister. On a week evening we have a service conducted alternately by clergy and ministers in the neighbourhood of the hospital.

25348. Considering the number of your patients, and your having a turnover of something like 51,000 *l.* a year, do you think it right that you should not have a regular chaplain?—It would raise the religious difficulty which has never occurred in the history of the hospital. Very many of our patients, and a very large bulk of our subscribers, are Nonconformists, persons to whom, there is reason to believe, the appointment of a paid chaplain with what might practically be a monopoly of the religious offices of the buildings, would be extremely objectionable, and likely to raise a difficulty with the governors, a difficulty which has never occurred, and which it might be extremely difficult to get over if it was allowed to occur.

25349. To put it in the other way, is it not rather hard perhaps upon the reverend gentleman at Putney to lay such extra obligation upon him?—It was his own offer; he did it willingly, and carries it on; and I have reason to know that he does it with the greatest possible pleasure to himself; that it is a thing he would not be deprived of. In fact, when we left old Putney house and came into the parish of Wandsworth, where we now are, he said, “I hope I shall be allowed to come to the hospital in the new parish as I have always done here.”

Earl of *Kimberley*.

25350. The house committee always visits the hospital, I understand, once a week?—Once a week.

25351. What do they ordinarily do?—They first of all hear the reports of the medical officer; they then hear what his requirements are in the way of drugs and appliances; they then take a report from the seaside house; then the next business is to attend to requests, requests for leave of absence, or requests on the part of the patients for anything they may desire, perhaps for a surgical apparatus, sometimes they ask that themselves directly. The next thing in order is the examination of the staff gate-book, to see how the members of the staff have kept their hours, and, if any have been unpunctual. Then any matter which arises comes under the notice of the committee, and there are often many matters. Then there is the matron after that; the matron makes her report and the steward makes his report.

25352. They make it personally?—They make it personally, reading their journals.

25353. They make written reports, and make them personally?—Yes.

25354. And answer any questions?—Yes.

25355. Then I understand that the house committee does not go over the whole or any part of the house?—Members of it, individually, do.

25356. Is there no sub-committee, no visiting committee whatever, appointed of the house. I mean, not for the work that is to be done in the board-room; is there no visiting committee of the house committee itself?—The house com-

(24.) e

Earl of *Kimberley*—continued.

mittee consider themselves the visiting committee.

25357. It appears that they do not visit?—They visit, as I said, by individual members going round; and then there are the visits of members of the committee who happen to reside in the neighbourhood, which I have reason to know are very frequent, and all over the house.

25358. I was not wishing to know what took place so much, but as to whether there was any regular visiting committee of any kind appointed to visit the house at a board time or at any other time?—None beyond the house committee itself.

25359. They do not visit?—Not as a body; they frequently have not time.

25360. And these gentlemen that visit the house occasionally, do they make a written report?—No.

25361. Has it never occurred to you that, in accordance with the practice of every institution under the sun, you ought to have a visiting committee, who should visit once a week and make a written report?—It might be advisable.

25362. And, as to the food, I understand you have had the same butcher for a good many years?—For several years; for three or four years the same man has had the contract.

25363. Did you contract with this butcher to furnish you with New Zealand mutton, or did he contract to furnish you with mutton; and, finding New Zealand mutton cheaper, send it to you?—Not at all; the contract for it was made at a separate price from the English.

25364. How came you to supply your patients with New Zealand mutton; were you under the impression that it was the best that could be obtained?—At that time there was a very large quantity of good New Zealand mutton in the market.

25365. Were you under the impression, I asked, that it was the best mutton that could be obtained?—We believed that it was practically equal to English mutton; not superior, not better.

25366. You thought it was cheaper?—Yes.

25367. You told me in one of your answers that you did not ask for tenders, because you were anxious to supply your patients with the best of everything; did you consider that the New Zealand mutton was the best?—That was not quite the question put to me. The question was whether we asked for tenders.

25368. And you said that you did not, because you wished to get the best of everything?—That we wished to get good things; therefore we did not advertise; that is to say, throw the institution open to the trade, but to people we had reason to know were respectable butchers.

25369. I asked you whether you thought that getting New Zealand mutton was quite compatible with that desire of yours?—We thought so at the time, because it was generally believed that a great deal of New Zealand mutton was sold as English meat, and the difference not known.

25370. But you found that it was not satisfactory?—We found afterwards that it gave way in colour, and created a prejudice; and it was discontinued.

25371. Do you get English meat, or Australian frozen

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frozen meat?—We get both English and foreign; we have an alternative contract and an alternative price, so that the committee may take as much of each as they think fit.

25372. I do not quite understand what is meant by “foreign meat”?—American meat or Australian meat, or Australian beef.

25373. Did you mean by foreign meat frozen meat?—Yes; foreign killed meat.

25374. It is frozen?—It is frozen.

25375. Now are you of opinion that that meat is of such a quality that you ought not to supply it to your patients?—In point of fact some of it is scarcely to be known from English meat.

25376. Still when you say scarcely to be known, you supply them with an inferior article easily distinguishable from the other?—The committee do not think themselves bound to give the highest price if they can get an article of equal value.

25377. Is it of equal value?—I believe practically, it is.

25378. Is it cheaper?—It is cheaper.

25379. And, I suppose, the price is a pretty good indication of its value, is it not?—I am not sure in the matter of meat. The prices are so very different for foreign meat; it has risen from 4 *d.* a pound to nearly double.

25380. What do you pay now a pound for foreign meat?—Eight pence I think; 8½ *d.* for English.

25381. Do you supply your patients with the best joints or inferior joints?—The contract price is for ribs and sirloins of beef and for legs of mutton; for necks of mutton we have a different price; for other parts of beef we have a lower price.

25382. Now is there a contract for your butter?—Yes.

25383. Do you give your patients foreign butter or fresh English butter?—We give them fresh English butter. When we had a multiplicity of tenders and the trade found that they could have their prices listened to, we got no satisfaction; we now have tenders, but practically we have fallen upon one contract for some time past. Nobody's butter is equal to his that we can find, it comes to us in the two pound lots in which it is made in Somersetshire; and the baskets from Honiton come to us.

25384. In short, you supply the patients with English butter?—With the best English butter we can find.

25385. With regard to your groceries is that put out to tender or do you simply take some neighbouring tradesman?—That is put out to tender.

25386. Have you ever had any complaints of your tea?—Lately we had some complaints of the tea not being of the usual strength. I think that complaint does not exist now. I am not quite sure whether there was ground for its existing then. We deal with a house that has a name to support, for whatever that may be worth.

25387. What wine does your medical officer order; do you know at all?—He does not order much, if I may say so first. Port wine; in some cases of great exhaustion he orders champagne.

Earl of Kimberley—continued.

25388. You supply, I suppose, whatever the medical officer considers necessary?—Yes, certainly.

Chairman.

25389. Did you hold a fête last year of any description or a bazaar?—We have yearly a sale of the inmates' work; it is for their benefit; not for the funds of the hospital.

25390. This is not for your funds?—Not for the hospital.

25391. Who opened that last year; who presided?—Last year the Duchess of Portland opened it; this year the Duchess of Westminster opened it.

25392. Did you have any communication from the Duke of Portland to the effect that the place was so badly managed that it was a question whether the Duchess of Portland would open it or not?—We had a communication from the Duke of Portland after the bazaar.

25393. What was the nature of that communication?—There were several general complaints, and also the question of the chaplaincy was raised. That letter was answered at some length, but we did not get any further communication from the Duke of Portland.

25394. But did your committee of management take any steps to investigate whether there was any ground for these complaints?—They did; and they gave an answer to the Duke of Portland what they believed to be, and intended and hoped to be a full and satisfactory answer on all the points.

25395. Did they have a sub-committee to investigate the various charges?—They went into it as the house committee on the spot.

25396. And whose evidence did they take?—I cannot tell you at the moment whom they asked.

25397. Did they take any other evidence besides that of the secretary and the matron?—I gave no evidence at all, because they were not matters within my cognisance.

25398. Did they take the evidence of the matron?—Yes; they heard what she had to say, and the various points that were referred to by the Duke of Portland were carefully considered; information was obtained upon them, and that was communicated to the Duke of Portland, from whom I may say we did not hear afterwards. We did not know whether to gather from that that his Grace was convinced, or satisfied, or not.

25399. You are the secretary of this institution, and you attend the meetings of the house committee and take the minutes?—Yes, of both that and the board.

25400. And, therefore, you attended the investigation?—Yes, I am always present there.

25401. Do you not remember who gave evidence besides the matron?—I do not think it was a matter in which the committee felt it necessary to call many witnesses. The facts were within their knowledge, and they answered the Duke of Portland according to the knowledge which they had of the various things. I cannot charge my memory with everything; you see I am called upon a little suddenly to answer these questions.

25402. Should

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[*Continued.*]*Chairman*—continued.

25402. Should you call that sort of investigation a very searching investigation?—I think it dealt very fairly and fully with all the points.

25403. Then practically it came to nothing else than this, that there was an answer from the committee and no investigation at all?—I do not think that the complaints were anything more than complaints of that general kind that it was extremely difficult to answer. As in the case of the gentleman complaining lately, there were general complaints without the names of the persons who made the complaints. I know that the Duke of Portland very much insisted upon the want of a chaplain, and that was a matter on which we answered him according to the facts.

25404. Could you furnish the Committee with a copy of the letter of the Duke of Portland which called attention to various shortcomings on the part of the institution?—I could do so.

25405. Will you put it in, and of course the answer to it also?—

Earl Cathcart.

25406. You have had the misfortune to have a great deal of newspaper correspondence at one time and another with regard to complaints made about your hospital; I am not speaking so much of recent times, but of earlier years?—I should be glad to know what is referred to.

25407. I refer to various complaints made at different times; you have had newspaper correspondence with people?—No, not much. I do not know what time your Lordship refers to.

25408. I will take you back to the year 1879; you had a battle royal in the year 1879; all the newspapers in London published letters?—Was that the “*Athæneum*” correspondence, may I ask?

25409. In the “*Athenæum*,” “*Standard*,” and all the papers. There was the Captain Stringer case; in his case complaints were made by the board of guardians of his treatment?—They were, but the complaints of the board of guardians did not state the whole of the case.

25410. I will only ask you, were there complaints, in Captain Stringer’s case, of improper treatment?—There were complaints, but we were the parties who had the greatest complaint against Captain Stringer.

25411. There was the Davis case, and several other cases; there were several other complaints mentioned in the newspapers at the time, in the year 1879?—There were complaints made about a man of the name of Davis, I know.

25412. This is what I want to lead up to: the Prince of Wales was coming down to Putney, and he refused to come till you got whitewashed; is not that so?—No.

25413. What did his Royal Highness do?—The Prince of Wales was coming down to lay the first stone of the new wing. I believe it was just in this way: a Mr. Alsager Hill wrote to the Prince of Wales, suggesting that he should not do it, because of certain things he chose to allege against the hospital.

25414. What were those certain things; what did he allege?—I cannot call to mind, except (24.)

Earl Cathcart—continued.

that there were a number of general charges he chose to make.

25415. Reflecting upon your management?—Yes, completely reflecting upon our management. This letter was placed in the hands of the Archbishop of Canterbury, and he was seen by the late Sir Charles Reed, Mr. White, and myself, who submitted an answer generally to him, which satisfied him; and the Prince of Wales laid the first stone.

25416. In other words, you asked the Archbishop of Canterbury to make an inquiry for you to satisfy the Prince?—The Archbishop of Canterbury urged upon us to give an answer to Mr. Alsager Hill’s letter, which we did, and having given that answer the Prince of Wales kept his appointment.

25417. But, in point of fact, the Archbishop did make an inquiry?—Yes, the Archbishop of Canterbury made an inquiry.

25418. Through his private secretary. Now, a busy man like the Archbishop would hardly be a suitable person to charge with an inquiry of that sort in the hospital?—He undertook it himself.

25419. And the result of the inquiry was that he suggested that the Prince of Wales might properly attend the laying of your foundation stone?—Yes.

Chairman.

25420. Is there anything else you wish to state?—I had thought that, perhaps, the Committee might inquire as to the cost of the patients at the hospital; I have taken out the cost for the last year on an average of 215 inmates, and I find that the cost, including maintenance of the seaside house, was 65*l.* 11*s.* 3*d.*, of which the seaside house bears per head over all the inmates 5*l.* 2*s.* 1*d.*, leaving the cost of the hospital proper 60*l.* 9*s.* 2*d.* for the year.

25421. Does that include rates and taxes, and building repairs, and so forth?—Yes, we include rates and taxes, supply of furniture, repairs, maintenance of the grounds, supervision of the water-service, and the maintenance of the lifts and machinery, laundry expenses, and so forth.

25422. How much are you assessed at?—Our net assessment is 1,863*l.* I had thought that, perhaps, the Committee might wish to know the per-centage of the cost of management to the income of last year, because last year was rather an exceptionally good one. The general cost of management (it is in the report under a separate heading), the 3,425*l.*, gives 7*l.* 13*s.* 6*d.* per cent. of the total income. With regard to the office salaries and commission, which amount to 1,540*l.* out of the sum given as 1,672*l.*; that is to say, my own salary, our two collectors, and four regular clerks, including occasional clerks for our election work; those amounts come to about 3*l.* 9*s.* 2*d.* per cent.

25423. Is that all you wish to say?—That is all.

The Witness is directed to withdraw.

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MR. JOSEPH E. ALLEN, is called in; and, having been sworn, is Examined, as follows:

Chairman.

25424. You are the Secretary of the Hospital for Diseases of the Speech and Ear?—An institution, we call it, for affections of the speech and ear.

25425. Is that a hospital with beds?—No, only for out-patients.

25426. How was it started in the first instance; when was it started?—It was started in the beginning of 1885, and by a committee, many of whom were private patients of Dr. Abbott's.

25427. And then you started this dispensary?—An institution we called it; we never called it a hospital.

25428. For these special diseases?—At first it was only for the speech; about two years after we took ear cases.

Chairman—continued.

25429. How many out-patients did you get in the last year?—Between 700 and 800.

25430. Is this institution in existence still?—It is not.

25431. Why has it ceased to be in existence?—For want of support, and the doctor became ill; he met with a railway accident, and we could not find a successor to perform his duties gratuitously, so we decided to close it.

25432. And there is no prospect of its being re-opened?—No.

Chairman.] Then I need not trouble you further; I am sorry you should have had the trouble of coming here.

The Witness is directed to withdraw.

MR. JOHN MACCOMBIE, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

25433. You are the Medical Superintendent, are you not, of the South Eastern Hospital?—Yes.

25434. That is under the poor law?—Yes.

25435. How long have you been superintendent there?—Since 1878.

25436. And when was your hospital built?—It was built in 1876 and 1877.

25437. For what purpose is it used?—For fever, and a limited number of small-pox cases; not exceeding five small-pox cases at present.

25438. Do you take any case of fever?—We take all kinds of fevers.

25439. Do you take diphtheria?—We take diphtheria, typhus fever, enteric fever, and scarlet fever, and relapsing fever.

25440. What amount of medical assistance do you have?—I have two or three assistants, sometimes two, with a clinical assistant, who is an unpaid officer; or three assistant medical officers without the clinical assistant.

25441. Are those medical officers paid, or are they an honorary staff?—They are paid.

25442. You, of course, are a salaried officer; what salary do you receive?—£. 500 a year.

25443. And board and lodging?—No, I have a furnished house, and I pay for my board.

25444. How many beds have you got?—Four hundred and sixty-two.

25445. At times are there a very small number of patients?—At present there is the smallest number I have had for years; 150 or thereabouts; usually we do not have less than 200.

25446. Do you keep up the same staff for the 200 or 150 patients as you would for the 400?—No, the medical staff would then be myself and assistant medical officer, and a clinical assistant.

25447. I am speaking more of the nursing staff; would you keep up the same?—No, we should reduce the nursing staff.

25448. Then of course you would require a very large increase of your nursing staff when all the beds were occupied?—Yes.

25449. Would you have considerable difficulty

Chairman—continued.

in getting them?—We have considerable difficulty in getting them

25450. Do you take nurses other than those called hospital trained nurses?—Yes, we take untrained women, and engage them as assistant nurses, but most of our charge nurses are hospital trained.

25451. Those are all, of course, under you, as the head of the establishment, but the matron has supervision over the nurses?—Yes, she has, they are under the control of the matron, and she is under my control.

25452. As a matter of fact, does she arrange all the details of the discipline?—No, she does not arrange all the matters of discipline, but she would arrange the nurses who are to take duty in a certain ward, submitting the names to me for my approval.

25453. You would be guided by her?—To a great extent.

25454. Is she a hospital trained nurse?—She is.

25455. Then could you explain to us what the organisation of the hospital is. There is yourself, and your assistant, and the nurses; are there any other officers?—Commencing with myself, next come the steward and the matron, and then the housekeeper, and then there is a laundress and a cook; and of course all these officers have others under them.

25456. Do you find that your administrative duties interfere with your medical duties?—No.

25457. You can carry them all on?—Yes.

25458. Students are admitted, are they not, now?—Yes, students are admitted; we have not very many at present.

25459. That has only been the case for two years, has it not?—It has not been a year yet.

25460. Do they come in classes from the hospitals, or do they come individually?—I have only had one class, and they came from St. Thomas's Hospital; they attend at a certain hour, subject to my convenience and their own; I arrange a certain hour for them to attend.

25461. Do

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Mr. MACCOMBIE, M.D.

[Continued.]

Chairman—continued.

25461. Do you have sufficient medical assistance?—At present I have.

25462. What has been the largest number of beds you have had occupied at one time?—Four hundred and sixty.

25463. And then was the medical assistance sufficient?—We had very hard work, we could not have gone on for 12 months as we were doing, I should have required more assistance.

25464. Do you ever train your own nurses?—We train a certain number of those that we take on as assistant nurses; we train some of these to become fever trained nurses.

25465. Those whom you call hospital trained nurses have been trained in a general hospital?—Yes.

25466. And who know nursing in all its branches?—Except fevers. In general hospitals the nurses acquire little knowledge of fever nursing.

Earl of Kimberley.

25467. Have you any difficulty or embarrassment from the admission of students into your asylum?—In what way?

25468. A suggestion has been made that there was difficulty; I wanted to know whether you thought there was any inconvenience or difficulty likely to result from that?—No, I do not think so; I take them round and demonstrate the cases to them, and they never go into the hospital unless I am present.

25469. You see no objection to their admission?—None whatever.

Earl Cathcart.

25470. Where was your previous experience; what were you before?—I was assistant medical officer at the Homerton Fever Hospital.

25471. And what was your own hospital?—Aberdeen.

25472. You were not in any London hospital?—No.

25473. You were selected from a number of candidates, were you, for this appointment?—I was selected from a number of candidates for the Homerton appointment, and then I was offered this appointment.

25474. Will you kindly explain what this means in Burdett's Hospital Annual: "Visitors are only admitted in cases of extreme urgency;" what is your rule for that?—The managers' rule is, that visitors are only admitted to patients who are dangerously ill.

25475. Then you do admit people to visit cases that are highly infectious?—Yes, as a rule only to those who in the opinion of the medical officer are so ill that it is necessary to allow their friends to see them.

25476. Do you take any precaution as to the disinfection of such visitors?—They put on an over-all and a hood before visiting the ward, and before they leave the hospital they wash their hands and faces with carbolic soap.

25477. Have you ever traced any case of infection being conveyed by a person leaving the hospital who had been admitted as a visitor?—I cannot remember a case at the present moment.

(24.)

Chairman.

25478. You have a committee of management, have you not?—Yes.

25479. That is from members of the Asylums Board?—Yes.

25480. What do they do?—The committee of management meet once a fortnight, and they transact the business of the hospital. They first of all read the minutes and approve of the minutes of the previous meeting; and then they consider the correspondence of the central board, and they take the officers' reports, that is to say my own report, the report of the stewards, and the report of the matron. Then they have the steward's requisition book which contains the requisitions of the provisions, the clothing, and everything likely to be wanted during the succeeding fortnight; and that has to be approved of by them before the goods can be ordered.

25481. Then do they receive complaints from the patients or the staff?—Yes, they will receive complaints from patients or staff, if any. Of course I have to report to the committee the number of patients, any defects in drainage, or any other matter which I think the committee should know of. They are the managing body of the asylum, and in their absence I am their deputy.

25482. What pay does the matron receive?—£. 100 a year.

25483. Could you tell us what is the range of pay of the different nurses?—The nurses commence at 30 *l.*, rising to 36 *l.*; there is no fixed rate of increase, and they may have the maximum when engaged. For instance, with regard to diphtheria nurses they get the maximum when they come, on account of the very dangerous nature of the duties.

25484. What do the assistant nurses get?—The assistant nurses get from 22 *l.* to 26 *l.*; the ward servants have 18 *l.* a year.

25485. Did you draw up the scheme for the nurses, their hours of duty, and so forth?—The managers have arranged the hours of the nurses; before they did so, I drew up a scheme for my own hospital, but since then they have made a uniform system of hours for all the hospitals under their control.

25486. And you have difficulty in getting nurses you have told us?—Considerable difficulty, sometimes very great difficulty; at times suitable nurses are hardly procurable.

25487. Is that because of the dangerous nature of the duties?—Partly on account of the dangerous nature of the duties; some women are timid, and in other cases their parents or relations will not allow them to come; but it is partly on account of the social isolation which fever nurses and all officers at fever hospitals are subject to; one is socially isolated as it were from one's friends.

25488. But the pay is better than in ordinary hospitals?—It is better; if it were not we should not be able to get nurses at all.

25489. At the same time the pay of the matron is rather less than in the general hospitals?—It is not so great as in many general hospitals I know.

25490. Is that the maximum pay, 100 *l.*?—That is the maximum at present.

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25491. Is

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Mr. MACCOMBIE, M.D.

[Continued.]

Earl Cathcart.

25491. Is there some regulation about the nurses taking baths before they go out?—Yes.

25492. Is that carried out?—Yes.

25493. I thought it was impossible to carry that out always?—The regulation does not say absolutely that they are to take baths before going out, but in practice they all do so, unless under exceptional circumstances.

25494. But there are exceptional circumstances when they cannot?—Precisely.

25495. Have you had any cases of mixing diseases; that is to say, when a patient has come into the hospital with one disease, and gone out after having suffered from another?—Sometimes.

25496. That will happen?—Yes.

25497. Is it common at all?—No, it is not common, but it does happen.

25498. We were told in the case of another asylum, that such cases did occur; a man coming in with measles, for instance, and going out with scarlet fever?—We sometimes have measles introduced to a ward; a patient will develop measles a few days after admission, and that case may form a centre of infection for others in the same ward; it occurs in that way.

25499. Is it the case that two acute diseases cannot run concurrently in the same system?—Some acute diseases can run concurrently, not all.

25500. Are you very particular about the way the patients are bathed, not to use the same water?—There are printed directions in each bath room, enjoining upon the nurses that only one patient is to be bathed at one time, and that the water is to be run off immediately after the patient has had the bath.

25501. Have you had complaints about the diet of the patients?—Sometimes I have had a complaint about butter, or some little complaint, but no serious one.

25502. But you have read the account of the evidence given before the assistant commissioner the other day; there had been complaints about diet and that sort of thing in one of the asylums?—Yes.

25503. Nothing of that sort has occurred

Earl Cathcart—continued,

with you?—No; but I have sometimes to object to articles sent to the wards.

25504. Such as bad fish, over kept?—No, not fish. The steward has to see the goods, and he is supposed to reject any food that is unwholesome, or not in accordance with the terms of the contract.

25505. About sterilising the milk; do you sterilise the milk?—We scald the milk in the summer.

25506. Does that make it distasteful to the patients?—Some of them do not like it.

25507. Do you keep the milk in the corridors?—In the corridors in the open air.

25508. The result of that inquiry the other day would be no doubt to brush up all the other asylums very much, and put everybody on the *qui vive*?—If they wanted brushing up.

Chairman.

25509. Is the health of the nurses good?—Sometimes we have a great deal of illness, as you may naturally suppose, from the treatment of dangerous infectious diseases.

25510. They take these diseases easily?—Some take fevers very readily; some will take enteric fever and typhus fever very readily, also diphtheria; and with regard to scarlet fever, of course those who have not had it before are liable to take it. During the year there is a good deal of illness, more especially in the autumn months.

25511. Amongst a certain class of the staff?—Amongst nurses and ward servants, all those engaged in the wards, and to some extent amongst those engaged in the laundry.

25512. Where do these nurses sleep?—They partly sleep in the centre of the administrative block, and partly in cubicles built over the new bath-room and kitchen of the ward at the end of the wards.

25513. Then they sleep very close to their cases then?—Some of them. The entrance to their cubicle is from the corridor, and the rooms are above the level of the roof of the wards. It is a covered way, not a corridor; simply a slated roof over it.

The Witness is directed to withdraw.

MR. GEORGE BROWN is called in; and, having been sworn, is Examined, as follows:

Chairman.

25514. You are a General Practitioner?—Yes.

25515. Will you tell me what qualifications you hold?—Member of the Royal College of Surgeons of England, and licentiate of the Society of Apothecaries, London.

25516. And you are chairman of the General Practitioners' Union, are you not?—I am.

25517. Would you tell me what that union is?—It is a union which has recently been formed, chiefly, I may say, in view of this inquiry. We found that there was no other medical organization which took up the question of hospital abuses in a public manner, with a view of giving evidence or securing reforms. Not-

Chairman—continued.

withstanding that a committee was appointed at the annual meeting of the British Medical Association last year for that very purpose, they have not met during the whole year. I was appointed a member of that committee, and other gentlemen thinking, as I do, that general practitioners ought to have an opportunity of expressing their views on this subject, we decided to form an independent general practitioners' union; and in March last we commenced our operations; and I may say that the association has met with a very great deal of support from the profession, especially in London.

25518. How long have you been in practice?—Seventeen years.

25519. Chiefly

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Mr. BROWN.

[Continued.]

Chairman—continued.

25519. Chiefly in what district?—Chiefly in the north of London. I have been in general practice in Islington for nearly the whole period.

25520. Are you surrounded by hospitals?—There are a great many hospitals, but not so many in the north of London as in Central London. I am not practising in North London at this present time; I sold my practice there.

25521. Where are you now practising?—In Threadneedle-street, in the City.

25522. You have no hospital close at hand there?—I do not see patients in the evening, chiefly in the day now.

25523. Is it your opinion that the charity of the hospitals is abused?—Decidedly, very much.

25524. On what do you base that opinion?—Well, both on my observations as a student when at Charing Cross Hospital, as a house surgeon at Charing Cross Hospital, as a resident medical officer at the North Eastern Hospital for Children in the Hackney-road, and also on my long experience as a medical practitioner.

25525. With regard to your experience as a medical practitioner, have you found this, that patients left you and went to a hospital?—I have found that at times; my patients have occasionally done that.

25526. And that many people go to the hospitals who could well afford to pay?—Yes; many people go to the hospitals who could well afford to pay.

25527. On what do you base that opinion?—From their position, being able to keep carriages and that sort of thing.

25528. Do you think that many people go to the hospital who keep carriages?—I have known a patient who has kept several horses send his children to the hospitals. People in good position have sent their children by their servants. I do not suppose that the hospital authorities knew; I do not suppose they could have made inquiries. I had one case in particular at the Ophthalmic Hospital, Moorfields; a gentleman holding a very good public position in London, I should think his income amounts to, or I suppose he is spending a matter of, 1,000*l.* or 1,500*l.* a year, and the children were sent to Moorfields, and attended there, my own patients.

25529. Now have you any suggestion to make by which that could be put a stop to?—Well, I should have a strict system of inquiry at all hospitals, so as to stop the indiscriminate admission of out-patients. I mean to say that people who come to apply for letters frequently are admitted on the first application, as a rule, without any recommendation. I should stop that entirely, and no case should be admitted to an out-patient department unless it was either by a certificate from a medical man outside, or a clergyman, or some organisation such as the Charity Organisation Society, that the person applying for relief was a fit and proper person to have charitable relief.

25530. Then would you treat them once, or send them away, if they came without any recommendation at all?—If it were an unsuitable case I should not treat them at all, but send them about their business. Hospitals should not be for every loafer or person who fancies himself ill to come into a hospital and stop for

(24.)

Chairman—continued.

two or three hours by a nice fire and have a chat and gossip with the people about; a great deal of that is done.

25531. Was it your experience at Charing Cross Hospital that a large number of trifling cases came to the hospital?—A majority of quite trivial cases, cases of people not having much appetite, cases of “wind” by the hundred; one would give them a rhubarb mixture and a mixture containing salts and peppermint, and send them away with a large bottle as much as one would like to drink in a month.

25532. There were many serious cases among them?—There were many serious cases among them; the physicians had to discriminate them, and they would give them a fair examination; but the others would be “knocked off” at the rate of 50 or 60 cases an hour. I have myself seen cases at the rate of 60 an hour, and have been obliged to do it to get through the number.

25533. What sort of cases would those be?—“Got a little cough, Sir,” “cough in the morning,” “a little sickness in the morning”; a great many women, who are gin drinkers, will come with dyspepsia and “wind.” In many hospitals time is wasted in the most reckless manner in that way. The hospitals being free to the poor, they come in in rags and tatters, and they say they feel queer inside; they get a little medicine and are sent away. Under the present system that is inevitable.

25534. Then the time of the doctors is wasted in these cases?—Perfectly wasted.

25535. Could that be put a stop to by organization?—It could be put a stop to by appointing a medical officer to regulate the admission of out-patients at the door when they come in. They would be handed over to the secretary; then he would send them up to the doctor, who would see at once whether it was a suitable case; he would take their temperature, to see whether it was a fever case, and one that should not be admitted with other patients, because a great many infectious diseases are conveyed by people sitting together in hospitals; he would take the temperature, and see if the case was suitable, and if it was a suitable case he would say: “This is sufficiently grave to occupy the attention of a consulting physician.” It is a simple waste of a physician’s time to sit hour after hour writing “repeat mixture” for these trivial cases, and they should not be called upon to do it. That can be done better outside, at dispensaries, provident dispensaries, or by the local practitioners, or the poor law infirmaries.

25536. Have you known any cases that have been wrongly treated in the extreme hurry that there must be under the present system?—I have.

25537. How did you come across them?—In my practice at Islington, I had two cases of dislocation of the shoulder-joint in one week, which had been attended at different hospitals. In the one case, which was an able-bodied fine man, very stout, over 40 years of age, he dislocated his shoulder; he had been attended at a hospital, and from what I could elicit, he had not seen any surgeon, “young fellows” he described them as; probably they were dressers. They treated him first by putting his arm in a sling and giving him

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Mr. BROWN.

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Chairman—continued.

him embrocations to rub it. He was a patient of mine. I happened to be in the West of England, taking my usual summer holiday. At the end of a month I came back, and in the following week he came to see me. I found his arm was dislocated; no attempt had been made to reduce it, and the man would have lost the proper use of his arm for the rest of his days. I reduced it under chloroform, with the assistance of three other medical men. And I had another case come to me in the following week, which had been at another hospital; that had been of such long standing, and he was such an old man, that I would not attempt to reduce it.

25538. Was that wrong diagnosis owing to the great crowd of out-patients, and the insufficient time to devote to them?—Owing to the facts of these patients being turned over to be seen by students, or clinical clerks, or junior resident officers, who really are not competent.

25539. But in a well-organised hospital would patients be seen by dressers, and clerks, and junior officers?—They often are.

25540. There might be an emergency, and the regular man might be called away?—The casual cases often are treated like that. You see you cannot always have a first class man at hand, at least you have not always, as a matter of fact; you have not always a senior surgeon, or one of the regular honorary staff on the premises, and these accidents happen, and they must see whom they can.

25541. You think that general hospitals are abused; are special hospitals also abused in your opinion?—Yes, more than the general hospitals.

25542. How do you account for that?—At the special hospitals, I think the secretaries are over desirous to increase the number of patients they get in order to make their advertisements very taking to the public. "So many cases attended last year," 15,000 or 20,000; if they can make it 50,000 so much the better; and I have found people well able to pay who had been received at special hospitals, and received attendance, paying as much as 2 s. 6 d. a week; I have known that amount taken from them.

25543. But now in the part of Islington where you practised, what was the ordinary fee; how much a visit?—Two shillings and 2 s. 6 d. a visit would be the fee for the working classes in the North London district, where I have had most experience.

25544. Is that a very poor district?—No; a working class and middle class district. Of course you will have better fees from the middle class, but 2 s. and 2 s. 6 d. have been the fees; but of late years the doctors have been obliged to take lower fees in consequence of the increase of hospitals and dispensaries; frequently 1 s. and 1 s. 6 d. may be taken.

25545. Then you think that the special hospitals are an evil?—I think they are a great evil, an evil all round.

25546. That their work is done by the general hospitals?—It should be.

25547. Do you call the Lock Hospital a special hospital?—Well, it is a special hospital for a

Chairman—continued.

specific disease, and I should like to see lock hospitals established; I should like them maintained, and I should maintain them in connection with the Poor Law. In my opinion persons who are suffering from those diseases are not proper objects for the public charity, and to send round the collecting boxes in churches and chapels for. If they cannot afford to pay for the private attendance of venereal diseases they should be consigned to the pauper institution, to the lock wards of our pauper infirmaries.

25548. Would you like to see the power of detention given in such cases?—As a sanitary measure, I should; I think it is most desirable in the public interest.

25549. Are the special hospitals little attended by students?—Very little; students cannot attend the general hospitals and the special as well; there are so many lectures and classes to attend; and there is the going round the wards and so on so that students have not really much time to go round to the special hospitals.

25550. You said just now that you, as a general practitioner, were unfairly competed with by all this free charity?—Yes, very unfairly. Within the last 20 years the fees of medical men have come down very much. I have known men who had been in fair practice and have been obliged to start cheap work at certain hours to see the poor people, at 6 d. and 1 s. a visit and so on.

25551. Do you see many patients in the evening?—I do not now; but I used to see a great many; I have given up the evening work.

25552. Would it be a good thing if the general hospitals could open their hospitals in the evening?—I think it would crush out general practice altogether; I think it would be a very bad thing indeed. The class of cases who want hospital treatment can apply in the day, and would be sent in the day. General practitioners are not opposed to the hospitals if they are properly managed and worked; indeed medical men would send and do send patients if proper patients. Whenever we find we have a patient who cannot afford to go on with attendance, or whose case is of such a nature as to demand more expensive appliances or different treatment from that which they can find in their own homes, we are only too glad to send them to hospitals and find beds for them.

25553. You would like to see the out-patient departments used as consulting departments?—Yes; for cases which can be made of use for the education of medical students.

25554. May I gather that your union is opposed to the springing up of special hospitals?—Most decidedly; and we advocate the forming of a central board.

25555. To be composed of what?—It should be composed of representatives of the hospitals, of the public, as represented by the Charity Organization Society, and of general practitioners as well, whose interests are largely concerned. I think also that on this board the Government should appoint a certain proportion of the members. There would be work for a large board; it might be composed of some 60 members, a sixth of whom might be appointed by the representatives of hospitals, a sixth by the representatives of the Hospital Sunday Fund, who are well acquainted with

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Mr. BROWN.

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Chairman—continued.

with how hospitals should be worked, and their abuses; representatives of the Hospital Saturday Fund, which comprises a large number of working-class people who would see that their interests were properly looked after, and that the hospitals were not unduly closed against them; I would also include the Charity Organization Society having perhaps a sixth; general practitioners should have a sixth in the representation, and the Government a sixth. In that way you would have an independent body who would, I think, see that the money devoted to public charities in London was expended for the objects for which it was contributed.

25556. Would you like to see the hospitals put on the rates?—I do not think it would be necessary.

25557. But if you had so many doctors on this board they would have the right to supervise the hospitals?—Yes, it is the duty of the Government to supervise and protect the public against imposition and abuses. I should take that as part of their duty.

Earl Cathcart.

25558. You are aware that many venereal cases are cases of innocent persons who have contracted the disease from the misconduct of others?—There are undoubtedly some; I will not say many.

25559. You think there are not many such cases?—Not many; they would scarcely be accounted many if you took the percentage.

25560. But there are such cases?—There are cases of the kind undoubtedly.

25561. Innocent women infected by their husbands for instance?—Yes.

25562. And also infected through the foetus?—Yes; but they scarcely apply for hospital treatment; they find their way into the hands of general practitioners, I think, more than into hospitals.

Earl of Arran.

25563. What would be the duties in your opinion of a board constituted in such a way as you have just described?—To see that the funds are properly expended, that is so say in the general administration, the purchasing of the stores in hospitals, food and so on, because I think a great deal is done at present in the way of purchase and sales that would not stand investigation. Also to give a license or grant for a hospital to be established. At present anyone can start a hospital. I know houses of which I suppose the rent is not 25 *l.* a year, where they have bills up, "Hospital for Treatment of Disease of the Skin," or some special affection; the upper floors let out in tenements, and the doctor attending in the morning and taking his money. It is really a fraud upon the public, and it should be stopped. No one should be allowed to call a private shop a hospital, which implies that it is a public institution. The name should be sacred.

25564. As regards your first object of the board, the superintending of the buying and selling, and so on, would you not then be superseding the ordinary board of management of the hospital, to a great degree?—That is to say, they should have power to supervise in order to

Earl of Arran—continued.

see whether there are any abuses. We know that the cost of working a hospital varies very considerably, and that must be due either to bad management, bad buying, or even sometimes worse.

25565. In your opinion what would be the effect of the establishment of a board of that sort upon the subscriptions of the public; do you think they would be equally ready to subscribe?—I think they would be more ready to subscribe if they knew that the money was being well administered. A good many people will not give to hospitals now, because they know that the money is spent in a way they would not desire, and in a way which is really not charity.

Chairman.

25566. How do they know that the money is not well spent?—I suppose everyone who has had experience in London must have known cases of friends or neighbours of their own going to hospitals and having treatment, who were not really entitled to it; it is so common.

25567. Because of their pecuniary position, not entitled to it, you mean?—Yes. I have had cases brought to my knowledge of people getting 500 *l.* a year who have gone to hospitals. Who would subscribe to a hospital if they knew that that class of person obtained relief to any great extent? I have a case before me here which went to King's College Hospital. "A patient of mine" (writes a doctor in Kensington) "consulted a high authority for piles and paid him two guineas. He was told that 50 guineas would be charged for a private operation; he waited a time and was then admitted to King's College Hospital, and successfully operated on by the surgeon whom he had previously consulted. This patient died worth more than 50,000 *l.*" Knowing such a fact as that I would never subscribe a penny to a hospital that admitted such cases.

25568. And you think that that is the opinion of the public, too?—That is the growing opinion on the part of the public. I find it so among my better-class patients.

25569. Have you got anything to say about the mode of starting special hospitals?—Yes. The general mode (and I have devoted a great deal of time to this subject, and written a great many articles on it in medical papers) is that these special hospitals are started by a medical man who either has failed in getting on appointment at his own hospital, or has had a quarrel with the staff, and has seceded from the hospital that he was formerly connected with; and he has got his friends together to form a committee, and they have taken a private house and started a hospital, and immediately appealed to the public for funds, and called it by some high-sounding name, say "The Royal British Hospital for the treatment of so-and-so" or "The Universal Hospital for so-and-so," and it is put before the public; and it is found that if you circularize the public you are bound to get a certain percentage of returns. They are started for private purposes, and not really for purposes of public charity. You have had evidence, I think, in regard to hospitals already, somewhat to that effect. I have read the evidence before you

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Chairman—continued.

you relating to some three or four hospitals, hospitals for fistula, and some of our throat hospitals.

25570. Then as regards dispensaries have you any opinion about them; they are really large out-patient departments, are they not?—Yes, large out-patient departments.

25571. Do they make any inquiry?—Not sufficient; but Dr Dawson, a member of our association who is in attendance here to-day, is living in the midst of a very large district supplied by dispensaries, having more dispensaries within half-a-mile of his practice I think than can be found in any other part of the metropolis, and he knows a great deal about their work, if your Lordships like to examine him latter on to-day or another day.

25572. Are you able to trace by your books patients who have left you and gone to a hospital?—Yes, patients who have gone away temporarily to a hospital and have come back again.

25573. Who have gone for consultation there, you mean?—Yes, I should take it that they were people who would have been able to pay for consultation. If the consulting doctors had done as I am happy to find that they are doing now, if they had made inquiries, I should have been able to have got them a consultation fee for the work they did for nothing. I may say that since this inquiry it has come to my knowledge, whether through our association or its agents I cannot say, that physicians are making a little inquiry.

25574. You mean the physicians of hospitals?—Physicians of hospitals. Some of them are making inquiries into the position of patients and refusing to attend. This letter, which is dated the 11th June, was put into my hands a few days ago, and was sent by a consulting physician at one of our hospitals to a doctor who is a member of the executive committee of our association. He writes, "Dear Dr. . . . , At my out-patient department to-day a Mrs. N. brought her little girl for my opinion. She said she has had her child under your care. She struck me as able to pay for medical advice in an ordinary way; so I did not encourage her to come again, but said I would write to you, as I do not approve of hospitals robbing practitioners in the wholesale way that is somewhat the fashion now. I advised her to send the child to its grandmother's at the seaside at Whitstable, to let her walk for some time, &c. I shall be glad to have a line from you on the subject. Hoping I have acted for the best, believe me to be yours very truly." Your Lordship can see the name if you like (*handing the letter to the Chairman*). Well, if that were done generally, we, as general practitioners, should have nothing to complain of, but I think that physicians very often lack moral courage to do it.

25575. If you abolished special hospitals would you view with satisfaction the extension of special departments of general hospitals?—Certainly, the special departments should be extended, and it is most desirable in the interests of medical education. At present, at many of our hospitals, we have very few opportunities indeed of studying some of the most important diseases which

Chairman—continued.

we are called upon to treat in medical practice. Of course, infectious diseases necessarily cannot be studied at the general hospitals; they could not be admitted. I refer, of course, to cases of small-pox, measles, and similar diseases. Many medical men are qualified and yet have never seen a case. That state of things, of course, should not be allowed to exist; students ought to be compelled to take out a course at one of our infectious hospitals, a three or six months' course, so as to become acquainted with the appearance of those diseases. I have known medical men make great mistakes, sending measles cases off to the small-pox hospitals, for instance, through not being properly educated in the recognition of infectious diseases. Then, again, take cases of the eye; in some of our small hospitals it is impossible to study diseases of the eye; the students do not see the cases, because they do not come to the general hospitals. So too with cases of the peculiar diseases of women, abdominal tumours and that sort of thing; they never see them at some of the small general hospitals; they go off to the special hospitals. In my own case, for instance, I never saw the operation of ovariectomy performed whilst I was a student. Skin diseases again, they have not the proper opportunity of seeing; those cases go to the special hospitals. I would suggest that such hospitals as the skin, eye, and other special hospitals should be affiliated to the general hospitals nearest to them; for instance, the Orthopaedic Hospital and the Throat Hospital in the Portland-road, and the Hospital for Paralysis in Queen-square, Bloomsbury, might all be affiliated to the University College Hospital, and the students there might have an opportunity of studying these diseases.

25576. That is more with regard to the educational part of the question?—As to the educational part. If students wish to study such cases now they have to pay extra fees, which makes it very expensive and deters them. At University College they have not really sufficient beds for the students to act as clinical clerks; they have such a large number of students; they want to extend the hospital, but that might be remedied by affiliating the hospitals in the immediate neighbourhood already existing, which would give ample opportunities.

25577. You have had great experience of London; do you think that the medical relief is adequate for the requirements, taking both the poor law medical relief and the charities; first, is the poor law relief sufficient?—The poor law relief is sufficient for the poor; it has been much improved of late; they have excellent dispensaries and a very good medical staff equal to anything; but there are difficulties in obtaining a letter for relief I think put in the way of those who are deserving, and they can only get it at certain times; there ought to be greater opportunity for their getting relief at the public dispensaries; I mean at the poor law infirmaries. With regard to the facilities for medical relief, I think there are more than London requires; that is to say the hospitals and dispensaries at present existing are more than the public need.

25578. Therefore, you think that new hospitals are not required?—Perfectly unnecessary. Of course there are certain districts in London which

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Chairman—continued.

which are not properly supplied with hospital accommodation; for instance, there is that huge district in and about the Old Kent-road, near the Bricklayer's Arms Station, utterly unprovided with hospital accommodation; whilst in the Central district we are over-supplied; we have King's College, Westminster, Charing Cross, and St. Bartholomew's, all within reasonable distance of one another, within a very short distance. One of those could certainly be moved to another district; in fact two of them I think might be. King's College might very well be moved to St. Pancras, in the neighbourhood of the great railways in the north of London, where it would be useful, and Westminster might very well be moved to the south side of the river.

25579. Is the south side of the river very deficient in hospital accommodation?—The south side is more deficient than the north side; they are very deficient on the south side. The effect of the crowding of these hospitals in the central district is to annihilate general practice in the Central district of London. If you take a radius bounded I may say by a line drawn from Oxford Circus along Oxford-street to Holborn, and on through Newgate-street to Cheapside, and then again draw a line from Newgate-street to the Thames, and a line from there till you get to Whitehall and Oxford Circus again, there are only about 40 or 50 general practitioners in that whole district, which ought really to be able to keep 200 medical men hard at work; and even these I speak of would not be able to live in the district were it not that many of them hold poor law appointments for the St. Giles', and Strand Union, or police appointments or some public appointment which gives them an income independent of general practice.

25580. In fact the location of the hospitals in your opinion wants to be altered?—Yes, it does. I would not suppress a general hospital at present existing; only I would have them placed where a central board wanted them. Such a board would be very useful indeed in deciding upon the localities where they should be placed. Of course King's College can fill its beds, but how does it fill them? With patients sent from the country.

25581. Is there anything else you wish to state to the Committee?—I do not think of anything else now.

Lord Lamington.

25582. About the location of hospitals we had evidence that it did not matter much where a hospital was placed, because patients would come miles to a particular hospital that they liked?—Yes, but I think you will see that it is desirable not to take patients who have been crushed on a railway or who have met with street accidents, many miles over the London streets to take them to the hospital; the hospital should be brought as near as possible to where the accidents are happening.

25583. You do not think that would hurt the receipts of the hospital?—Not at all.

25584. At present in the district of St. Pancras there is only one small hospital, the North Western Hospital, and St. Pancras has a huge
(24.)

Lord Lamington—continued.

population of a quarter of a million, I suppose?—That hospital has not been in existence long enough to gain a reputation or name.

25585. Do not you think that it is its distance from the centre of London which prevents its getting support?—No, if one of the other hospitals was moved up to that neighbourhood, and put on the ground where the North Western Hospital exists, it would be much better supported.

25586. Or a hospital might have a small hospital there, a department for accidents, for cases requiring immediate attention?—I think it is better to have a general hospital, because the staff could attend to the whole class of patients at the same time. It would not be an economy of force to take a physician or surgeon from Harley-street down to the Old Kent-road to see two or three, or half-a-dozen patients, when he might go through and see 20 or 30 all at the same time. Neither would it be of so much value for education. These small hospitals would be of very little value for educational purposes; you want a hospital with a large number of beds for educational purposes.

25587. What would be the advantage of having 200 or so practitioners in this particular district you were mentioning just now, instead of the 40 or 50 that there are there at present?—The advantage would be that 200 medical practitioners might be earning an honest living instead of living in distressed circumstances, as many are now. I know medical men who have been in practice now upwards of 20 years, who would be glad to earn 25*s.* a week. A short time ago there was a sanitary inspector advertised for in a district in the east of London, and among the applicants, though I think the salary was only about 80*l.* or 90*l.* a year, there were a large number of medical men. That I had from the medical officer of health of the district.

25588. If you moved a hospital to a crowded part, the professional men in that district would equally object to it, I suppose?—If the hospital were equally abused as at the present time; but if the suggestions which we make, and which I hope your Lordships will see the force of, are carried out, it does not matter where you move the hospitals, the medical profession in the district cannot be hurt. The medical men are only hurt by the abuse of hospitals.

25589. Supposing you had this board that you have mentioned, what penalty would you suggest if there were abuses?—If there were a clear case where persons having an income of 500*l.* or 1,000*l.* a year by any means obtained admission to a hospital and received treatment, I would empower the board to recover the expenses and the fees as if they had been treated privately as private patients.

25590. If a patient paid to a hospital, would you object to that?—We object to the paying system in out-patient departments *in toto*; we think that it is subversive of all medical charity, and that it is demoralising.

25591. The fever hospitals are an exception?—Yes; I do not object to the paying system in hospitals established for such purposes, such as home hospitals, but a medical charity should

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[Continued.]

Lord *Lamington*—continued.

be a charity pure and simple, and its benefits should be free as the air we breathe to all who require them and are deserving of assistance.

Chairman.

25592. Then you do not object to a hospital having paying beds, but to a free hospital being used by persons who are able to provide medical attendance for themselves?—If it is a free hospital, it should be free entirely. I would establish home hospitals in the various districts of London, so as to supply every part, because it is very necessary indeed in many cases for people of moderate income to be able to get hospital treatment; to be put into a place where they can get good nursing. Supposing a gentleman is earning his 150 *l.* to 200 *l.* a year, and he is in lodgings, and is taken very ill, you cannot have a staff of nurses around him at the lodgings, or in a boarding-house; they wish to get him out, and the hospital is the place for him. If there were home hospitals, he would elect to go to one of those, and have his own doctor, no doubt. At the present time he is driven into a hospital. In the same way, the Dean of Lincoln, for instance, the other day was obliged to avail himself, after an accident, of the Charing Cross Hospital; at the same time it is almost a prostitution of medical charity to give it to the Dean of Lincoln, and to put boxes round in the workshops of the metropolis, and to ask working men, printers and tailoresses, and that sort of people, to contribute their penny or halfpenny a week to maintain an institution for the medical treatment of such persons as the Dean of Lincoln; I think it is not a proper thing to do.

25593. You do not know that he has not given a sum of money to the hospital?—He may have done so; but if there were those other institutions, home hospitals established, which there should be, such a case might be sent to one of those.

Earl of *Kimberley*.

25594. In the case of a serious accident the person must be taken to the nearest hospital?—Yes.

25595. Then it would not matter whether he were Archbishop of Canterbury or a man earning a few shillings a week; you would not shut him out?—No; I would not shut the hospitals against any case of a serious accident, but as soon as the patient is fit to be removed he should be discharged.

25596. May I ask you this question: do you think that the medical profession is more over-stocked than other professions?—I do think so.

25597. Why?—From the enormous number of medical men who are not earning their living by the practice of their profession.

25598. But if we were to have successive witnesses from successive professions, do not you think that everyone of them would inform us that his profession was largely over-stocked?—I have no doubt that others would find that there were too many; that there was too much competition; I daresay every profession would, but other professions do not suffer under the same disabilities as the medical profession. We have not free legal institutions, for instance, where one can get free legal advice; if the legal profession had to compete with a number of law

Earl of *Kimberley*—continued.

institutes where every comer could get legal advice for nothing, I think you would soon find the legal profession crying out as we do.

25599. The legal profession generally consider themselves over-stocked, do they not; I daresay you have heard that?—Yes.

25600. Now supposing that these institutions, hospitals, were to be reduced, which for some reasons, perhaps, they ought to be, to a narrower limit, is there any reason to suppose that the medical profession would not be just as full as before, that it would not fill up exactly to the demand upon it?—I have no doubt that the supply will always be more than equal to the demand.

25601. Is there any reason to suppose that the supply would not out-run the demand exactly as now?—They would not have the same reason for complaint.

25602. But the complaint arises from the profession being over-stocked; is there any reason to suppose that under any circumstances whatever the profession would not, in the circumstances of this country, be filled up to the brim as it were; in other words, if there was more work to be done there would be more practitioners?—Yes, the supply will always be equal to the demand, and be regulated by the demand to a great extent.

25603. Do you really think then that there is much in that argument at all about the profession being over-stocked?—I certainly think there is a great deal in the argument, where a medical man finds himself in practice, and he has been in the habit of receiving a certain income for years, say that his average has been 1,000 *l.* a year, and then he finds that, through the starting of hospitals as he believes, his income is suddenly reduced to 750 *l.*, or even less.

25604. What you would consider a real grievance, is that a medical man who has an established practice suddenly finds it cut away from him by the establishment of hospitals?—That is a real grievance. But then there is another grievance in this; I look out for grievances, I am rather accustomed to it, I think; but I think it is another grievance when a man wishes to start a practice, and to work up a practice, as I should have liked to have done a few years ago, in the West Central district, near the Strand, for him to find that the ground is already covered by free institutions, and that if I put my door-plate up in the neighbourhood I should not get one patient to call in 12 months by seeing it.

25605. Do you think there is any real foundation for that. Assuming (observe, I only say "assuming") that the patients are treated in the best possible way in hospitals, is there any reason whatever why, for the sake of somebody who is wanting to establish a practice, we should put an end to the system; upon what ground would you base that?—If the best treatment is given for nothing to people who can well afford to pay I think there is a reason.

25606. I am assuming that there exists a hospital which gives most satisfactory treatment to the patient who applies to it, and I will further put aside altogether, for the purpose of this argument, the question of pauperising patients; then putting aside those two arguments,

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Earl of Kimberley—continued.

ments, has the community any interest whatever in letting a practitioner start in a particular place where he is not wanted; what is the interest of the community in it?—I do not see that it has any interest in it whatever.

25607. And supposing it was found that any practice which is now carried on by private practitioners could be better done by some large institution, apart from the grievance (which I fully admit) of cutting away from a person a practice already existing, is there any possible reason why the community should busy itself about the question whether new practitioners could establish themselves or not; is not that entirely a matter of no interest to the community at all?—It is a matter of interest to them if the community are appealed to for funds to carry on a medical charity.

25608. But supposing the community said, "That is the best way to expend funds," who has any interest in preventing it?—I have an interest in that institution not being called a charity. I object to that institution being called a charity.

25609. That is the general objection; an objection with regard to the institution having a pauperising effect, or any objection of that kind, is quite apart altogether from the question you have raised of the difficulty of any new medical practice being established, and I ask whether the community, society in general, has the slightest interest in the matter; whether it is of any consequence to anybody that this particular business should be established any more than that of any other trader?—If I choose to come to a place where I see patients for nothing it is no concern of anybody's if I choose to do it out of my own pocket.

25610. And if you cannot do it for nothing, it is no concern of anybody's, is it?—If I start an institution, and appeal to the public for charity, I think the public have the right to step in and say, "You are not carrying out a charitable object, you are serving your own ends, and we shall put a stop to it."

25611. That is quite a different matter. It may be very undesirable for charities to be extended to a certain class of people; I am on the question of the injury to a practitioner, and I want to know what interest the community has in the practitioner establishing himself in a particular place where he is not wanted?—Patients who cannot afford to pay a doctor are of no use to him. No doctor would attempt to establish a practice in a district where the people cannot pay him.

Lord Lamington.

25612. I asked you a question before, and you partly answered it; what penalties would you suggest to be imposed upon hospitals which broke the regulation; supposing people started a hospital, how would you punish a hospital that did not come up to the requirements of the Board?—I should caution them. A complaint would be made, and you would hear what they had to say upon the matter, and then if they persistently neglected the recommendation of the central board, I would take away from them their right to exist as a hospital, that is to say, if they appealed to the public for funds.

(24.)

Lord Lamington—continued.

25613. You see that you would want an Act of Parliament for that; how could you prevent an institution from appealing to the public?—I think that this board should be empowered, either by Act of Parliament or by an Order in Council, to regulate the establishment of hospitals in London, and to authorise the use of the term "hospital," or "infirmary," or "dispensary."

25614. You would have the hospitals under the Government entirely?—I would have them under a central board.

Chairman.

25615. I understand you to mean a central board with statutory powers?—Yes.

25616. It would not necessarily be a portion of the Government, but it would be necessary for it to have compulsory powers by Act of Parliament?—Yes. Of course the public would, I take it, be well represented on that board in such a way as I have described.

25617. Is there anything else you wish to state to the Committee?—I think I might have mentioned something in regard to hospital letters. I do not think that that is a desirable system. I think that it is very much abused; and speaking of letters for in and out-patients, I may say that I have known many large firms, and I have known banking establishments, subscribe to hospitals in the neighbourhood as a sort of insurance of their own employes and servants, and send them to the hospitals.

25618. How many members have you got in this union of yours?—Between 150 and 200.

25619. And how many practitioners are there in London?—I should think there are 3,000.

25620. That is rather a small proportion?—Yes; but we cannot expect them all to come in within a month or two.

25621. It has only been started lately, has it?—Only since March; we are getting applications every day for membership.

Earl of Kimberley.

25622. What sort of limits should be drawn as to wages between a patient who ought to pay, and a patient who was a fit subject for charitable relief?—It depends upon the number of children in the family.

25623. Take a single man; what sort of wages of an artisan ought to disqualify him from receiving relief, except of course in some special accident?—Of course it depends a great deal upon the case. A man earning 1*l.* a week could pay 1*s.* 6*d.* a week for three or four weeks; but if it were a serious case, a man earning 25*s.* or 30*s.* a week if single would be a proper subject of charitable relief; I mean in the case of an illness which would confine him to bed. He would not be a proper object if the ailment were a simple cut or an attack of diarrhoea.

25624. You would not admit such a case as an ordinary out-patient?—No, I would not.

25625. But of course you would admit him in the case of a long illness?—Yes.

25626. I was rather thinking of the out-patients; you would not admit such a man as an out-patient?—No. If he were earning 12*s.* or 15*s.*, or even up to 1*l.* a week, he might be admitted, but if a man is earning over 1*l.* a week

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week he can afford to pay his 1s. or 1s. 6d. to a doctor for a trifling ailment; and in the case of the great many men who are earning from 25s. to 2l. a week, of course they could afford it. But I find that it is not the working classes getting that money who abuse the hos-

Earl of Kimberley—continued.

pitals most. I find the greatest abuse in going to general hospitals, and also to special hospitals, is in the case of people who wish to save a consultation fee; they wish to save that two guineas.

The Witness is directed to withdraw.

MR. WILLIAM EDWARD DAWSON, is called in; and, having been sworn; is Examined, as follows:

Chairman.

25627. You are a member of the General Practitioners' Union?—Yes.

25628. And you are an officer of it, are you not?—I am a member of the committee, and probably shall be the secretary of it in a few days. I had the first offer, but was not able to accept it then.

25629. Did you hear what the last witness said?—Yes.

25630. And do you generally indorse what he said?—Yes, I generally indorse all he said.

25631. He mentioned that there was one subject, public dispensaries, which you know a great deal of?—Yes, not private dispensaries, but charities. We have got eight within half a mile of Aldersgate Station, besides St. Bartholomew's Hospital, and three maternity charities.

25632. Do those dispensaries give all their advice and medicine for nothing?—No, unfortunately they have lately taken to what we designate as a system of twopences; that is to say, they are giving advice for 2d. and 3d. and 6d. a week, which is infinitely more injurious to me as a local medical practitioner than the former system of gratuitous medical relief.

25633. You think the people who did go to general practitioners now go to these places?—Yes, they use the charity, just the same as if they had a 2d. or 3d. butcher who was subsidised by charity, and a 1s. butcher who lived by his trade; they would leave the 1s. butcher and go to the 2d. one.

25634. Where did you get your medical education?—At the London Hospital and the Queen's University, Ireland.

25635. Did you find that persons used the hospital where you were educated who were not proper objects of charity?—I think I could give one instance to illustrate that. I was clinical clerk under Dr. Langdon Down at the London Hospital, and there was an instance of a bed being occupied for weeks together by the footman of a nobleman, who had the gout. That is one instance I recollect; and I recollect another instance in the out-patients' department, where one of our physicians said to a poor woman, "Hospitals are not intended for people like you; you must go to the infirmary."

25636. But how did this footman obtain admission?—By a governor's letter.

25637. Did they treat the man for gout as an in-patient?—Yes, certainly, in the medical ward.

25638. Do these dispensaries do nursing and visiting?—Visiting, not nursing.

25639. Is there anything you particularly wish to draw attention to beyond what Mr. Brown

Chairman—continued.

told us?—More particularly to this congestion in my special neighbourhood, the E.C. district of London, that is to say, within 1,000 yards, say, of Aldersgate-street Station on the Metropolitan Railway, there is not only St. Bartholomew's Hospital, but there are eight public dispensaries.

25640. Those are what you call the twopenny dispensaries?—The "copper" dispensaries they are locally known as.

25641. And those are almost entirely out-patient departments?—Those are entirely out-patient departments.

25642. And that cuts away your practice from you?—Yes, the working classes to me as a private practitioner are absolutely worthless, either for maternity or private practice. It is only in cases of emergency, when these dispensaries are shut up, that they will come and want to take me out at night.

25643. May I ask what the lowest fee you charge is?—My average fee is about 2s. 6d. for a visit, if paid at the time. The lowest possible fee I would accept from the poorest working man would be 1s., if paid at the time, for a bottle of medicine.

Earl of Kimberley.

25644. Where do you think this footman you have mentioned ought to have been treated?—I think the probability is that that man was earning 30s. a week, or its equivalent. The question just now put to Dr. Brown illustrated his case.

25645. And how would he get treated, according to your plan?—I think that, as he contracted this disease in a certain house, they should have kept him there till he got better.

25646. But it might have been entirely impossible for the master in that house to have kept him there?—Then he should have provided a nurse for him.

25647. If you know anything of the establishment of a London house, you may know that there are only a certain number of beds in it, and many of those are occupied in such a way as to make it impossible for a person having an illness to remain there; how would that person be treated, according to your idea?—A good many persons are treated with this complaint in lodgings; and certainly he could live for 30s. a week; and no doubt he had friends, or a mother, or sister, or someone of that kind, to look after him.

25648. Do

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Mr. DAWSON.

[*Continued.**Earl of Kimberley*—continued.

25648. Do not you think that that case would be more properly met by the master paying his expenses in the hospital?—Yes, it might.

25649. It is commonly supposed that it is very hard upon domestic servants to send them to a hospital, but may there not be something special

Earl of Kimberley—continued.

in their position that renders a hospital the only place where they can be sent?—There are paying wards to which people can go for a guinea a week, and get medical attendance and nursing.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Saturday next, at Eleven o'clock.

Die Sabbati, 4^o Julii, 1891.

LORDS PRESENT:

Earl of LAUDERDALE.
 Earl CATHCART.
 Earl of KIMBERLEY.
 Lord ZOUCHE OF HARYNGWORTH.
 Lord SANDHURST.

Lord LAMINGTON.
 Lord SUDLEY (*Earl of Arran*).
 Lord MONKSWELL.
 Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. HENRY CHARLES BURDETT, is called in ; and, having been sworn, is Examined,
 as follows :

Chairman.

25650. You are the Secretary of the Stock Exchange, are you not?—Of the Share and Loan Department of the Stock Exchange.

25651. And you have for some considerable time given great attention to the medical relief of the metropolis, have you not?—Yes, and of the whole country.

25652. And have you had a practical experience of hospitals as well?—Yes, I have been resident in various hospitals for 15 years. I have held many offices in the hospitals, from superintendent to the minor medical appointments, and I have also been registrar of a medical school, so that I have gone through every phase of the administration of the hospitals personally ; and I am a governor of most London hospitals, and I am or have been on the committee of several of them, and am also an active member of the Council of the Metropolitan Hospital Sunday Fund.

25653. Speaking broadly, should you say that the work of the big general hospitals is well done?—Very well done. I ought perhaps to add to my previous answer that I have been in many countries throughout the world, and have inspected the hospitals of importance in every country. I am familiar with the working of continental and foreign systems and American and colonial systems. I may add that I have written a good deal on the subject, am the author of several books, and have now nearly completed a book entitled, “The Hospitals and Asylums of the World,” on which I have been engaged for the last 12 years, which deals with the whole question from first to last ; so that I really have had exceptional opportunities of understanding and knowing how matters stand with reference to medical relief in all parts of the world at the present time.

25654. And you say that on the whole you consider the work is well done by the big general hospitals ; I will take first the hospitals with schools?—I should say certainly.

25655. Is there any particular line where you could suggest improvement?—I think that as far as the London hospitals are concerned, and you are only speaking of London hospitals now I understand—

(24.) e

Chairman—continued.

25656. We are confined to London hospitals?—The great weakness of the London hospitals is their committees, and that is due to a distinct absence of self-denial on the part of the rising generation, the younger men of the class who ought to take seats upon the boards. There can be no doubt that any intelligent man who has had to manage hospitals, must recognise and regret the absence of self-denial on the part of many governors who ought to give time to administer these charities. The consequence is that it is a most difficult thing to get the right men to serve upon those committees, and all of us who are interested in the matter feel, and I think it is quite correct to say, that although of course there are hospitals which are exceptionally circumstanced in that respect, yet, taking it generally and broadly, the best thing that could happen to the voluntary hospitals would be a re-awakening of public interest to the extent of giving personal service to the work ; and that is one of the things which we particularly wish to see, especially amongst the younger men.

25657. Then as regards the charges of extravagance which have been frequently made, too high a payment of the staff and secretaries and so forth, do you consider that there is anything in them or not?—I think that anyone who looks to the condition of the labour market and to the requirements with regard to service from those who have to administer the hospitals as paid servants, will say that the remuneration is moderate ; and if anybody doubts that, I do not think it would be difficult to demonstrate by actual facts that that is literally true.

25658. How does the hospital accommodation, in your opinion, compare with the population of the metropolis ; do you think it is sufficient or that it is insufficient?—In the course of the evidence that I am going to give, I propose to deal with that question with reference to London, to provincial cities, and to large towns throughout the world. I have got out the figures showing you the proportion of beds to the population.

25659. If you like to give your evidence in your own way you can do so?—I wish, first of all, to begin by putting in the population of London at the present time, and during the last
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 10 years

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[Continued.]

Chairman—continued.

10 years showing its growth. I have figures here which have been sent me from the Registrar General's office, giving the population of London, of the outer ring and of greater London, in the years 1881 to the year 1891 inclusive. I will only read two lines. In 1881 the population of London amounted to 3,831,719; that of the outer ring to 960,137.

Lord Thring.

25660. What does the outer ring mean, and what does "London" mean?—London is I fancy, an area within seven miles of Charing Cross, and the outer ring is the postal district. The total in 1881 for greater London is 4,791,856. Now in 1891 (and these are the estimated populations in the middle of each of the years) London proper amounted to 4,492,707, an increase roughly of 550,000 people. (*Lord Thring makes an explanation to the Committee.*)

25661. When you are talking of London you say that is an area of seven miles from Charing Cross?—I meant that I believed that that was so, but, in the face of your explanation, that it probably means the old metropolitan district.

25662. I think your population must be wrong. If it is sent by the Registrar General, the Registrar General has no means of calculating the population within seven miles of Charing Cross that I know of; when he is speaking of London he means something else?—Probably the old Metropolitan Board District. But, if you will allow me, I will ascertain exactly what the areas are that are covered by these terms.

Earl Cathcart.

25663. The metropolitan area is the term used in our order of reference?—Then that would take in greater London, the whole area.

(*After some remarks by the Earl of Kimberley.*)

Witness.] I have no doubt the Registrar General meant by London proper the County of London, and that the outer ring includes the whole of the Metropolitan Police District. These figures were obtained from the Registrar General's Office. I unfortunately left behind the letter which gave me a description of what these two things comprised, but I will let you have it.* I have said that in 1881 the population of greater London was 4,791,856; in 1891 London proper contained 4,492,707; the outer ring contained 1,384,683, making a total for greater London in 1891 of 5,877,390, as compared with a total in 1881 of 4,791,856, being an increase of about 1,100,000 in the 10 years. Now I should like to bring as forcibly as I can to the minds of the Committee my view that the criticisms with reference to the voluntary hospitals of London have been very largely unreasonable. I take it that no one ought to criticise anything unless he takes the trouble to go and investigate it for himself, to look into it, and to understand it; and I may say for myself that before, and since this Committee has been sitting, I have made it my business to follow up very carefully the criticisms which you have heard in this room, and to try and test the accuracy of

Earl Cathcart—continued.

many of the statements which were made. I have visited the hospitals, I have gone specially into those departments which have been most severely criticised, and I can only tell you, in the light of my experience of 25 years in their management, that I am surprised and thankful to find how efficient is the condition of the institutions which have been most criticised. It seems to me that an attack upon the hospitals in this country is in one way a good thing, because it will necessarily excite a certain amount of interest in the hospitals, and no doubt the result of the criticisms will be to do good, because it will awaken a certain amount of indignation and thereby brace up those who take an interest in our voluntary system. We thus often obtain by criticism a larger support and a better administration if it be possible, although necessarily the administration of great institutions like our hospitals must continuously progress, or else we shall get great inefficiency. Now I want to try and bring to your mind what a day's work represents in the voluntary hospitals of London. I find that the voluntary hospitals (excluding St. Bartholomew's and St. Thomas's Hospitals), contain at the present time 8,094 beds, of which 6,143 are constantly occupied during every day in the year; every day 3,800 out-patients are relieved; and the total cost of keeping all this machinery going amounts to 1,800*l.* per diem. In the work we have engaged 6,000 people, consisting of 1,350 honorary medical officers, 350 who are resident and paid; 2,100 nurses, 170 dispensers, 70 stewards and housekeepers, 50 chaplains, 200 secretaries, clerks, and accountants, and 1,700 various other employes, male and female. In addition to this you have constantly in training some 3,000 to 4,000 medical students, and something like 1,500 probationary nurses who are learning their work, and who are qualifying to do that work, either in the institutions or outside. I think that it must be admitted that the importance to the public (apart altogether from the poor) of the work of our hospitals is so great that certainly no thinking man would willingly do anything to make it more difficult to promote and continue the work as it has gone on so successfully for many years. I think, further, that in this connection I ought to point out that the great feature of the voluntary hospitals, as opposed to rate-supported hospitals, in my view, and their value, is, that they are always open to inspection. You can never go to a voluntary hospital in this country, if you ask to see anyone who is in charge, without being taken round and allowed to see everything or anything that you may be specially interested in. Now you cannot do that in a rate-supported institution; you find it immensely difficult to get into it; the friends themselves find it difficult. And I think this entire publicity is one of the great beauties of our voluntary system of hospital support in this country. In addition to the work which I have described as being done by voluntary hospitals, we have a system of rate-supported hospitals, and every day you have 1,800 fever beds maintained by the Metropolitan Asylums Board, and you have every day 13,203 beds available for the poor in the poor law infirmaries. Beyond this there are the sick ward beds which are contained in the work-houses

* *Note*—This letter states: "Inner or registration London is co-extensive with the administrative County of London, except that it includes the Hamlet of Penge. The outer ring includes the whole of the Metropolitan Police District that lies outside inner or registration London. Greater London includes both inner or registration London, and the outer ring being co-extensive with the Metropolitan and City Police Districts."

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[Continued]

Earl Cathcart—continued.

houses in some metropolitan districts where they have no poor law infirmaries under Mr. Gathorne Hardy's Act of 1864. Now I should like here, in passing, to say one thing in reference to the criticisms. You must remember that we have had really no serious criticisms, nothing which seriously affects the public confidence in our institutions in all the criticisms which have been made against the voluntary charities; but if you turn to the rate-supported institutions and look at the experience of 10 years in regard to them, you find that the criticisms, the official inquiries which have been held, and the results of those inquiries, prove that they would not stand, and they cannot stand the test that voluntary hospitals have stood in relation to their administration. I will only give one instance as an example. Lord Rosebury pointed out in 1888 that "the Eastern Hospital, which is one of the London State-supported infectious hospitals, was a place flowing with milk and honey, or rather with champagne and claret and Burgundy, and things which somebody liked better than milk and honey. It was consequently found that the patients there cost three times as much as those in any other hospital. The result of a short inquiry held, as regards the officials paid out of the rates, was that the superintendent resigned, the clerk of the committee absconded, the medical superintendent was suspended, and the clerk of the managers was cautioned. That puts in a sufficiently glaring way to appeal to any common sense, the difference between a hospital supported by rates, the expenditure of which no one particularly cares to look after, and that supported by voluntary subscriptions which it is the interest of every subscriber to see well spent. I do not pretend to say that all the rate-paid hospitals are like this; but what I do impress upon you is that there is more risk of jobbery, and extravagance, and culpable management in a rate-supported than in a voluntary hospital." Only the other day, it will be in the remembrance of the Committee, this very same hospital, the Eastern Hospital, was again put in the crucible, but as the Commission issued by the Local Government Board has not reported I will not express my view upon the evidence; but those who saw the evidence will see that in the main the same charges were there produced against this same institution which were found to be proved on a former inquiry 10 years ago. I only want to put that in evidence, so that the Committee may have clearly before them the fact that we have two classes of institutions in this country, voluntary hospitals and rate-supported hospitals, and that when the two are compared, with regard to management and administration, as shown by the criticism (and you have been sitting here two years, so that you will have had all the discontented people coming here to give evidence), when tested by the facts, you find that the voluntary hospitals come out of the enquiry practically unscathed, and the rate-supported hospitals leave very much to be desired. That is all I propose to say with reference to a day's work in the hospitals. I do not know whether it would be convenient to ask me any questions on what I have stated, before I go on to the next point, which is the total income and expenditure of the hospitals.

(24.)

Earl of Kimberley.

25664. You have come apparently to this general conclusion from the evidence about one rate-supported hospital?—I only allude to the evidence on one rate-supported hospital here, but there have been serious complaints in regard to other similar hospitals.

25665. Where have they been heard?—They have been heard in London and elsewhere; there have been complaints from time to time about the administration of them.

25666. But we have not heard of them that I know of, and is it not rather a hazardous thing to come to so sweeping and general a conclusion upon the evidence as regards one out of a large number of institutions?—Not when it is backed, as in my case, by closely and continuously following the work of rate-supported hospitals, and the results which have been obtained by them.

25667. You said just now that no serious criticism was heard of voluntary hospitals; have you heard anything about certain drains at St. Bartholomew's Hospital?—Yes.

25668. Would it be a right thing to conclude from the fact that the drainage of St. Bartholomew's has been extremely ill-attended to, that therefore the voluntary hospitals in general are inefficient in their drainage?—No, it would not. I am going to give evidence on that point of drainage.

25669. If it is rather hazardous to draw that conclusion from the evidence about one voluntary hospital is it not rather risky to draw a conclusion from the evidence about one rate-supported hospital?—It would be if it stood by itself and was not supported by other evidence.

25670. Will you produce the other evidence?—I will at another time; I have not got it with me, with reference to other rate-supported hospitals.

25671. You mean that you can give evidence yourself on that subject?—Yes, from the public records of it.

25672. What records do you refer to?—There have been official inquiries held about the administration of some of them.

25673. Some other hospitals?—Yes, of some other hospitals, among the rate-supported hospitals.

25674. Do not you think it might be the case that if there were official inquiries from time to time about the voluntary hospitals a good many things might come out that are not known to people who make casual visits to them?—No, I think not, because the charges against the rate-supported hospitals shows that there is sometimes gross peculation, shameful from first to last, which causes the patients to suffer very much.

25675. In a particular hospital?—In a particular hospital.

25676. From that you conclude that they are all to be condemned?—Not all, nor from that one alone, because similar charges have been made against other rate-supported hospitals.

25677. What other hospitals?—I cannot tell you the others at the moment, but I can get them for you.

25678. I am not now wishing you to understand that I have come individually to the conclusion that the voluntary hospitals may not be superior to the others; I am only asking you whether it is not rather too sweeping a conclusion

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Earl of Kimberley—continued.

to draw from the evidence which you seem to have trusted to entirely in regard to a particular hospital?—You see I have not relied upon that; I have relied simply upon following the working of these institutions, as I do continually, and on my knowledge of what has occurred with reference to them. I have confined myself to-day to Homerton, or the Eastern Hospital as it is now called, as being one of the most notorious of a group; and I may tell you that the system is wrong. They have a plan of leaving the election of the resident medical officer in the hands of the local committee. The consequence is that the medical superintendent is under control of a local committee, and these hospitals have broken down through the inefficiency of the local committee. If the Metropolitan Asylums Board would take into their own hands, as a body, the election of the medical superintendent and make him free of the local committee, then you would get, I believe, as good administration in the Metropolitan Asylums Board hospitals, the rate-supported hospitals, as you get elsewhere; because many of the managers of that board are as anxious as any men in London to have them efficient, and give as much time and attention to the making of them efficient as those in the voluntary hospitals. I do not want to criticise individuals but rather to bring out what the results of the two systems have been as we have seen them in the last twenty years.

Chairman.

25679. You said that other places had been inquired into; were those inquired into by the Local Government Board?—Yes, they were inquiries under orders issued by them. There was the small-pox camp hospital, you remember, where there were various charges made as to want of discipline and the general state of things.

Earl of Arran.

25680. And were they proved?—Yes, certainly, and were admitted to be correct. I remember Sir Edmund Currie telling me about it, and the difficulty he had in the matter; and in fact Miss Stuart, who is now the matron of St. Bartholomew's Hospital, in some measure owes her appointment to the fact that she nobly and courageously went down there and took hold of the thing, and really brought it into order and reduced it to something like a state of discipline. At one time it was reported to be as bad as bad could be.

Lord Monkswell.

25681. But I thought you said that the committees were the weak point in the voluntary hospitals as well?—What I spoke of was the difficulty of getting the right men.

25682. Then does not your objection apply just as much to a voluntary hospital as to any other hospital; any hospital, whether voluntary or rate-supported, may have a bad committee, may it not?—I did not wish it to be inferred that the committees of the voluntary hospitals were bad, but that it was immensely difficult to keep up the number by electing efficient men.

25683. That means that sometimes they are inefficient; therefore these scandals may, I suppose, go on in voluntary hospitals and not be

Lord Monkswell—continued.

found out for a considerable time?—Well I have taken great pains to look into the whole question and I have never been able to find anything of that kind in the voluntary hospitals, nor have you had evidence to that effect.

25684. You began by saying, as I understand, that the voluntary hospitals are much better than the rate-supported institutions; but if the objections that you raise to the rate-supported institutions can be done away with by simply putting less power in the hands of the local committee and more power in the hands of the Metropolitan Asylums Board, or simply by changing the management, surely the rate-supported institution might be just as good as the voluntary institution?—It might be just as good so far as the absence of speculation and immorality in the administration went, but it would never be so efficient if we are to judge by the results of rate-supported hospitals all over the world; because there is an absence in them of public spirit and of crisp administration in consequence. You see the difference at once; it is just the difference between a smart regiment and a slovenly one.

25685. I thought you told us that you considered that the Metropolitan Asylums Board were an exceedingly efficient body of men; is it not possible for them to introduce such reforms as would make the hospitals under their jurisdiction as efficient as the voluntary hospitals?—Efficient so far as the general administration goes, but not so far as the actual comfort and surroundings of the patient go. The rate-supported hospitals never in my judgment can be so comfortable; you cut off all public interest in them.

25686. I should have thought if you had 50 or 60 men interested in this work, and specially selected to perform it, they would be just as good a body of men to set these hospitals right, if they set to work in the right way, as the general outside public, who might perhaps be swayed by prejudice?—Undoubtedly; but the rate-supported hospitals have not got public opinion behind them in the same way as the voluntary hospital has which is supported by members of the public.

25687. I should have thought the opinion of the Metropolitan Asylums Board would have been just as valuable as public opinion?—But in practice the effect is different. No one can have inspected the institutions and gone over them without seeing exactly what I mean at once.

Earl of Kimberley.

25688. Perhaps you will kindly tell us what are the means of judging of these hospitals which you have individually; I mean those which you were speaking of, the voluntary hospitals; you said that you had seen them or inspected them?—I have inspected, I think, most hospitals in this country, some more than once.

25689. And been through the hospitals?—Yes, I have been through the hospitals, and been through them at different times.

25690. Do you think that going through a hospital really enables a person to form an opinion as to the real state of the institution?—Yes, of you understand hospital management.

25691. Do

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25691. Do not you think it is impossible to tell whether an institution is well managed unless you have the power of examining all the officers?—I do not think so; I think I could tell you that this institution is efficient, and that that one is relatively inefficient, from my experience as a hospital administrator.

25692. By a casual visit, do you mean?—By a visit which goes from basement to roof, as I am accustomed to do.

25693. You could judge, for instance, could you, whether the sanitary condition in regard to the drains was good?—Yes.

25694. By applying the tests?—I should do that if I had any suspicion.

25695. Have you any experience as a sanitary engineer?—I am a fellow of the Sanitary Institute of Great Britain.

25696. Have you ever applied these tests?—Certainly; I have applied the test, so that at Fitzroy-square, where we have introduced the new system, a private house has been made sanitariously perfect, so far as its drains are concerned. I am speaking really as a practical man with thorough knowledge.

25697. As far as my experience goes upon the matter, whether you understand the subject or not, cursory inspection by outsiders does not reveal the real state of an institution?—If you inspect it with the knowledge of an expert, and with a desire to get really at the facts, I think you can ascertain the real state of things. I will give you an example which comes to my mind. Lord Sandhurst is the chairman of the Middlesex Hospital; and the Middlesex Hospital's drainage was altered in consequence of my investigations and inquiries there. I wanted a plan of the drainage of the Middlesex Hospital, and they had some difficulty about it; ultimately they consented to let me have it, and when we looked into it we found that there were defects in the drainage. The committee took it up in Major Ross's day, and in the result the hospital was re-drained; and that has happened in the last 10 years at several institutions as the result of my procuring the drainage plans of all these institutions, for 10 years ago the majority had not a correct plan of the drainage at all.

25698. That seems rather to lead us to this, that in order to keep these voluntary hospitals in order it would be necessary that there should be an outside inspection. You have apparently very efficiently done this duty as a volunteer, but you could not be sure that there would be persons like yourself who were willing to take this trouble or who had the knowledge requisite. Therefore your conclusion seems to lead to this, that unless there is an outside inspection there may be many duties in voluntary hospitals not detected by the Committee?—I should say no, because the outside inspection comes from the intelligent public interest behind them.

25699. It appears that at the Middlesex Hospital the local committee would not have found out that defect in the drainage unless you had discovered it?—Not so soon, probably. I was only a member of the public in the matter, and took up the matter from that point of view, and many other people do the same thing; and in the provinces especially nearly all our reforms have come in that way; and that is why I say that
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Earl of Kimberley—continued.

the voluntary hospitals are so much more efficient.

25700. I understand that you have made these inspections, and I have no doubt with great advantage to the hospitals. If these inspections seem to lead to these results, would it not directly point to this, that in order to keep these hospitals in good order it is necessary to have an outside inspection?—I do not think it is necessary.

25701. Then how does it come about that your inspection has been so useful?—Because you must remember that the interest in hospitals has been of comparatively recent growth, say, a quarter of a century ago. When I knew hospitals originally, when I began my hospital experience, they were more like workhouses than hospitals.

25702. That is not an answer to my question; that may be true, but why was your inspection so valuable to the hospitals if you are of opinion that the hospitals can go on without a regular system of inspection?—Because the public interest is sufficient to keep them efficient.

25703. And what reason is there for supposing that, when you have shown by your own experience that your inspection has led to results which you have no reason to suppose would otherwise have been attained?—Simply because this is an imperfect world and everything is progressive. The defect in the drainage to which I referred just now was the result of an institution being built many years ago, and most of our institutions are old, and the question of the drainage had possibly gone out of sight. But an outsider coming in and looking at it saw it and dealt with it. But I think that an official inspection gives, as far as I can find out an air of false security, because it too often degenerates into a perfunctory discharge of duties, as we can see by testing the only example of this system we have got in this country, and it is not nearly as good and effective as outside criticism by those people who give their money to support the local hospitals, of which they are proud and in which they take a genuine interest.

25704. Therefore your opinion is that it is better to trust to chance inspection by people who may or may not have experience, and who may or may not have time to give to it, than to trust to regular inspection?—On the whole, I should say that the present system has answered a great deal better than any system of paid inspectors could possibly do.

25705. When you spoke of the rate-supported institutions which you think are not well managed, did you extend that remark to the poor law infirmaries in London?—I should say, speaking of the poor law infirmaries in London, that there are two distinct classes; there are excellently administered infirmaries, and there are some not so well administered. For instance, if you take the Marylebone Infirmary, or even the Paddington Infirmary, or many others instituted under Gathorne Hardy's Act, you will find there everything as complete and efficient and excellent as you can find in any hospital in the world. There is no doubt that in these instances we have a most splendid equipment in regard to the poor law infirmaries, and there is little
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that you could wish for that they have not provided; they have not spared any money; and in respect of their officers, and in every way, they are efficient as they can be. I went to Birmingham to see the new poor law infirmary there, and I am sure that any member of this Committee who is interested in hospitals should make an opportunity of paying a personal visit to see that hospital. It is remarkable in many ways, and especially in regard to its nursing arrangements.

25706. Then it seems that notwithstanding your condemnation of all these rate-supported institutions, there are some extremely well managed?—Certainly. I guarded myself against wholesale condemnation of rate-supported hospitals for this very reason.

25707. That is not quite consistent is it with your view?—I think it is quite consistent, because these are all new buildings or comparatively new. They have been established under a new scheme with a desire to reform; but I believe that it will be found that the effect of the system, that is the absence of direct public interest in them, unless we can get an affiliation of hospitals, and so have a public interest in all groups, will gradually make them deteriorate.

25708. Did you ever visit the Hospital for Incurables at Putney?—I have not, but I have had a remarkable experience in regard to that institution. It is the only institution in this country which has placed great impediments in the way of giving information as to how it is managed, and what its internal arrangements are; I wanted to get a plan, and they would not give me a plan, but I was able to get a plan ultimately, and then I wanted to put the beds on that plan so that I might see whether the internal arrangements relatively to hygienic principles were proper. I asked that I might go myself; I asked that my architect might go; I asked that one of my secretaries might go; and they declined in every way to allow anybody to enter the wards of that institution; I then wrote to the committee, and pointed out that in dealing with the subject I should have to draw attention to the fact that the very absence of permission to allow an outsider who was perfectly disinterested to go into their wards seemed to me to condemn the arrangement, and that I should have to publicly state that. That is now some three years ago I suppose, and I have concluded that there must be something inside the institution which would not give the public satisfaction; I do not know whether I am right, but my experience would lead me to think that I must be right. It was a most amusing experience because it is unique; and it is unique in the sense that even in Russia they gave me greater facilities for entering the hospitals than I could get out of the Royal Hospital for Incurables at Putney. Therefore, I think there must be some good ground for all this secrecy and locking of doors.

Earl Cathcart.

25709. Your analogy about the inspection of regiments rather struck me; I have been present many times at inspections of regiments, and I am sure that a general officer of experience knows at once whether the regiment which he inspects is smart or otherwise; from what he sees at the

Earl Cathcart—continued.

inspection, and from his examination of the books he knows whether it is in a bad or in a good state; the same with regard to a ship. Now I understand that in some of the hospitals which are supported by rates, there is altogether a want of fresh air, a want of inspection of all kinds, both by the public and otherwise; because we had it in evidence that there is only about one inspection a year by Dr. Bridges, and it was said that sometimes there were three inspections in two years; and therefore the good management of those hospitals depends rather upon good luck in having secured a very first-rate medical superintendent?—And also a first-rate lady superintendent.

25710. You mean a matron?—Because the best boards of guardians have insisted upon having those officers; and that is the secret of the whole thing, for if the *personnel* of the board of guardians alters there may be an alteration for the worse in the management of the institution.

25711. Was the evidence in the recent inquiry into the Eastern Hospital printed?—Yes.

25712. And if their Lordships ask for a copy it can be supplied?—No doubt if the clerk of the Metropolitan Asylums Board is summoned he would produce documents relating to all the inquiries that have been held.

25713. And supposing their Lordships called for a return of the number of inquiries that have been held, say, in the last five years, such a return could easily be produced by the Local Government Board?—Yes, or by the Metropolitan Asylums Board; but I would suggest 10 years.

25714. Rather supporting what you said just now, I have a cutting from a newspaper of 21st February 1891, in which there is "a painful story of how the poor live and die"; it was the case of a poor woman who was sent backwards and forwards by mismanagement from St. Bartholomew's Hospital to the Lambeth Infirmary; I need not go into it further, except to say that that was an inquiry by Mr. Hedley, the result of which inquiry is not stated; that is the sort of typical case, such as you have referred to?—You see in that case, as I gather, a voluntary hospital is equally implicated, is it not?

25715. No; St. Thomas's seems to have done its best; and the woman was sent to the infirmary, and then sent back again to the hospital; there was a Poor Law inquiry on the subject, under Mr. Hedley?—I would like to suggest with reference to the questions that have been asked me that some steps should be taken for some members of the Committee, if possible, to visit the sick wards in a union like St. Giles', so that they may really see for themselves what the condition of affairs in this country is in some places provided for the sick poor.

25716. What we were told the other day in evidence was that the state of affairs at the Bethnal Green sick wards was as bad as it could be, that it could not be amended, and that the whole system of having patients in the work-houses ought to be abolished?—I think that is quite true; there are several of them so bad, and it is perfectly horrible to think of.

Lord Thring.

25717. You spoke of the difficulty of getting into rate-supported hospitals; do I understand that

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that the public have no right to go in?—There are certain visiting hours once a week generally, or once a month I think they have in some places now, because they say that the poor people make such a mess; friends thus go once a month.

25718. Do I understand then that a friend can only see a patient once a month?—In some of the institutions. Of course each board of guardians makes its own regulations. Sunday is a usual visiting day at the voluntary hospitals.

25719. I, for instance, cannot ask to go in and see one of those hospitals?—If you went as Mr. Brown I do not suppose you could; if you went in your proper capacity they might admit you if you sent in your card.

25720. There is no right of admission you mean?—No free entrance, as it were.

25721. You would recommend, I suppose, as a matter of course, that there should be such a power of seeing the rate-supported hospitals. By the way, do you distinguish between the rate-supported hospitals and the infirmaries?—The infirmaries are rate-supported, but they are the very best type.

25722. You include them, in the rate-supported hospitals, in your language with reference to them?—Certainly. I do not condemn all of them. I am only speaking of my view as to the relative condition of voluntary and rate-supported hospitals.

25723. But you have seen cases where the rate-supported hospitals are rather too good; in other words, that the poor go into them as a luxury?—I should not say too good; only in some of them the arrangements are excellent.

25724. Your accusation then extends to sick wards in workhouses and to certain rate-supported hospitals?—Yes, certainly.

25725. Not to the majority of the rate-supported hospitals?—I do not want my evidence to go forth as condemning particular hospitals, but I condemn a particular system; that is the system of rate support. I am quite against that.

25726. Do I correctly understand you that you would have no poor-law infirmaries at all?—I would have poor-law infirmaries, but I would have the whole system of medical relief affiliated, so that all hospitals might be in touch one with the other, and then the leaven of the voluntary system and the competition of the voluntary system when brought alongside of the rate-supported hospitals (because we must have a certain number of rate-supported hospitals; that goes without saying) would bring about the average efficiency and crispness in the administration which we ought to have everywhere.

25727. You see I do not quite understand you. I am fully in favour, and I know the value, of voluntary contributions as against rates; I am not disputing that at all; but we have been told over and over again, and I suppose truly, that the medical relief of the poor in London has been, I will not say increased, but revolutionised by the rate-supported hospitals; that the chronic cases which were so numerous, were ill-treated or carelessly treated in the unions and now are well treated, and not only well treated, but that they form a school which ought to be taken advantage of for the purposes of medical education; and we were told that that was as good a system as could be.

(24.)

Lord Thring—continued.

Now I want to know what you propose; what you mean by affiliation?—Well I mean this: We have got now, in this country, this sort of system or want of system; any man can at any time decide that he will open a house anywhere and call it a hospital for the treatment of any disease he chooses to favour. That is our arrangement; that is the condition that we are in now. We have then certain rate-supported hospitals on the one hand, like the Marylebone Infirmary, which is as efficient an institution as you can get at all under any circumstances, and as intelligence, knowledge, kindness, and money can make it; you have on the other hand the poor-law sick ward of the workhouse, which is an abomination. Now what I should like to see is this: I wish to see a combination, a system which would bring in touch all these systems by means of some body which should be representative of the administration as a whole. You must always have separate administrations in rate-supported hospitals and voluntary hospitals; but there is not the slightest reason why you should not have a central board of inspection, or supervision, or reference, or whatever you like to call it, which might simply be unpaid and which should consist of the best minds to be found among the administrators of all the systems of hospitals.

25728. Then I understand you to mean what we have been recommended before, that you would have a central sanitary board or central hospital board, partly State appointed and partly representative, of the different hospitals, which should have the management of all the hospitals in London, voluntary and poor-law also; is that the plan?—No, not quite. I do not want to interfere with the freedom of the government of the institutions at the present time; but I do want to get, by the action of those who are responsible for the administration of the hospitals, a common means of communication for the general good, which would bring them up to an average level of efficiency, so that you would educate, as it were, the least efficient to a higher and better knowledge, and so get the desired result; and I think that might be done by utilising a central body like the Metropolitan Hospital Sunday Fund Council.

25729. This is a practical question, and I want to know what you would actually do. Take the case of a Poor Law infirmary and St. Bartholomew's Hospital; would you have a body, however elected or chosen, which should have some power over the Poor Law infirmary and St. Bartholomew's Hospital?—Where it should have the right to visit the institutions and make representations to the authorities, certainly.

25730. A right of inspection but not of control?—Not necessarily of control.

25731. But that is what you mean?—That is what I mean.

25732. Have you at all considered the difficulty which has been so often mentioned before us of getting such a body, or how would you form it?—Yes; I have considered that, and I propose to give some evidence on that later on. But I want this to be clear; what I have been speaking about now is this: There has been a cry for some years growing up in this country, that the only thing we can do for our hospitals

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Lord Thring—continued.

is to make them all rate-supported. Now I am strongly of opinion that the day that England has nothing but rate-supported hospitals, will be the worst day we ever saw for England's poor. I wish to address myself to the question of entirely rate-supported hospitals, which I am very much against.

25733. When you speak of rate-supported hospitals, I must ask you do your observations apply or not to existing poor-law infirmaries; would you do away with the existing poor-law infirmaries, and endeavour to get them supported by voluntary contributions?—No, certainly not; you cannot do that.

25734. There I do not quite follow you?—My point is this: that the cry to throw all the hospitals on the rates—

25735. But I do not think you need trouble yourself with that; I do not think that any of us here want to throw all the hospitals on the rates; we want from you, as a man of very great experience, to know what practical scheme you would recommend for getting us out of the difficulties in regard to the rate-supported hospitals. I understand you to say that you would have a central body; then we want to know the nature of that central body; whether it is to be a body of inspection, or of inspection and control, or of inspection without control; whether it would be elective, or whether it would be State appointed, or partly one and partly the other?—I have got the terms of it; I will give in that later on if I may do so; but I am on the general principle of rate-supported as against voluntary hospitals.

25736. I think we had better have your plan at once. The Committee here are not in favour of rate-supported hospitals?—But a good many of the lower orders in this town are, and you cannot go amongst them as I have done without knowing that.

25737. Would you kindly give us your scheme?—"The possibility of the use of some sort of board of supervision" is one of my headings; that is the point you want to hear evidence upon?

25738. Yes?—Now we have an example in Ireland of a board of supervision which has been at work there now for some 30 years, since 1856; the Act is dated the 29th of July 1856; and this Board exercises supervision and control over those hospitals in Dublin which have (as many Dublin hospitals have) both a grant from the corporation and a grant from the Imperial funds. Now, if you take the report, and go through the report of the board of superintendence of the hospitals you will find that year after year they simply call attention to defects, and they make their statements, and issue the same figures, but the net result is nil, absolutely nil; and so much is that the effect that Dr. Haughton, of Trinity College, who is one of the most eminent of the Dublin citizens, in reference to this, stated: "For many years he had been one of the governing body of two Dublin hospitals, one of which received a grant from the State, and the other did not. The State inspection by the Government officer once a year he did not regard as having the slightest beneficial effect on the State-aided hospital. It was such a formal matter that he attached no

Lord Thring—continued.

weight to it. The other hospital where there was no State supervision was equally well managed." Now that is Dr. Haughton's evidence, and the result of that was that the managers of the voluntary hospitals took up the matter themselves and decided to institute their own independent inspection; and in Dublin they have a most active council of the Hospital Sunday Fund, and this Hospital Sunday Fund has instituted a visiting committee as well as a committee of distribution, and this visiting committee divides itself into sub-committees which inspect all the Dublin hospitals in turn and make a report every year, and upon those reports the distribution is based. In the early days before the institution of the visiting committee the attention of the council of the Hospital Sunday Fund was called to the fact that there was not a single hospital in Dublin which was properly nursed. When I inspected the Dublin hospitals in 1876, I found them in such a condition that I was obliged to state that if I wrote what I found it would be so serious that the probability was that most of the hospitals must either have been closed or that they would have locked me up or entered an action for libel, they were so indefensibly bad. The Dublin Hospital Sunday Fund determined to alter this state of things and instituted a system of bonuses (all this was a voluntary movement) which they gave to those hospitals which began to put their nursing into a state of efficiency. It commenced about seven years ago, and in the last report, that for 1891, it was stated that "all the hospitals now with one exception are efficiently nursed," and the consequence is that the bonus system has been abolished. The reports of the visiting committee of the Hospital Sunday Fund show that if they report a serious defect one year, which is not found to be in process of remedy at the next inspection, it is shut out from a grant, or the grant is diminished, and in that way, in the case of the Dublin hospitals, the voluntary agency of the Hospital Sunday Fund, having touch as it has with the public, and consisting of people who support hospitals and take an active interest in them, has produced great results for good in the last 10 years; whereas, so far as I am able to judge, no such results have been produced by the board of supervision. I should like Lord Powerscourt, who is the chairman of this board, to give evidence on the subject; because I only can judge from the documentary evidence produced by the board, but the impression given to me is that little or no practical results can be shown as following from the institution of this board of supervision by the Act of July 1856.

25739. I want to ask you this: You have stated that State interference in Ireland was futile, that voluntary efforts in Ireland were very successful; but the question I will ask you to answer is this: how would you make the voluntary system act on the poor-law infirmaries; are you prepared to say that you would give the volunteers power to manage or control or inspect the poor-law infirmaries, or would you have State interference or mixed interference?—This is what I propose: that an attempt should be made to strengthen existing hospital committees by enlisting the sympathy and the personal service of the more active

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Lord Thring—continued.

amongst the governors. I am speaking now of London hospitals because I want to say in passing that this difficulty does not exist in the provinces; there it is regarded still as an honour to be on a hospital committee, and there all the best minds are to be found, as a rule, representative of every class on that committee; but in London that is not the case. In London a man has come more and more to say that if he gives a guinea a year, and if when he is bothered about the hospital he makes it two guineas, he has done his duty. They seem to have lost the feeling that personal service is far the most valuable thing that can be given.

25740. The first thing you want is to strengthen the hospital committees?—To strengthen the committees by the introduction of some of the more active and the younger members from the governing body. The next thing I should do is to educate those members who take part in the administration of the hospitals, to qualify as members of the council of the Metropolitan Hospital Sunday Fund, which now includes the more active managers of the hospitals, an attempt being made in filling up a vacancy to select only those who have taken an active part in the administration. I then should develop the control over voluntary and rate-supported hospitals, through this body, on the Dublin system.

25741. Would you, with your very great experience, have an Act passed that voluntary people should have power over the poor law infirmaries or not?—No, I am not for giving them power over the poor law infirmaries, except by making some such body as the Metropolitan Hospital Sunday Fund sufficiently representative of the whole hospital system to be in a condition to inspect the whole of these institutions, and to issue an annual report. I believe that the effect of that influence on public opinion would be sufficient to keep all these institutions efficient.

25742. What you mean by affiliation then is this (I dare say it would be very desirable): you wish that a strong voluntary body of competent men should be set up in London, that that body should be given a power of inspection, but no power of control over the poor law infirmaries?—Nor over other hospitals either.

25743. The inspecting body should have no control, but should be composed of volunteers?—Yes, they should be volunteers.

25744. But that they should have power given them by the State to inspect the State hospitals?—Inspect and report thereon; and then if it were found thereafter that without control you could not get the desired result, you might give them control; but my experience is that the desire of everybody, including the best of the guardians, who is actively employed in the administration of these poor law infirmaries, is to do the best they can; and, I believe, very often the want of success is due to a want of knowledge.

Lord Zouche of Haryngworth.

25745. How are the council of the Metropolitan Sunday Fund appointed or elected?—
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Lord Zouche of Haryngworth—continued.

They are elected under the laws of the constitution which vest the election in the hands of the representatives of the contributing congregations; two laymen and a clergyman are sent from each congregation that contributes to the fund; only so many vacancies occur in the year, and for the filling up of them the council practically nominates, and, therefore, practically elects.

Earl of Kimberley.

25746. If you were to give this voluntary body a right to inspect the rate-supported infirmaries and hospitals, would it not follow as a natural corollary that you would give the State the power of inspecting the voluntary hospitals?—Yes, certainly, if the State wished it; I am sure nobody would object to that.

25747. Are you sure that no one would object to it?—I do not think they would.

25748. Do you think the subscribers to voluntary hospitals would, without any objection, welcome an inspection of the Local Government Board?—I do not think they would object to it, provided that you do not couple it with the power to hamper them, and to interfere with their work, and to tell them that they are not to erect this building, or that they are to pull that about.

25749. I suppose you will at once see that the moment you begin to inspect, if abuses were discovered, the public would demand power to insist on reforms as well?—Certainly.

25750. Therefore inspection would naturally bring control?—I do not think it would, for this reason: That my view is, that the salvation of the hospitals is the fullest and freest publicity.

25751. That may be, but did you ever know any institutions that were inspected by law, where the inspection did not involve control; did you ever hear of any?—It might ultimately result in that.

25752. Would not that make the difficulty in the whole matter, that inspection, without control, is practically an impossibility?—My answer would be this: That the Government inspection of the poor law sick wards has so broken down, and is so condemned by the existing state of affairs, that I do not think Parliament would be inclined to force a government inspection, with control, upon the voluntary hospitals.

25753. What do you think would be the feeling; would it be hostile or otherwise on the part of the bodies elected by the ratepayers of having an expense to meet caused by voluntary inspectors?—I have had an experience this week with reference to the London county council about another matter, the ambulancing of London. There are voluntary agencies existing, and also the county council, and I made a proposal there that we should have a combined committee which should embrace the voluntary agencies' and ratepayers' representatives; and they fell in with it at once, and thought it an excellent idea. I hope the whole of London will now be ambulated under a joint committee consisting of the representatives of voluntary associations and the London county council.

25754. Your scheme would rather mean that
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you should have some body on which both were represented?—Yes.

25755. And in that case it would have the result that I suggested, that this body would inspect both the voluntary hospitals and the rate-supported hospitals?—Yes, on the Dublin Hospital Sunday basis, because I want to get the combined experience of all those who take an active interest in hospitals available for the institutions. If you take a hospital, and take its history for 20 years, it would prove that the desire is to get efficiency, and light and help from anybody who could give them. I should not like to have said that 15 years ago; but I think I am justified in saying it now. The desire is, while the managers like to have independence, still they desire to get information from everywhere to benefit and improve the administration.

Lord Thring.

25756. Then you wanted, in fact, to do something like what the Charity Organisation Society recommend so much with regard to the poor law; they recommend that the charities should work hand in hand with the poor law; you want that the State hospital organisation should work hand in hand with the Charitable Organisation, and that they should assist each other?—Certainly, that the charities should work hand-in-hand with the poor law, because I hope to be able to show you that they now prey on one another, or rather that the poor law preys on the voluntary hospitals, which I want to stop. I hope I have made it clear that I am opposed to control as popularly understood; but I am strongly in favour of control in what I believe to be the right way, that is winning people to accept it, and act loyally under it; and I am sure that may be done by the exercise of a certain amount of statesmanship and care.

Chairman.

25757. You said just now that the rate-paid hospitals preyed upon the voluntary hospitals?—I am going to show that by the figures. The next thing I want to put in is the total income and expenditure of the voluntary metropolitan hospitals for five years; and to show it fully, I should like to hand in that table (*handing in a table*). That is the work for one year, last year. The figures that you find in that table are simply for the last year, 1890. You find a summary of the whole of London at the end of it; that does not include St. Thomas's and St. Bartholomew's, because, although they are called voluntary, they are not voluntary in my sense of the word, because they are endowed; and I am inclined to think that an institution has come upon evil days when it has so much invested income that it is independent altogether of public control. Now I have here a return for five years. The total expenditure last year was 606,258 *l.*; the total income, exclusive of legacies of 100 *l.* a year, and upwards, was 522,085 *l.* The income is made up as follows: "From charitable" revenue, that is subscriptions and donations, and the Hospital Sunday and Saturday Fund grants, 320,662 *l.*; from invested property, interest on funds invested, 151,229 *l.*; and from patients' payments 50,194 *l.* Then I have a table for five years showing the same figures. I find that, as you will see from

Chairman—continued.

the table, the charitable income has not progressed in anything like a proportion to the income derived from invested property, and from patients' payments. The charitable income on an average for the five years is 316,144 *l.*, and the income in 1890 was, as I have already said, 320,622 *l.* The income from invested property on an average is 124,880 *l.*; and in 1890 it was increased to 151,229 *l.* as compared with 87,424 *l.*, the interest from invested property in 1886. Then the patients' payments, which average for the five years 44,334 *l.*, amounted to 50,194 *l.* in 1890, as compared with 38,045 *l.* in 1886, a very considerable growth. Well, now, in each of the five years there were the following deficiencies between the ordinary income and the ordinary expenditure of our voluntary hospitals in London. In 1886 there was a deficiency of 104,255 *l.*; in 1887 of 89,206 *l.*, in 1888 of 53,855 *l.*; in 1889 of 74,724 *l.*, and in 1890 of 84,173 *l.* That represents an average deficiency of 81,242 *l.* every year for the five years. Of course if this were to go on the voluntary hospitals would cease to exist, especially as they have to meet new buildings and other expenses. The question is, where is the money derived from to keep them going? It is really derived from legacies over 100 *l.* not included. These in 1888 amounted to 231,384 *l.*; in 1889 to 163,294 *l.*; and in 1890 to 237,497 *l.*, giving an average of 210,725 *l.* from legacies of 100 *l.* and upwards on the average of the last three years. I have not got out the figures for the first two. Now you will see from those figures that whereas the general public, following what is found to be the case with reference to hospital committees, a course of rather lessened personal interest in their welfare, have not kept up the subscriptions or increased the subscriptions at the same rate as the other income has grown, the hospitals have been saved by the interest which is begot by those who have taken an interest in our hospitals in the past; and it would be a very curious, and I am afraid a very serious thing, to watch how far the legacies will keep up; because the voluntary hospitals are largely living at the present time upon the credit of the past rather than on the awakened interest of the present, a fact which ought to be borne in mind. Now there is one other thing in that table. I have got a list of the patients, and I find the average number of in-patients treated was 70,954 and the average number of out-patients was 1,040,363, all these being patients and not attendances, an important point. Now if you look at the figures you will find that there is no very great increase, that there is not an increase much out of proportion to the growth of the population, in the in-patients or the out-patients during the first four years, but in 1890 both jump up at once to 78,000 in-patients and 1,158,000 out-patients.

25758. Could it be accounted for by the epidemic?—I think, no doubt, myself, that the influence of the epidemic must be remembered. Those figures are very interesting and instructive, I think, as showing that we are dependent really upon the credit of the past, and also upon the altered circumstances of the hospitals, because the patients' payments (about which I shall say something later) are steadily increasing, steadily growing up. They have increased 12,000 *l.* a year

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year in the London hospitals during the last four years. I have got here, if anybody cares to see them, the whole of the details for every year in connection with every hospital; but I do not suppose you will have time to go carefully into them.

25759. Have you any table showing, or any knowledge of, how the annual subscriptions to the hospitals have fallen off?—I do not think they have fallen off. I think, in London, they remain about stationary.

25760. In all the evidence we have had, we find that the annual subscriptions proper are a very small proportion of the income of the hospital?—That is because the London managers have never understood the power of the guinea. It is a remarkable fact that, if you go to a provincial hospital, you will find that the backbone of their income is annual subscriptions. In London it is not so. St. George's is a notable exception, and St. Mary's, of recent years, owing to the fact that, two secretaries have followed one after the other, who have been taught the importance of the guinea, who have set to work to get it, and so have succeeded; and also the Seamen's Hospital in Greenwich, where the income has been brought up about 7,000 £. in a few years. The division of London into districts would be a means that might be utilised by the managers of these institutions to quicken the interest of the people who reside near the hospitals in a particular institution. I have tried it successfully in south-east London and west London, and elsewhere, and if it were generally tried, I am sure the subscriptions might then be quadrupled.

25761. Would it not be rather difficult about that Tottenham Court Road district, where you have three or four large hospitals all clustered together?—No, because you find that these hospitals minister to a wide radius, and their patients come from some distance. If they used their out-patient register to show the work done for the different districts, and then circulated the results in those districts in a tabular form, they would bring home to each person the work that was being done for them. That is how money is obtained in the provinces, and the difficulty in London has been to show how to bring out in a brief and telling way the fact that a particular institution was helping Jones's neighbour, and therefore Jones ought to give a guinea; but it can be done in the way I suggest. Now the next thing I want to put in is two tables; one showing the proportion of out-patients to the population, and the other showing the proportion of in-patients to population in the chief towns of Great Britain and Ireland.

25762. What are these calculations taken from; from the hospital returns?—From the hospital returns. Now if you take London you will find that the number of out-patients per 1,000 to population is 274, at Liverpool it is 383; at Birmingham it is 336; in Dublin it is 459, and in Newcastle it is 289; in Leicester it is 345; in Brighton it is 285, and in Wolverhampton it is 220.

25763. With the exception of Wolverhampton, London is the lowest?—Yes; in Glasgow it is 151, and in Edinburgh it is 365. Now the proportion of in-patients to population is 18.5 per

(24.)

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1,000 in London, it is 29.1 in Glasgow, 38.4 in Edinburgh; 20.1 in Manchester; 30.1 in Birmingham; 45.9 in Dublin; 14.1 in Belfast; in Bristol it is 30.2; in Newcastle it is 22.5; in Leicester it is 21, and in Wolverhampton it is 32.5. Those are the two tables; they show in a rough sort of way how far the people avail themselves of the different kinds of medical relief. Of course this point can be studied in detail better on the tables when you have them before you.

25764. Now do those figures include the poor law relief?—No, these are only hospitals outside the poor law relief. It is very difficult indeed to get the figures of the poor law relief. I find that the Local Government Report does not contain them; they are all put together as in and out relief, and they do not seem to have given them separately except in a very imperfect way. Now you have got the actual figures at which the hospitals are worked, the number of beds and the number of in-patients, and the number of population. Then I was asked something about the registration of out-patients. I do not know whether you wish me to give evidence on this point. I should be glad to give evidence on it.

25765. Is the registration of out-patients possible?—It is done in many hospitals. For instance, they have a complete system at the Great Northern Central; anybody interested might go there and see it; it is a little compact system easily understood, and it works admirably.

25766. Have they really a complete system at the London?—Yes, for registration.

25767. How is it worked; can you explain it?—The patients are not allowed to take away the out-patient letters, only cards. When they arrive they take their cards to the office, which is specially set apart, where a clerk sits; he then takes in the number, and hands out to them a case which contains their prescription paper, and the history of the case, and all the particulars about it, with which they go to the out-patient hall, and wait their turn.

25768. Their object being to prevent the abuse of the charity?—Their object being to keep a complete system of registration of what they call out-patients.

25769. What is the object of the registration of out-patients, is it to prevent an abuse of the charity?—Not in that case; simply to ensure a thorough treatment of the case, and an accurate representation of the numbers. But a partial system of inquiry is carried out at St. Bartholomew's Hospital, and at some of the other hospitals too. They have a man who is paid on purpose to make investigations.

25770. Are you in favour of inquiry into the circumstances of the applicants?—No, I do not think it is any good. I think it breaks down. I think there is a better system than that, which I propose to explain to you.

25771. Will you do so now?—It comes up better in the evidence I have to give about the paying system; I would sooner take it then, if I may.

25772. Will you follow your own order?—Then the next thing I have to say is, that I want to put in something on the question of income

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[*Continued.*]*Chairman—continued.*

with reference to the Hospital Sunday Fund. It is a very popular idea, and sounds very well to say that Hospital Sunday is a sort of parasite which eats into voluntary contributions, and lessens the income of all the hospitals. It is supposed that the plate on Sunday which receives a half-crown causes the pocket to be buttoned up when the collector comes round for the annual guinea. Now I should be one who would advocate the closing of the Hospital Sunday movement at once if it had any such effect; but I have taken the trouble to go into this question and test the figures. In the case of the Miller Memorial Hospital, at Greenwich, they had a strong local controversy in South-east London once, and also in the case of St. Mary's Hospital. Mr. Thomas Ryan, the late secretary, went into the matter too; in the case of Queen Charlotte's Hospital, and in every case, it has been proved by actual figures that the Hospital Sunday Fund has been very beneficial, and that the subscriptions have increased; and not only that, but that the actual grant which is received by the individual institutions from the central fund is considerably larger than that represented by the aggregate amount received from all the churches that had sermons for the benefit of the charity under the old system. This matter has attained some importance lately from the fact that Canon Duckworth has stated that his experience is, "that however much Hospital Sunday may succeed in provincial towns, it has been, and threatens to remain, a great failure in London. We know perfectly well that there is a very large class of the community who have a great dislike to putting their hands into their pockets, and who are only too glad to find any excuse not to put their hands in that direction." Well, I have written to Canon Duckworth about it; I have asked him to give me the figures on which he has based the statement. He is a good friend of the hospitals, but he is a public man also. As the statement, if allowed to go out uncontradicted, is calculated to do much injury, I want to state publicly that I have written to him three times, that he has not produced his figures, and that I have told him that I should take an opportunity of calling attention to the fact that his assumption is erroneous, and that if anybody doubts it that I am prepared to show by figures, in bulk or in detail, that it is entirely erroneous and has no solid foundation. Now the next point that I want to take up is the distribution of hospitals and so on in London. We have here a map on which I have marked all the hospitals of every kind. I do not know whether the Committee can see from that distance, but you have on this map general hospitals with a black cross, children's hospitals with a blue circle, women's hospitals with a green triangle, consumption hospitals, fever hospitals, special hospitals, and poor law infirmaries; and I want to bring out this point, that, having regard to the population of London, the position of our medical institutions is altogether wrong. *Here* you have the inner circle, that is one mile from Charing Cross; the outer circle is two miles, and *here* is the four miles radius. These are the voluntary hospitals with a cross, and if you look at them and take them all out,

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you find that nearly three-fourths of the beds are within the two miles circle. If you go outside and see how they have placed the poor law infirmaries, which are necessarily put where the population are, you will find that at least half of them are outside even the four miles radius, and that the others are scattered fairly well within the four miles radius. Then if you take another test, the test as to whether the people are likely to want isolation, in case of infectious disease, you will find that the fever hospitals are all placed in the different parts of London all round the circle; and that map in that way shows very forcibly that it must be wrong to expect all these people to get, without loss and hardship to themselves, to the hospitals, which are miles and miles away from their own homes. Now the map reveals an attempt on the part of some parts of London to get over this difficulty, to improve it. For instance, in North London you have the Great Northern Central, which has been moved some two miles further out in order to meet the requirements of the people in the district. You have in South-east London, also, another illustration of it. Formerly there was no hospital between Woolwich and Guy's at London Bridge. Now they have the nucleus of a larger hospital which has been put down in Greenwich, the Miller Memorial Hospital. What ought to be done, in my opinion, is exemplified by the action of the authorities of the Seamen's Hospital. They have determined to put outpost hospitals in the centres where their seamen are, so that the accidents may be at once taken to the hospital without the risk of injury to the patients by being carried long distances. You have a branch of the Seamen's Hospital, therefore, at the East and West India Docks, another at Wells-street, and another at Gravesend; and they are now contemplating putting one at Tilbury. That is the system. Either the old hospitals must be removed altogether or they must be made to minister to the requirements of the population by establishing, at any rate in and around London, a sufficient number of outpost hospitals for the reception of severe accident cases, to which they may be brought on a proper ambulance.

Earl of Kimberley.

25773. What do you suppose is the furthest distance that any district in London is from a hospital?—I should think six to nine miles. I have known, as a student at Guy's, of more than two or three urgent cases where persons lost their lives owing to the distance they had to be brought and the jolting of the conveyance.

25774. In the country, where there is usually a district of 80 miles long and 40 broad, but one hospital, how do people manage without these hospitals?—They have cottage hospitals in most counties now.

25775. But I say, where there is only one hospital in such a district, how do they manage?—But they have cottage hospitals.

25776. I suppose you are aware there are a good many counties where there is only one hospital situated in the county town; where there are large towns there may be more than one of course, but in counties with a rural population

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population and with no large towns there is probably only one hospital in the whole county?—There are now over 500 cottage hospitals, and Leicester is the only county, I believe, with no cottage hospital.

25777. In rural districts you must be aware that the people are often a very great distance indeed from the hospital?—Yes, and they suffer in consequence.

25778. That is what I want to know: is their percentage of deaths at all larger in those districts than it is in the towns?—There are no figures to show that that I know of, but any experience of any hospital would certainly produce cases which, to say the least, have not been helped by the travelling they have had to submit to.

25779. But I daresay you are aware that in these rural districts accidents are not taken to the hospital, but are attended to by the local practitioner?—Yes, and attended to very well.

25780. But I have never been able to see, and I should like to know, the reasons why it is thought that in the large towns everybody must have a hospital close at hand, whereas out of the large towns it is not found in the least necessary; what is the explanation?—I think that you are not quite correct about the rural districts because of the enormous growth of cottage hospitals; we have got now, I suppose, quite 600 cottage hospitals.

25781. You may take it from me that there are many districts in England where there are not these diffused hospitals, and where the people are attended to by the ordinary practitioners in case of accident, and I want to know whether the result is any great evil, and what is the necessity of all these large institutions in towns; I have always wanted to know, and have never been able to find out?—In large towns the accommodation at home, in the case of families occupying one room, is absolutely inimical to the recovery from the accident; in the country the cottage is very likely the best place. Sir James Simpson took the trouble to prove that a man had 30 per cent. better chances of recovery in his own home than in the Royal Edinburgh Infirmary.

25782. That would apply in the country, too, would it not?—If you go into the dwellings of the poor in the country, I find they have not got merely rooms, they have houses. I have got one other point in reference to distribution, which I want to bring to the attention of the Committee. I have here a set of plans of the sites of some of the chief hospitals in London. I consider that it is a matter well worthy of your consideration, and the consideration of the authorities of the hospitals, as to the congested state of their institutions, and the circumstances of the site. For instance, if you take St. Thomas's Hospital, you have a site area per bed of 652 feet. Now, if you take the Charing Cross Hospital you have a site area of only 86 feet per bed, and in the case of University College, one of the most important schools, you have a site area of only 123 feet; and so you may go on through the different hospitals of London.

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Chairman.

25783. Would you say that the space at Charing Cross is very much too little?—I should say that Charing Cross is too little; of course Charing Cross has spent a great deal of money, and they have taken a great deal of care, and have done exceedingly well, because they have been very zealous and anxious to do their best; but they would be infinitely better circumstanced for treating disease if they could acquire the whole of the rectangular space entirely surrounded by open streets, on a portion only of which the hospital now stands.

25784. Would you say that the amount of space at St. Thomas's is too large, 652 feet?—Not if you can afford to pay for it; but, I think, having regard to the expenditure, it is a very large one for a town like London. Then the case of University College is really a pressing one. They could complete the square of their site by purchasing the existing buildings and throwing the whole into the site of the hospital, as has been done now with one little tiny exception in the case of the Middlesex Hospital. It is entirely surrounded by streets and therefore is a self-contained site. I do think, in these days of large gifts to hospitals, any philanthropist would do a great deal of good if he would direct his attention to the site of a hospital like University College or Charing Cross, or even St. Mary's, which is now going to be extended, and see if he could not purchase and give the remaining site to the hospital authorities for the benefit of the poor.

Earl of Kimberley.

25785. Upon the subject of the location of the hospitals and the deficiency of room in them, may I ask what remedy would you suggest, apart from these generous donors, whom every one would like to see come forward?—I should say that they ought certainly to expend some of their money in establishing out-post hospitals; the larger voluntary hospitals themselves ought to have out-post hospitals.

25786. Have they the means, many of them?—Yes; they have invested funds.

25787. Many of them have a deficiency. Take University College Hospital, which, as you say, has a site much too small for it; what possible remedy can be suggested in that case?—To do what they are doing; to buy the site as rapidly as they can, and, having acquired enough, to re-build the hospital.

25788. But you know they have not the funds to do what is necessary. It would be far better to build a new hospital, but they have not the funds; can you suggest any remedy?—The remedy is to get the funds; but I believe myself, in the case of University College, if they were actively to make their requirements known and put them forward, the whole of the money would be forthcoming.

25789. But do you really think there is money enough available now in London to create all these additional hospitals, money enough available for hospitals I mean?—Yes, I think, with what we have and what might be obtained by a re-arrangement of the system of getting money on the basis I have recommended, founded on the experience of those hospitals that have

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adopted it, the public would give all the money needed.

25790. At present anybody may open a hospital anywhere who can get funds for the purpose; is that so?—That is so.

25791. Do you think that there should be any limit to that power, or that there should be a board which should be able to determine whether a hospital was not wanted in a certain district, and was wanted in another; have you any such plan or system in your view?—Yes, I have a plan which I was going to speak about.

25792. Will you give it us now?—I think that what the hospitals want briefly is this: I think there should be a short Act of Parliament to assist the managers of reputable charities, by enacting that no one shall have the power to open a building wherever they please, and whether it is wanted or not, for the treatment of patients, too frequently misnamed a hospital, unless or until they have satisfied the authorities, *first*, of their *bona fides*; *secondly*, of the necessity for such an establishment, and the suitability of the building and site selected; and, *thirdly*, of the competency of the promoters to provide the necessary funds to secure its proper administration. These points might be determined to the satisfaction, say, of the county council of the district. I say the county council of the district, because it seems to me that they represent the ratepayers, and they should know what are the requirements of the district in regard to hospital accommodation. You do not want to create a host of new authorities, but to try and utilise the existing system, at least, that is my view. If it were preferred you might delegate a central body like the Local Government Board, who should have power to issue a license or permit to the promoters, and the latter should then be left free to manage the new institution in the ordinary way; but without that permit they should not be allowed to establish a hospital.

Chairman.

25793. And is that permit to be recommended by anybody?—That permit would be recommended by the officers of the board, which would investigate and consider.

Earl of *Kimberley*.

25794. How would that work with regard to special hospitals?—When the application came before the county council they would consider it on its merits; they would hear the case for the promoters, and that for the other institutions, and they would decide in the ordinary way.

25795. Would there not be a danger that what I may call the vested interests of the hospitals would have considerable influence in such a body, and would prevent the establishment of perhaps some desirable hospital for the treatment of a special disease?—No, I do not think so, because I think the public at large would be keen enough for their own interests. Besides, in reference to special hospitals, the danger that formerly existed does not exist now. The establishment of them was originally justified by the action of the old hospitals that would not establish special departments. But that has been

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all altered of late years; the great hospitals have seen the necessity of special departments, and you will find that the better managed hospitals have these special departments.

25796. You are aware that there is a distinct difference of opinion on the subject, and that some persons think that special departments will never meet the necessities of the case, and that there will always be room for special hospitals; that is the opinion of some competent persons?—I know that, but I do not share their view, because I think that on the whole, after studying the work of the two, fair-minded people would see that the special departments are better.

25797. If we assume for the moment the other view, do you think there would be a fear that such special hospitals would not get permission to be opened?—I think not, because there is now an awakened public interest in these matters, and I do not think the public would stand it.

25798. Take this body, the county council of any given place, would it necessarily contain any persons well qualified to judge on this point?—If you take the existing council you find that it has hospital surgeons and other active promoters of hospitals and poor law infirmaries upon it. If you take the local bodies themselves you find that the active men of the locality generally come forward, and that most interests would be found fairly represented on all the boards.

Earl *Cathcart*.

25799. And you have the existing machinery, that of the surveyor and architect and other officials?—Yes.

Earl of *Kimberley*.

25800. But supposing there were on the county council two or three medical men, perhaps very competent men indeed, who would merely be put upon the committee to advise the council on matters of this kind, there would be immediately great jealousy on the part of all the rest of the profession, would there not?—I think not, because it affects the question simply of building, whether they are or are not to have a new institution, and the medical profession would be heard like every other body on that. They would express their views, no doubt, by a memorial or deputation, and the council would not act till it had gone thoroughly into all those questions, and heard everything that could be said, in the same way as the Board of Trade acts now where it has similar powers.

25801. Looking at it from that point of view, do you think there would be no fear that such a control would check subscriptions?—I do not think so.

Earl *Cathcart*.

25802. There are any number of private hospitals set up in all directions that do not collect subscriptions; you mean institutions that would collect subscriptions from the public?—Of course, you cannot prevent a man calling his own house a hospital.

25803. You should insert in your definition of hospitals "institutions which intend to collect subscriptions from the public"?—Certainly.

25804. You

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25804. You will not forget to say what you were going to say about the pay system?—I was going to say something of the causes that led to the growth of hospitals. There has been an enormous growth in the number of patients relieved at the voluntary hospitals during the last 30 years.

25805. An increase out of proportion to the increase of population, do you mean?—Altogether out of proportion to it; it bears no proportion at all to it; in fact it has increased at something like the rate of 300 per cent. more than that in some cases. It is due, of course, to the increased amount of attention which has been drawn to hospitals, and to the increased confidence of the public in hospitals, due to improved hygienic and other arrangements, and also to the introduction of the antiseptic system. Now that has produced an enormous revolution, and you can understand from one statement how it has affected the whole attitude of the public towards treatment in hospitals. In my early days of hospital work, in 1865, numbers of people among the poor were prejudiced against hospitals, and nothing would induce them to enter them; they had only a little less objection to go to a hospital than to a workhouse, but that has all died out now, and there is a desire, in towns especially, to get into a hospital, because they know they will be so well cared for there. Now, with reference to the introduction of the antiseptic system, and the general improvement that has taken place, I should like to state that the saving of life owing to the adoption of the antiseptic or Listerian treatment of wounds is as follows: A mortality of 41·6 per cent. in 1868, and a mortality in 1872, according to Professor Eerichsen, of 37·8 per cent. in the larger metropolitan hospitals, and of 25·7 per cent. in University College Hospital, had fallen in Germany under the Listerian method to 4·36 per cent. in 1880. These figures are so remarkable as to be almost incredible. The results attained in different classes of operations have been equally noteworthy.

Earl of Kimberley.

25806. Has it fallen in London?—That is so, only I have given you those figures, because they are recognised and accredited figures which govern the whole system.

25807. What has been the fall of the mortality in London?—The results in London have been equally good, I have no doubt we should find, if we had the figures. So that the mortality in major operations has gone down from 40 to 4 per cent. Now I want to say something about the growth of hospitals. I have not attempted to get out all the figures for many years, because it is tedious and troublesome; but the London Hospital, which is our largest hospital in London, does give an account of its patients for a number of years; and I find that in 1861 the in-patients were 4,169, and in 1871 they had increased to 4,871; in 1881, they went up to 6,860; and in 1890, to 9,193. Now if you take the out-patients, the increase is still more remarkable; they were 27,911 in 1861, 66,448 in 1871, 58,307 in 1881, and 120,158 in 1890; so that they increased from 28,000 in

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1861 to 120,000 in 1890. And those figures prove, and the history of other hospitals proves to my mind in the same way, that there is something radically wrong in the out-patient departments, in the way that people are allowed to come in and take their medicine in the way they do. It is an injustice to the medical profession and an injury to the poor. The out-patient department in my judgment is becoming largely a school for pauperism, and I for one should like to see it closed altogether. If we got it closed altogether we should then probably get something like a fair examination of the whole question, and a better system evolved. If you take the poor law institutions in the metropolis the numbers relieved in the three years were as follows: Poor law dispensaries &c. (that is those not seen at home) in 1887, 64,654; in 1888, 64,401, and in 1889, 64,565. That is to say that the out-patients in the poor law dispensaries for the whole of London do not represent more than half the number which actually goes through the out-patient department of the London Hospital alone. They have practically decreased; they have not increased; the tendency is downwards. And in the case of those patients under the poor law who were seen at home the figures were as follows: in 1887, 51,613; in 1888, 51,817, and in 1889, 48,507; a falling off of 3,000 as compared with two years back. Now I consider that to be a very remarkable and instructive fact.

Earl Cathcart.

25808. But we must not lose sight of the teaching aspect of the case; you will come to that very likely?—I will come to that presently. But the secret of all this, I believe, is to be found in a very simple matter which seems to have escaped public attention. It struck me very much. In order that I might see the working of the system I sent for a complete set of the papers which are issued by these poor law dispensaries; and I find that they are made out as follows: "Name of Pauper"; so that wherever this man goes with this out-patient paper it absolutely bears on the face of it that he is "pauper" Jones. I think that is a very unnecessary, one may almost say insult, and one which may act detrimentally. Then if you take the man who is seen at his own home, he has issued to him an order of attendance at the "pauper's" home. And so if you go on through the papers. The man is ear-marked, though he may simply want a bottle of physic for his child, as a pauper. I do not know whether I am correct, but I believe that medical relief is not a disqualification for the franchise, and certainly the relief to parents in regard to children in district schools is not; and I fail to see by what exercise of fair dealing or direct reasonableness these papers are sent out in this way.

Earl of Kimberley.

25809. Are you an advocate for indiscriminate medical relief to the population without any reference to whether they are paupers or not?—No.

25810. Then why do you object to that practice which you have just described?—Because it makes the pauper proper, or the poor law case,

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go to the hospital out-patient department; whereas if you had a less objectionable form which you gave to the man who went to the poor law dispensary, my view is that the thousands of cases that now go improperly to the hospital would be taken up by the poor law dispensary.

25811. You want, I understand, to throw a large number of these cases that now go to the hospitals on to the rates?—Yes.

25812. Why?—Because they properly belong to the rates, and would be more careful, I think, of taking medical relief if they had to go to the rates.

25813. According to your system it seems to me that you are advocating a universal system of medical relief?—We have a universal system of medical relief now in the out-patient departments of hospitals; I want to get the patients classified and sorted, so that those men who really belong to the poor law should go to the poor law.

25814. Should not that be done by the hospital authorities. You seem to propose to break down the check or application for relief from the rates?—I do not think you would break down any check by omitting this word “pauper” from these papers.

25815. You say that you look upon it almost as an insult. Therefore, it acts as a check. Is it not almost the only check that exists; that people feel that they rather lower their position by applying for medical relief from the poor law?—But they make application to an hospital, and get treatment there when they do not properly belong to the hospital.

25816. That is the fault, is it not, of the hospitals; but it would be illogical to break down the poor law system of administration on that account?—I do not think you would break down the poor law system of administration by the alteration I suggest, and the poor law system would then be adequate.

25817. What you yourself say is that the present mode of administering the poor law medical relief to the poor is deterrent; you want to make it less deterrent; if you make it less deterrent, that is another way of saying that you are going to break down the present mode of administration and open the door to a very much more extensive medical relief at the expense of the rates. Is not that the wrong end to begin; is not the proper thing to see that the hospitals do their duty, and not to remove a check, which at present exists, on the lavish administration of the poor law?—I am quite opposed to any lavish administration of the poor law. What I want to insist on is, that poor law cases should be treated by the poor law and not by the hospitals.

25818. And my point is, that the hospitals should by all means be prevented from pauperising the applicant, but it is not, therefore, necessary, is it, that you should weaken the administration of the poor law. I should like to know what you propose that the hospitals should do; not what the poor law should do; but what you propose that the hospitals should do?—I should propose that the hospitals should adopt the plan both for in and for out-patients which has answered so admirably in America. I will de-

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scribe it. In this country with our old-fashioned notions, when a man comes to us for relief we begin to make independent inquiries, and spend time and money in trying to find out who and what he is. The American is much more direct in his method. He says: “If you want free relief you must bring your credentials and show that you are entitled to it; and if you do not, you will not get it”; and by throwing the burden of proof on the patient you get rid of all these difficulties. Nobody can have gone into American hospitals, and seen the proportion of beds there as compared with the population, without being struck with the fact that their system has done a great deal for them. Of course we have, as an old country, an enormous number of charities, where people have grown up accustomed to charities; but in America people have had to find their own way about, as it were.

25819. Would you explain a little more the American system. We must put the consideration of urgent cases and accidents aside, because those cases, no doubt you would agree, must be attended to at the hospitals; they could not send away anyone suffering from a sudden accident; in that you would agree I take it?—No, they could not send away those cases.

25820. A patient comes wanting admission to a hospital with some ordinary disease; he would, on the American plan, have to bring with him proofs, I understand; what sort of proofs do they bring in America?—In the case of accidents—

25821. Not in the case of accidents; if it is an accident or an urgent case, I understand that he would be received in America as much as here?—Yes; but I wish to take the accident as the unit. An accident is brought to the hospital; the superintendent receives the man, and he is admitted to a bed; he is not then allocated to a poor bed or a free bed, but he is put to bed. At every hospital there is a committee of visitors, two of whom take duty for a week, with the superintendent, and their business is to see the friends of the patient, and to go into the circumstances of the patient, and the evidence he is able to produce, and to allocate the case, *i.e.*, they can put the man into a one-dollar or five-dollar or ten-dollar bed, according to the circumstances. The accident case differs from the other case in this sense only, that in the accident case all these arrangements are made after admission; but in other cases they are usually made before admission, because the friends come beforehand, and the circumstances enable it to be done. The board sit every day, and decide, on the facts produced by the patient as to what payment he shall make. In the absence of the board the superintendent decides.

25822. Is there in America a power by law to recover the amount so placed upon the patient?—I do not know; but I have never heard of any bad debts, and as the proportion of income in their hospitals from paying patients is so large, I have no doubt they get their money.

25823. Still, I suppose, there is a power of recovery?—I daresay there is.

25824. And you think that that system might be introduced here, and that it would work well?—Absolutely. The only thing is to get the attitude of mind that is needed. It is very difficult

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difficult for us to take a new attitude. Our attitude is that we must investigate Mr. Jones. The real attitude to take is that Mr. Jones must investigate himself, and bring us proof of what class he belongs to.

25825. It seems to come to much the same thing. Whether he brings the evidence to you, or whether you make inquiries into the case, you have in any case to investigate it; do you think you could get a daily committee here to investigate cases?—I think you could. The visitors do it you find, in provincial hospitals; they have a regular visitors' book, and they take a great deal of interest in it.

Earl of *Lauderdale*.

25826. Did you not begin by saying that you were not an advocate for out-patient departments at all in the London hospitals. I understood you to say that you would abolish the out-patient department altogether?—I believe that it would be the best thing that could happen to the hospitals if they could be entirely abolished.

Earl of *Kimberley*.

25827. We have been told that a certain number of outdoor patients are indispensable for medical education?—Yes, I know that is the contention; but my view is that we should be able to deal with that question if we were to go in for a paying system; it is a feature of the American system, that every man should have the privilege of paying what he can, if it is only a shilling a week in all hospitals, and we might with advantage go a step further and say that no doctor had a right to give his services unless he was paid for them; that is to say, I am in favour of all the medical officers being paid throughout the whole of our institutions; because until you get to that condition, you will never be able to administer them on the best lines, because you are met with the argument that it is not fair and reasonable if gentlemen give so much time to the work, to make alterations, and so on. Then in another way, this is important. In the large hospitals we find that the younger men have to do most of the hard work, and they have practically to struggle on in their early years in a way that is most undesirable, and most harmful, I think, to the profession, and to the public; whereas, if they were adequately paid (and all these doctors are paid at some of the hospitals like St. Bartholomew's), we should then get into a state where we could look at this question on its merits, and we should know what is the best thing that can be done all the way round in the public interest, and in the interest of the hospitals. The great thing is to interest the whole of the people in the question.

25828. Might not the difficulty be met by limiting the number of out-patients to that indispensable for medical education, which I understand from the evidence we have had, would not be a very large number?—There are two answers to that. In the first place, that the doctor will tell you, that you ought to have every patient you can get, because he cannot get the material he wants, unless he has the widest possible field of selection. If you go into

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hospitals as I have gone, and watch the practical working of this "limited" system of admission, it comes to this, that in those hospitals which adopt it, very often a mother with a sick child is elbowed away because of the dry character of the case from the medical point of view, and so the case really most important to treat, in so far as charity is concerned, may not get in at all.

25829. I am asking the question from the point of view of medical education. I suppose that must be looked upon as of importance, and indeed, as of paramount importance. We are told by experienced practitioners that for the education of a number of medical students it is essential that they should see a considerable number of ordinary common cases, because these are the cases that they will have to deal with when they go into practice, and that they should not only see the more difficult cases that are treated in hospitals. Do not you think that for that purpose it will always be necessary to have a certain number of out-patients?—That I quite admit, but we might get them perfectly well from the poor law infirmaries and the poor law dispensaries, and it would have this advantage, that the students would then be able to attend some of the cases at their own homes.

25830. Still the poor law infirmaries would not admit largely such cases as I am referring to. You could hardly carry on a good medical school, could you, apart from the hospitals, and without the students having the means of seeing these cases?—They could get the means in their district as they do now in their midwifery cases. What I mean by saying that I would close the out-patient department is this: I do not think that the injury at the moment of a temporary closing of the whole of the out-patient departments would do any anybody any harm, and then such a system as you suggest of a limited admission might be brought in, on the basis of a selection of cases from the existing dispensaries, poor law and others, or by direct applications to the hospitals.

25831. You know that there are hospitals in London at present which limit the number of out-patients!—Yes, I have seen the working of it, and do not approve it.

25832. You do not think it has worked well?—Not from the point of view of the poor.

25833. But here we are not talking of the poor. The objection you make to this large system of out-patients is that it tends to pauperise the population, and therefore has a very evil effect; but now we are looking at it from the point of view of medical education, and that has nothing to do with the poor, except so far as the poor supply the doctors with the cases necessary. Is it not quite possible that you might without any hurt to the poor, or any detriment to the institutions, admit, as you do in the case of midwifery, just as many cases as you require for instruction?—You would have to devise for the hospital purposes a means of selection. My means of selection would be this: I am a strong advocate for encouraging the working classes to contribute directly to hospitals. I believe that if, on the Birmingham basis, every workshop were to have a box into which the workmen put their

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weekly contributions, and when one of the workmen got ill, or a member of his family, and wanted hospital help, they took the money out to pay the ordinary sum for a ticket of admission to the hospital, and send them off there or to a general practitioner, a system might be evolved by which, instead of sending a man in the first instance to the hospital he would be sent to the local practitioner whom he employed, who would see the case; and if he thought it would be a case of sufficient interest he would then send it on to the hospital, which would gladly take it.]

25834. I am not competent to discuss mere medical questions, but, as I understand, it is not cases of "interest" that are wanted, but a certain number of quite ordinary cases, such as a young practitioner would see every day in a country town; that they are not interesting cases to be selected with any view to some special treatment; they may be common cases of sore throat, common cases of diarrhoea, and so forth; and we are told (and it seems to one that it must be so) that young men should see those common cases?—But when you have got all the hospitals in touch, as I hope will be the result of this Committee, you would have among them all the materials which are wanted of that kind drawn from the poor law infirmaries and dispensaries and other existing dispensaries.

25835. Does not that assume that you are to make the infirmaries and the poor law institutions regularly available for all students (not in a special way as is now done) in the medical schools in the metropolis, and would not that be a very difficult thing to do?—I do not think so, having regard to the location of the different buildings all round, and their juxtaposition to the various medical schools; you would only take one or two of those institutions near the big hospitals that have schools.

25836. In infirmaries you would not find those common cases which we are speaking of, which might, no doubt, be perfectly well treated by any local practitioner as well as in hospital, and I cannot see that you could possibly get the instruction required in such cases for your medical students without bringing those cases to the hospital, or a certain number of them?—A certain number might be sent by the dispensaries or by the local practitioners. That could be arranged for; that is simply a question of organisation; but you would have in addition the large numbers of these very cases which would be sent properly to the poor law and which now improperly enter the out-patient departments of hospitals. The mere time given to these cases shows that they are of such a trivial character that very likely the man would be better if he never went to the out-patient department at all.

25837. What possible motive would a man whether a general practitioner or a poor law medical officer, who could have treated a case in five minutes, have to send it to the hospital?—He would be in touch with the hospital, and the hospital would help him to build up his practice, because he would have access to it to send other cases, difficult cases, to it.

25838. I cannot see what inducement there would be to a general practitioner, or to a poor law medical officer, or a dispenser to send off

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some person who had come with an ordinary sore throat to be treated, to a hospital?—His motive would be this, that when he got a difficult case later on he would have ready access to the hospital, and the hospitals and the general practitioners would thus co-operate and work together. That is found very much to be the case in one hospital I know.

Earl *Cathcart*.

25839. The exact words of the hospital authorities were, "We want trivial cases from their inception for the purposes of study"?—That is admitted; but they do not want an unlimited number of trivial cases, and the means of getting the exact number of trivial cases requisite for teaching purposes might readily be found.

Earl of *Kimberley*.

25840. In fact you agree that in some mode or other a certain number of trivial cases should be supplied?—Yes.

25841. And the question is as to the mode of supplying them; and what you desire is such an arrangement as would pauperise people as little as possible?—Exactly. My point is that it is a very costly plan to treat these cases by the existing system. With regard to the question about the social position of patients attending the out-patient departments in general and in special hospitals, I think it is desirable in dealing with the question of out-patients to take this social position as the point from which we should start. Of course, if the patients could not afford to pay, or if they are all in such a condition that they are not willing to pay, that settles the question as far as the pay system is concerned. On that question I have not only had a large experience in the out-patient department at Guy's, where I had all the patients passing through my hands, on the medical and surgical side, during my student's career, some years ago; but with a view of settling the question for myself, I have since then made it my business to go to some of these special hospitals, and to attend in the out-patient department, and to follow the applicants for relief from their entrance into the hospital to their departure after they have been treated; and in that way I have been able to compare the social position of patients attending the out-patient departments both of special and general hospitals. This is important, because it is largely contended by some people that the condition of an out-patient in a special hospital, where they take some payment, is altogether above the level of those that attend a general hospital, where they take none; and it is necessary in dealing with these questions to get a clear idea as to whether that view is correct or not. My own view about it is this: That there is practically no difference; that the hospital out-patient of London is pretty much the same, if you average him, whether he is in a special department of a general hospital, or in a special hospital, or an ordinary out-patient of a general hospital. I may say that I personally investigated a number of cases which I found attending an out-patient department. There were about 60 people waiting to be seen when I arrived at half-past 7 in the evening. I think perhaps I had better give you the

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the cases which I took up. They were these. First a workwoman, shop woman, milliner, earning from 7 s. to 13 s. per week each, and living at home, agreed to pay, in each case 1 s. per week for attendance at the hospital. In the second batch was the wife of a carpenter not in regular work; agreed to pay 2 s. 6 d. every 14 days. A third was a labourer's wife, who paid nothing as she was unable to pay anything; her husband was ill and receiving 12 s. per week from a club. The fourth was a carpenter's child, one of twelve children, ten living at home, weekly earnings of family 52 s.; he paid 1 s. a fortnight. Then there was this case: "A carpenter, not always in full work; earns 38 s. a week; wife and daughter have been at the hospital before; pays 2 s. 6 d. every 14 days." The last case was this: "A law writer living at home with parents, earns 14 s. per week, pays 1 s. per week to the hospital for attendance. These were the cases just as they presented themselves, and I am bound in fairness to say that if special hospitals be needed by the poor, this hospital appears to be doing good among that class of patients who alone ought to receive advice for a nominal sum.

25842. What hospital was that?—That was a special hospital, the Central London Ear and Throat Hospital, which I picked out on purpose. I have also the occupations of the whole of the 4,056 out-patients who attended the same year at that hospital, and they are as follows:—Labourers, 720; clerks, 377; bricklayers, 191; servants, 179; carpenters, 159; milliners, 120; porters, 114; washerwomen, 113; French polishers, 69; travellers, 67; plasterers, 57; needlewomen, 57; bookfolders, 51; sailors, 49; foremen, 45; bar-men, 44; photographers, 43; flower-makers, 40; governesses, 40; compositors, 40; shopmen, 39; butchers' men, 39; fishmongers, 38; machinists, 37; telegraph clerks, 36; painters, 36; charwomen, 35; tobacconists' assistants, 34; harness makers, 34; gardeners, 33; guards, 33; masons, 32; tailors, 32; hawkers, 31; letter sorters, 31; lithographers, 30; bus drivers, 29; pupil teachers, 29; vocalists, 28; cabmen, 27; milkmen, 27; engine-fitters, 27; zinc-workers, 23; lace-workers, 22; musicians, 22; carmen, 22; shoemakers, 21; postmen, 21; cigar-makers, 20; engine drivers, 20; workers in factories, 20; errand boys, 19; billiard markers, 19; laundresses, 19; bakers, 18; policemen, 18; piano-forte makers, 18; schoolmasters, 17; instrument makers, 17; salesmen, 16; signalmen, 14; waiters, 14; stokers, 13; wheelwrights, 13; furriers, 12; opticians, 11; glaziers, 11; packers, 11; nurses, 10; engravers, 10; green-grocers, 10; gas-fitters, 9; gun-makers, 9; sawyers, 9; architects' clerks, 9; watermen, 8; smiths, 8; hairdressers, 8; organ-makers, 7; tin-workers, 7; tripe dressers, 6; card-makers, 6; coopers, 6; stewards, 5; vellum binders, 5; whip-makers, 4; sweeps, 3; silversmiths, 3; coppersmiths, 3; and of no occupation, 168. Total, 4,056. I would say this, that the system there is the system I was trying to explain. Practically the patient goes first of all to the dispensary window, and is there seen by the dispenser; the dispenser cross-examines him, questions him a little, and asks him whether he is prepared to pay anything, and if so, what;

Earl of Kimberley—continued.

and then, after talking it over, they decide what sum the patient can pay, and that sum he does pay; or they say they cannot pay anything. In those cases where they say they cannot pay anything, it is customary to write to the vicar, or some minister of religion, or to a doctor in the neighbourhood, to ask if they know anything of the case. Now you would say that that is no check, but I particularly noticed one case which showed how the check works. A man presented himself, and said he was a potman at a certain tavern, and the dispenser asked his name; he then turned up the Directory and found that instead of being the potman he was the innkeeper; and that man was expelled from the hospital by the porter at once, because there was the evidence for the dispenser that this man was an improper person for any relief. It seems to me, having followed this system out, and been to America and seen it in working there, that it is really the true system. Say to your patients, "Classify and assort yourselves, if you cannot afford to pay, for the relief is freely yours provided you are entitled to it; but, if you can pay for it, for goodness' sake make the effort, in your own interest even, rather than in the interest of the charity." Now the growth in the pay system in the last twelve years has been very remarkable in this country. In 1877 we had a considerable agitation as to whether it was possible, or even legal, to admit paying patients into voluntary hospitals, and the general outcry was that it was neither legal nor possible. In the result some of us determined that we would establish a pay hospital, that is a hospital where everybody should pay, and we would thus show that it was possible to conduct a hospital on paying principles and to finance it without any help at all. This hospital, Fitzroy House, was opened in Fitzroy-square, and has been at work ever since, and it has been used by thousands of people, and all the chief medical men in London have had patients in it.

Lord Zouche of Haryngworth.

25843. Is it a general hospital or a special one?—We take any case there, except infectious cases. We have chiefly surgical cases for operation, because the class of people who pay three guineas a week and upwards at a hospital, if they are medically ill, stop at home.

25844. And would the lowest scale of payment at that hospital be at the rate of three guineas a week?—Three guineas a week. I do not think, as a matter of expense, that in London, certainly in a central district like Fitzroy-square, you could afford to work the institution for less than that. At St. Thomas's here, in the pay wards, they pay 8 s. a day. That charge of three guineas is inclusive of everything except the doctor, but every patient pays his own doctor, and has who he likes.

Chairman.

25845. They pay three guineas a week, which includes dressings and everything, and they pay the doctor too?—Yes.

Lord Zouche of Haryngworth.

25846. Does their own doctor come to the institution?—Yes.

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25847. And

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25847. And if they want any operation performed they employ their own surgeon?—Yes; the object of establishing that hospital was really not only to meet the wants of a class of people, who, although they were in one sense well-to-do, were still helpless in the day of sickness; we had the far wider idea of trying, as an educational means, to show that you could open and conduct a hospital on paying principles which would be entirely successful, and meet a felt want, and be a good thing. That is what the Fitzroy House Home Hospital has done. Then we wanted to go further: you had on one side of the highway of medical relief a pillar, so to speak, *the pay hospital*, and on the other side you had a pillar, *the voluntary hospital*, and we wanted to build a bridge between those two pillars, namely, *the paying ward*, so that the people who could pay something should be able to have hospital care, and at the same time have the privilege and right of paying that something. We have succeeded, I think; because you must recollect that at that time not one per cent. of the income of the hospitals was derived from any source which could be credited to patients' payments. That is to say, 12 years ago there were very few institutions, practically no institutions, which took paying patients. Since then large institutions like St. Thomas's and Guy's receive them. St. Thomas's devotes a whole wing to the pay branch; and Guy's Hospital has a double system of admission; admission of patients into a general ward on payment, and admission at a fixed sum into a separate ward or cubicle, where they can be specially attended; and in addition to that, a hospital like the London, promoting a special Act of Parliament and carrying it through both Houses, empowering them to admit paying patients. That shows that the idea did attract attention.

Chairman.

25848. Do you see any objection to having paying patients and charitable patients in the same building?—None whatever. I do not see it. I know at the present time many managers think it would be impossible. (That view is not as strongly held as it used to be.) But when you go into those institutions where it is adopted you find that they work perfectly well; the only distinction being that the patient in one of the pay beds does not do any ward work, that is to say, he is freed from any claim for service; whereas those in the free beds do render such service as they may be able to render. Now the cottage hospitals, starting a new system in this country as founded by Albert Napper in 1859 adopted the pay system; and you will find that at every cottage hospital every patient had to pay something, and the result was that 12 per cent. of their income was thus derived from patients' payments.

Lord Zouche of Haryngworth.

25849. What is the name of that hospital in Fitzroy-square of which you are just now speaking?—"The Home Hospitals Association for Paying Patients" is the title, but Fitzroy House is the name. Since the establishment of the pay hospital in 1877 there has been a great growth in the institutions that have adopted the paying system. Thus out of 159 institutions in London,

Lord Zouche of Haryngworth—continued.

the provinces, Scotland, and Ireland, 78 now admit paying patients, and receive a portion of their revenue from this source. Then of hospitals with medical schools in London, five out of 11 now admit paying patients; in Scotland all this class of hospitals admit paying patients; in Ireland three out of four of them. Of the general hospitals, 20 out of 53 situated in the provinces, and 38 out of 80 in the whole of the United Kingdom, admit paying patients. Of 52 special hospitals in the United Kingdom, 29 now admit paying patients.

Chairman.

25850. Is it part pay, as a rule, or the whole pay?—Some of them have wards specially for those who pay wholly, and in some they pay partially; some may apply the pay system only to the in-patient department; some apply it both for in and out-patients too; that is I am excluding now all registration fees. Of the revenue in London 5 per cent. in the case of special hospitals, in the provinces 15 per cent. of the revenue of special hospitals is obtained from paying patients. In Ireland 9 per cent. of the income of hospitals is derived from patients' contributions. That states, I think briefly, the position of the paying system. There is one recent remarkable development of the pay system which has taken place by a special order of the Local Government Board in relation to the poor law infirmaries.

25837. Do governors, as a rule, object to paying patients?—They have all sorts of objections; but I think the one objection at the bottom of the whole thing is this, that their idea is that they are voluntary hospitals, and they are intended only for those people who cannot afford to pay, and they would rather confine them to that class; but as they admit the people who can afford to pay, and admit them free, that makes the difficulty, and I think that if any patients in a hospital can afford to pay they should have the privilege of being allowed to pay.

25852. What is your definition of a person who is a proper person to be received into a hospital as a free patient?—The object of the hospital is to cure with the smallest number of beds the greatest number of cases in the quickest possible time. The people who are entitled to free relief are those who are able to maintain themselves independently of all extraneous assistance until the hour of sickness, when the breadwinner, for instance, is struck down, or the added expense of sickness in the home renders it necessary that the hospital or dispensary should step in. Now with reference to the poor law infirmaries, they have taken up the pay system in a remarkable way. I have given evidence, and the Committee have emphasized the fact, that the poor law infirmaries, the best of them, are excellently conducted. The result has been that now if an accident happens near a poor law infirmary, the case is taken into the infirmary. Under the old regulations, if the man was not a pauper, he was refused; but there have been such a number of cases of hardship arising from the old rule that the Local Government Board have now issued a special order to admit accidents in urgent cases occurring to any member of the community, and subsequently it is the duty of the medical

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medical officer to assess the payment which the friends shall make on behalf of the case. So that you have now obtained in that way, owing to the increase in the efficiency of poor law infirmaries and the growth of the pay principle, a system of payment for patients even in the poor law infirmaries of this country. Now it seems to me that a solution of our difficulties might be founded on the model of the Norwegian and Swedish system. Their institutions are excellently conducted and quite remarkable for their efficiency in many ways. I have been very much struck with them. They are beautifully clean, and excellently administered; and they have a complete system by which everybody, whether he is a pauper or whether he is a peer, pays when he goes to the hospital. And their system is this: they have grades, and the lowest grade is the poor man, the pauper, and that man is admitted and he is graded, and is paid for by the poor law authorities. Other people select their own grades, and they pay according to the accommodation that they have, whether they are in a ward with three beds in the ward, or in one with 10 beds in the ward. And it seems to me that that system would be quite an ideal solution of the difficulties in this country, simple of adoption, and readily adaptable, if we secure something like co-operation or concentration or combination amongst all the agencies for the relief of the sick. Our great difficulty is this disintegration.

25853. Are those Norwegian and Swedish hospitals State-supported or are they supported by voluntary contributions?—They are supported partly by the State, partly by voluntary contributions, the principle being that the Government subsidises them; that the deficiency every year is made good by a subsidy from the Government.

Earl Cathcart.

25854. In many cases the commune pays for the patient?—That would be the lowest grade or the second grade where the commune pays.

Earl of Kimberley.

25855. Then are these hospitals controlled by the State?—They are largely controlled by the State.

25856. Would not such a system as that be open to the objection which you raised at the commencement of your examination, to rate-supported hospitals?—That only dealt with the administration of hospitals. I should not propose to interfere with our system of administration, but only to adopt the system of admission which I have described.

25857. You mean that you would let the voluntary hospitals admit paupers and make the board of guardians pay for them?—They do that now in this country.

25858. I know they do occasionally, but would you get rid of the infirmaries and have hospitals for these paupers to be treated at?—I think that would be a very excellent arrangement in those places where they have not new infirmary buildings. In the case of Guy's Hospital, previous to Gathorne-Hardy's Act, all the severe pauper cases were treated there and paid for. Now that we have many excellent poor law infirmaries these payments are not continued, but in places

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Earl of Kimberley—continued.

where there are much larger poor law buildings than are required you might sell them and utilise the local hospitals.

25859. You said that the boards of guardians paid the hospitals now. Is it not more usually the case that the boards of guardians subscribe to the hospital, and then send in the patients, in the same way as a private subscriber would send them in?—No; the Local Government Board allow the guardians to give an annual subscription, it may be ten guineas a year, sometimes 50 guineas a year (that is a rare thing); but in addition to that, guardians do in some cases pay a weekly rate for the treatment of cases sent to the hospital by the poor law authorities.

25860. You know very well, as I understand you, that where boards of guardians subscribe and send in their patients to the hospitals they have exactly the same privileges as private subscribers have; and is it not also the case that the patients are therefore treated free?—I am aware that they do subscribe, and they would of course have the same privileges as other subscribers to the amount of their subscription, but my experience is that the subscription does not interfere with the payment on the part of the guardians for cases which are sent in, which are usually of an expensive and special character, requiring operations. There was a great controversy when cottage hospitals were started, and it was then decided, after interviews with the Local Government Board, that the guardians should pay for these cases, though they often subscribed too. The subscription is relatively small. Of course, if a board of guardians subscribed 50 *l.* and then only sent 10 cases to the hospital, I do not suppose they would pay anything further. However, the two systems prevail still.

Earl Cathcart.

25861. You know that country boards of guardians do send to London, they send to Guy's and they pay 2 *s.* a day there?—It used to be 1 *s.* 6 *d.* That is all I have to say on the subject of the pay system, I think. I come now to the relative cost of maintaining certain hospitals. Now there are metropolitan hospitals without medical schools and metropolitan hospitals with medical schools, and of course those with medical schools are necessarily more costly, that is, there is every reason to think they should be more costly than those that have no clinical instruction to give; and I think that is the general fact throughout the country. I have here an analysis of all the metropolitan hospitals with medical schools and without medical schools, showing on the average of the three years 1887, 1888 and 1889, the actual cost of the whole of the work done. The average cost of each bed occupied is shown, and that is arrived at by dividing the total expenditure after deducting 1 *s.* for each out-patient. Then the average cost of each bed occupied on the total expenditure, which is arrived at by dividing the total expenditure without any deduction whatever. Now I believe the Committee have had some figures before them already on this subject, but these are the latest figures, and I think I have an intimate knowledge of the cost and relative expenditure and the degrees of

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efficiency in the hospitals, and I cannot explain why it is that there is this difference. For instance, taking the two institutions exhibiting the highest and lowest average cost amongst the London hospitals with medical schools, of which there are 11, King's College, on the three years' average, costs for each bed occupied, 101 *l.* 6 *s.* 6 *d.*; whereas the London only costs 74 *l.* 1 *s.* 1 *d.* Of course you have to make allowance for the fact that there are 635 occupied beds at the London Hospital, and only 159 at King's College; but still that cannot account for the whole difference shown. Well, now I have no doubt you have had evidence on that point. What I have tried to do is to break up the expenditure, and so I give you a detailed analysis of expenditure under all heads.

Chairman.

25862. We have had a great deal of evidence to show the different cost of beds, and, as far as we can make out, no two of them are on the same basis, and therefore comparison is useless?—This comparison is made on the same basis in every case, the same items being included under the same head. I have brought you up for your satisfaction the working-out of all the calculations. We have not included anything without a letter passing on the subject; we have taken great care, and it has been a work of considerable labour and, of course, cost. But I do stand by these figures, and I think they will bear any amount of challenge you like. They are on the same basis and we can show every figure and the detail of it. Now, I will follow those two hospitals out through the different heads. They are provisions, alcohol, surgery and dispensary, domestic expenses, salaries and wages, pensions, repairs, extraordinary expenses, and incidental expenses. Now, taking the London Hospital, the cost per bed occupied for provisions is 23 *l.* 9 *s.*; at King's College it is 26 *l.* 17 *s.* 8 *d.*, a difference of 3 *l.* 8 *s.* 8 *d.* Now I think that is a matter which should certainly make the authorities of the institutions concerned hold a special inquiry.

25863. Are these made out from your own calculations all on the same basis?—Yes; now the alcohol; alcohol costs 2 *l.* 6 *s.* 1 *d.* per bed, at the London, and 1 *l.* 16 *s.* 8 *d.* at King's; that is only 10 *s.* difference; domestic expenses cost 11 *l.* 8 *s.* 8 *d.* at the London, and at King's, 25 *l.* 13 *s.* 3 *d.*; surgery and dispensary at the London cost 12 *l.* 11 *s.* 8 *d.*, and at King's College, 14 *l.* 1 *s.* 8 *d.*; so that they are pretty nearly the same; salaries and wages 23 *l.* 1 *s.* 9 *d.*, at the London; 23 *l.* 9 *s.* at King's College; pensions, 16 *s.* at the London, and nothing at King's; repairs cost, 3 *l.* 14 *s.* 8 *d.* at the London, and 6 *l.* 9 *s.* 5 *d.* at King's.

Earl of Kimberley.

25864. Was that for a particular year?—That is on the average for three years 1887–8–9. I have prepared them out on a three years' average.

25865. But with reference to repairs, would not that be quite misleading, unless it was for more than three years. Certain considerable repairs come at long intervals, and they might occur in the one hospital, and not in the other

Earl of Kimberley—continued.

during that particular three years?—That is quite true, but the outside of the buildings is re-painted every three years, and that is usually the great item.

25866. Are you sure that they are re-painted every three years?—That is the usual practice.

25867. I think you will admit that the repairs are very uncertain?—Certainly.

25868. We can hardly trust that comparison, therefore, unless it is over a much longer period?—We have “extraordinary expenses,” which places all the repairs not ordinary under “extraordinary expenses.”

Chairman.

25869. Are these “repairs” under a certain sum?—They are simply structural alterations and renewal of buildings not additions or any great undertakings. The extraordinary expenses include the larger items, and the London cost 7 *l.* 13 *s.* 8 *d.*, whereas King's costs 19 *l.* 7 *s.* 7 *d.* Under incidental expenses, the London cost 4 *l.* 14 *s.* 6 *d.*, and King's 8 *l.* 13 *s.* 1 *d.*

25870. What do you include in incidental expenses?—All the other expenses that are not specified and included under any other head.

Earl of Kimberley.

25871. It is not the fact that the London hospital is double or nearly double the size of King's; and if so, that in itself accounts, does it not, for a great deal of the discrepancy?—I stated, to begin with, that there were 635 occupied beds in the one case and 159 in the other.

25872. Then it is even more than double; would not that account at least for a great deal of the difference?—No, I think not because if you compare King's with Westminster you find that these large differences exist still. Thus the average cost of each bed occupied at King's College, where the daily average number of beds was 159, is 101 *l.* 6 *s.* 6 *d.*, and at Westminster, where the daily average number of beds occupied is 174, 65 *l.* 16 *s.* 1 *d.*

25873. But as regards the comparison you have been making, is it not very fallacious to compare a large establishment with a small one, inasmuch as certain expenses in all small establishments are necessarily larger in proportion than in a large one?—Yes, that will have a certain weight but it will not amount to 100 per cent. Now Lord Sandhurst asked me the question, what is included in “incidental expenses”? You will find them here (*handing in a paper to the Chairman.*) You will find that it sets out the income and expenditure account. You have got provisions, alcohol, surgery and dispensary, domestic expenses, salaries and wages and so on, and then incidentals; are those not included under the others?

25874. Have you ascertained that none of the expenses for out-patients are included in any of these?—All the expenses are included of every kind.

25875. Then you must take into consideration the number of out-patients in one or the other; I mean that a large out-patient expenditure may have affected the figure per bed?—The figures I have given you are after deducting 1 *s.* for each out-patient, which, as far as I am able to

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to ascertain after years of experience, is a good all-round sum for representing fairly the cost of an average out-patient.

Earl Cathcart.

25876. The evidence on the whole is, that it is 1 s. 6 d. ?—I think that is too high; that is a very disputed cost; they are high figures so far as the London hospitals, not having medical schools, are concerned. Of course, with reference to the two hospitals, as I have shown, there is a marked difference in the provisions. I ought to state that at the London Hospital it has been the practice never to give poultry of any kind or description, and the patients there have to provide themselves with tea, butter, and sugar; but still that would not account for a difference of 35 per cent.; it may account for a difference in the provisions as far as it goes, but that will not represent the whole cost. Now I do not think that I will go with the Committee into the question of the other returns which I have here of general hospitals without medical schools in London, showing equally astonishing differences. For instance, the average cost of a bed occupied in a London hospital not having a medical school is 70 l. 4 s. 6 d., and the average cost of the whole having medical schools is 80 l. 7 s. 9 d. Then if you take the provinces and Scotch and Irish hospitals with medical schools, you will find that the average cost at the provincial hospitals for each bed occupied was 52 l. 9 s. 3 d., and the average cost at the Scotch and Irish is 49 l. 5 s. 5 d., showing a steady decrease all the way through. I propose to hand in these tables, and I think as I have got all the figures and details there, when the Committee have seen them in type, I might be re-called, if necessary, to answer any questions that members might like to put to me as to the way in which these are made up or to explain and amplify any points objected to or questioned by any of the hospitals included in them (*handing in certain tables*).

25877. How do you account for the difference in cost between the hospitals having schools and those having no schools?—One great difference is the class of cases. You see at the schools, especially in the London schools like University College or King's, where there is only a small number of beds, and a large number of students, they have to pick all the cases, and every case is a special case, a serious case, and consequently most costly.

25878. I ask you the question because it has been said in evidence here that all the appliances where there is a school are more expensive and costly than where there is not; but you do not mean to assert that, as I understand?—Of course where there are more operation cases there will be more appliances, in the sense of more lint and so on, but relatively no more orthopædic appliances I should think. Still the evidence you refer to is generally accurate. Then I have got out returns for all the other hospitals with 100 beds and upwards, but I thought if I put those in you would have such a multitude of figures that you would not know how to deal with them, but you can have them if you wish.

Chairman.

25879. Of course you would like to see something of this kind pursued throughout the (24.)

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hospitals with a view to secure uniformity of accounts?—Yes, and I will take that point next; what you want is a basis of account. The difficulty has been that everybody has made up his accounts not only in a different sort of way but under different heads. What we really want to get is some simple system which shall include the same things under the same heads, and give the details of income and expenditure on the same lines. Now this that I am putting in now is the form which has been suggested for adoption by all the London hospitals. It is at the present time under their consideration, and no doubt with some few modifications it will meet the whole case.

25880. Is there not a committee sitting of secretaries of the various hospitals?—Yes, but as usually happens in all these matters, there is a split; I believe about twelve of the secretaries are sitting, but the others will not come in at the present time. However, the Hospital Sunday Fund Council have the matter in hand, and when both camps have worked out their ideas there will be a conference; and on a simple matter like accounts there should be no room for friction. Now here we have the details of the accounts put out in a very simple way. Where you have got down bedding, and fuel, and laundry and washing, and so on, it seems simple to classify the thing, but directly you begin to take the items every secretary will have a different idea of what head he shall put each item under. So one school of secretaries has gone for a glossary, and the other school objects to that term and calls it an index of classification. But they have come to this much agreement, that it is desirable to get a list of all the articles used for hospital purposes and to classify them for purposes of account in a sort of directory to which everybody may refer; so that all who will agree to the system of accounts may know that they are producing under the same heads exactly the same items; and that would I think greatly solve the question. As to balance sheets and other forms in connection with the accounts of hospitals, I myself do not attach much importance to them per se. All I should like to see is that no account of annual subscriptions or donations or grants from special funds or receipts of any kind should appear in the accounts as a lump sum unless a reference is given to the page in the report where the details which go to make up that total sum are given, including the names of those who have contributed; because in the process of years I have had to investigate a number of frauds upon charities in connection with the late Mr. John Ball, of Quilter, Ball and Company, and Mr. Gleg of the same firm; we have had nearly all the charity cases before us, and we found that in every instance bribery and fraud were effected by simple means. The parties immediately implicated had published accounts, and they had accounts which were not published; for your speculator always wants to have a building account or a bazaar fund, or some special fund of some kind, which is not in a condition for the accounts to be published; and it is perfectly clear to me that where special appeals are being made, it should be compulsory to publish a special appeal account giving not only the amounts received and the amounts expended, but

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but a list, as in the case of the general income and expenditure account, of each item which goes to make up the total sum. If that is done (and it is a very simple reform) fraud of that kind would really be impossible. And so far as the uniformity of accounts goes, the introduction of the glossary or the index of classification, and the acceptance of a simple form of income and expenditure account, such as I have put in, would for all practical purposes solve our difficulties, and enable anybody interested to get a fair statement of the actual and relative cost of our institutions.

Earl Cathcart.

25881. You must insist upon a hospital year?

—Yes.

25882. What would you make the hospital year?—Most of them make it up to the 31st of December; in some of the hospitals, a few country hospitals, the year ends on the 30th of September.

25883. There should be a uniform hospital year?—Yes, but that after all is not an important point.

Chairman.

25884. Now as regards your heading of Pension Fund for Nurses, most of the hospitals do not pension the nurses?—You will see in those returns that I have put in that practically there is no such thing as pensions. The practice with hospitals has been this, that they say: "Provided a person remains a member of the staff for a sufficient number of years and becomes incapacitated, then we will provide for them, or we will look after them." Now, I have sat in a hospital board-room for a quarter of a century, and I have seen a great many of these cases dealt with, and I never remember a case where some committeeman has not objected, and fairly objected. "I think that the funds of the hospital were not given for the purpose of pensions; they were given for other purposes, and we have not the power to vote a pension." That is the initial objection that is taken. In the result, there is generally a compromise arrived at, which gives a gratuity of an inadequate amount probably to a faithful servant whose best years of service have very often been given at a time which was critical to the institution, but at a time also when the majority of the members of the then committee did not belong to it, and they will therefore personally have no knowledge of the long faithful service, because the members who had governed the affairs have died or passed away, so that, in actual practice, however faithful may have been the service, there has never been an adequate provision for nurses nor for any member of the staff, up to a few years ago. I will mention one case by way of illustration: A nurse was in attendance upon a typhoid case, a Swede, a sailor, who was, for a Swede, a very bad sort of man, and he was annoyed with the nurse in some way, and he spat into her mouth. The nurse, who had an assistant with her, did not drop the man, but she waited till his bed was put ready for her to place him in his bed comfortably; she then spat it out, and rinsed her mouth out with Condyl's fluid; but in the result she had typhoid fever. She recovered from the typhoid fever, but it was a particularly malignant kind of fever, and she

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lost the use of her hip joint and one knee joint, and so became permanently incapacitated as a nurse. The institution took charge of her for two years, and then they granted her a gratuity; and in the result that women died in the work-house. I do not know how that strikes you, but it struck me as being a great injustice, and something which ought to be remedied. I felt that an attempt should be made to establish a fund upon a legal basis under the Insurance Companies Acts and the Limited Liability Companies Acts, which should provide for nurses and hospital officials, &c. Of course, initially, it had to be considered whether the basis should be a provident basis, or whether it should be a philanthropic basis, and it was determined that it should be only or mainly provident. And ultimately a fund was established, and 20,000 £. was deposited, and the National Pension Fund, now known as the Royal National Pension Fund for Nurses and Hospital Officials, was instituted some three years ago. This pension fund is so arranged that it constitutes a savings bank as well as an insurance company, and the idea is that if nurses will contribute, or if the hospital officials will put by a fixed sum per annum, they can pay it in on the returnable scale, that is to say, so that at any time they can on giving notice draw out their savings if necessary. They will also have in addition to their interest of 2½ per cent., which they will get if they withdraw it, bonus additions. These bonus additions are made up from the profits on the working of the fund, it being a mutual fund, and from the Donation Bonus Fund, which is a fund which has been contributed by those who are interested in workers in hospitals, and now an income of 40,000 £. With the object of providing for all cases of distress, so that in case a nurse was ill, and could not keep up her premium, or in case an old woman from no fault of her own, withdrew from the pension fund, being in want, and had no opportunity of providing a pension for herself, a benevolent fund was instituted which now has 10,000 £. invested, and an income of 400 £. a year, for the benefit entirely of this class of workers. Now the Royal National Pension Fund has been working for three years, and the result is that voluntarily 2,000 people have joined the fund already, and the invested funds amount to upwards of 100,000 £., so that we who are connected with it believe that we shall have 1,000,000 £. probably invested in 10 years. Lord Rothschild, Mr. Hambro, and Mr. Henry Hucks-Gibbs, M.P., are the trustees of the fund, and they take an active part in the management. The late Mr. Junius S. Morgan was also a trustee.

25885. What is the amount of the premium?

—The amount of the premium is based entirely upon the age at which a nurse or other official joins. The best table is the Table F., which provides sick-pay and pension on a returnable rate. The difficulty was to find out what sum a nurse could afford to save out of her wages. After a great deal of consideration it was decided to take the Napoleon Code, which provides that no man should expend more than an eighth of his income on house-rent; and it was thought that the nurses might be reasonably asked, as they have no house-rent to pay, to put by one-eighth of their income. If we got an eighth of 25 £. a year, that would be 3 £. 2 s. 6 d., and then the question was, what can we give a nurse for 3 £. 2 s. 6 d. a year who joins

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joins the fund at 25 years of age; and we find that for 6 s. 10 d. a month we can give her 10 s. a week practically for life, because she has 10 s. a week in case of sickness, and she will have, we hope, 10 s. on retiring at 60 years of age; and in calculating the tables the actuaries have found, according to the experience of the friendly societies, and all the experience we could get that was available (for this is a new field), that we must be prepared to expect that at about 54 years of age something like 66 per cent. of all our contributors would be permanently in receipt of weekly payments. Well, in order to help the institutions, it has been decided to have a system of affiliation, and this system of affiliation provides that any institution can enter into an arrangement with the Royal National Pension Fund, and can have a separate trust into which it will pay half the premium of its nurses, the nurse paying the other half under certain rules; after five years' service or more the hospital allows the policies which are issued in virtue of the half premiums which they pay to go to their nurses as a reward for faithful services. In the case of those nurses who do not remain five years, or whose premiums lapse, the money paid in by the hospital authorities will still remain to the credit of the institution, and will accumulate at compound interest, so that it is hoped that in time the affiliated institutions will have a fund within the present pension fund which will get them over all the difficulties with reference to provision for their workers, and make them, by adding 10 per cent. to their present wages, have a pension fund strong enough and big enough to provide adequately for all their staff for all time. If that is done I think you will agree that a great work will have been accomplished in a simple way; and it is one which the hospitals are most grateful for, and so are the workers. I think it is a remarkable fact, considering the smallness of nurses' wages, that they should to the number of 2,000 have simultaneously come in within less than three years, and that 1,000 of them should have joined since this time last year, when the Princess of Wales received the first thousand at Marlborough House. The Princess will receive the second thousand on Saturday fortnight.

Earl Cathcart.

25886. Are nurses' lives considered to be average good lives?—I can only give what I hear is the experience of the trained nurses' annuity fund which Lady Blomfield established; it is for nurses of 15 years' service above a certain age, who pay so much and get 15 l. a year allowance. They have never had anybody die yet; the ages of the 12 annuitants are over 80; and I am told on medical authority that none of these ladies are likely to die; they will gradually dry up, and until they do so they will draw their pensions. The medical explanation is this: that a woman when she ceases to work, if she is placed in a position of comfort, that is of freedom from anxiety as to the means of subsistence, will go on placidly for many years, *i. e.*, until the vital energy is wholly exhausted. I do not know whether that is correct, but with a view of being quite safe in our calculations our actuary took the Post Office rates, and we have thought it better to have higher rather than

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Earl Cathcart—continued.

lower rates, because safety was essential, and as it was a mutual fund, if we overcharged, any surplus would be returned to the nurses in due course. I think that is all I have to say about the Royal National Pension Fund, which has proved in practice a remarkable success in every way. Now there is the question of the registration of nurses. I have got to hand in some documents which I think it better to give you relating to that rather than to tender much evidence.

Chairman.

25887. We have already had evidence more than once on that subject; we had evidence from Mr. Bedford Fenwick as to it?—You have got the original memorial against nurse registration, which contains a few signatures; the original memorial as signed represents something like 150 institutions. Then there is the medical memorial signed by all the teachers in the nurses' training schools throughout the country, and the signatories to it.

25888. Is that in favour of registration?—No, against registration. Then there is Miss Nightingale's opinion, which you have not got, and ought to have; I thought it would be well if I handed in these documents for the use of the Committee.

25889. The registration affects the nurses after they leave the hospital, does it not?—If it affected them only after they left the hospital, there would not be the objection to it that there is; but it gives a bogus complexion to an untrained nurse, and makes the public liable to believe that she is trained when she is not.

25890. You can put in the documents if you like to do so?—All I have to say is that the subject of registration is in a nutshell. You have at present registration in regard to all nurses adequately trained; that is to say, that nearly every nurses' training school keeps a register of its nurses, and issues a certificate to all who have had three years' service. Well, if the public want to know if a nurse is trained, they have only to ask her to produce her certificate from her nurse-training school; that is evidence of her registration pure and simple, and such a certificate is a voucher that they can rely upon. If they are dissatisfied with the nurse they can write to the matron of the school where she was trained, and then the matron will go into her case, and if necessary she will call up the nurse and deal with it. So that the public really have adequate protection in that way. The contention is that they have not, and in order to put things right an outside body, which has had nothing to do with the training of nurses, proposes to issue, and has indeed issued a certificate to such nurses as it pleases to arbitrarily select, these nurses paying a maximum of 10 s. per head for the privilege. So that it happens that I have seen the case of a nurse who did not get a certificate at her hospital, because she was discharged for having in her possession the property of a probationer, and so her certificate was refused, who now goes out as a trained nurse with Princess Christian's name to a certificate as her authority for representing herself to be an honest and capable nurse, when in reality she is not. I consider that to be a very great evil, and so do the nurses' training schools, for which the Royal British Nurses'

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Nurses' Association is alone responsible, besides being a serious danger to private families and the public. We say: If the public wish to have evidence of who are trained nurses, by all means publish, under the authority of a properly constituted committee appointed by the authorities of the nurses' training schools and others who train nurses, an official directory of trained nurses, which will contain the name of every woman who has had hospital training, which must also state precisely where she had it, and why her name has been included in such directory.

Earl Cathcart.

25891. You do not want to destroy the hospital *esprit de corps* but to keep it up?—Yes, we want to keep it up; and we want the public to understand that, unlike doctors, it is the character of the woman herself that is the essential matter in regard to nurses. The difficulty now is that when you get nurses into your houses they may be like the east wind; they may be excellent institution nurses, but utterly unfitted for private nurses. Now the matrons who trained the nurses, knowing the character of the women from the first to the last, are able to sort the nurses to the cases; and in that way the doctor and the public get exactly what they want. But to take a nurse because she is entered on a register as a nurse, may be to introduce the east wind into your house. I do not think I need trouble you any further on this question of nurse registration, because practically the question is dead. So far as the public are concerned, I think they understand it better and they see that registration in the form proposed by the British Nurses' Association is undesirable and dangerous to the common weal. The hospitals themselves took it up and were rather smitten with the idea at first; but the Hospitals' Association examined it carefully, and they found on inquiry that for practical purposes it would be harmful rather than beneficial.

25892. Have you exhausted your programme?—Yes. I have other matters, but as it is getting so late I will pass them over.

25893. You told Lord Kimberley that you would say something about the drainage of St. Bartholomew's?—I have got here a list of those hospitals which have been re-drained, which I want to give you, and it shows that the result of inquiries which I have made for plans has brought about practically the re-draining of more than 200 institutions in the last ten years. I am about to publish the plans of all these institutions showing their drainage, and the London was one and St. Bartholomew's is another, which had not a plan of their drainage and could not show it. Both would have come out in this book, "Hospitals and Asylums of the World," as hospitals without drains. A hospital without drains in the year 1891 is an anomaly, and it is no doubt a condition of affairs which ought not to be continued.

25894. Do you think that St. Bartholomew's is a sweet hospital as regards drainage?—Certainly not.

Earl Cathcart—continued.

25895. With regard to the management of these endowed hospitals are you in favour of the system under which the governors elect each governor, or would you throw the door open and let more fresh air into the governing bodies?—I should say certainly I am not in favour of the first-named system, having regard to the experience of Guy's Hospital, to which I belong and which I am interested in; I think it works harmfully and destroys the possibility of any new life in the institution and allows it to fall into the hands of the treasurer for the time being, which may be a life appointment, and he may gradually go to sleep.

25896. What would you do to admit fresh air; how would you reconstitute the Board of Governors?—That is rather a difficult question. I should think, having regard to the new departure which the treasurer of Guy's Hospital has taken, in making a general appeal to the public for funds, that the remedy in that case would be to give the right of election to the governors, that is to those people who have given them this large sum of money. They have been asking for money and they have obtained large sums of money; hundreds of people have been brought in as donors, and therefore there now exists what did not exist formerly in the case of Guy's, an electing body.

25897. You would not have anything in the nature of representation from outside?—I should be very glad to get representation; only the difficulty in my mind is to find any basis that would afford reasonable ground to hope for improvement.

25898. But your opinion is that something ought to be done to improve the governing bodies of endowed hospitals?—Yes, to get life into them and new blood, as in the case of the poor law, life and light.

25899. Ventilation in fact?—Ventilation.

Chairman.

25900. You desire to add something with reference to drainage?—Yes; the London Hospital is now being entirely re-drained; St. Thomas's, being a new one, was drained properly at the building of the hospital; St. Mary's was re-drained in 1887; the Seamen's re-drained in 1888; King's College re-drained in 1882; the Great Northern Central, the Miller Memorial, and the Seamen's Albert Docks hospitals, were all drained properly at the time of building, the hospitals having been built within the last three years. The Children's Hospital at Great Ormond-street was re-drained in 1884; the Samaritan Free Hospital for Women, and the Hospital for Women in Euston road, which were opened last year, were drained at the building of the hospital, and the Hospital for Women in the York-road, Lambeth, was re-drained in 1887. The Brompton Hospital for Consumption (old building) was re-drained in 1887–88.

The Witness is directed to withdraw.

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MR. REGINALD BRODIE DYKE ACLAND, is again called in ; and further Examined,
as follows :

Chairman.

25901. You want to correct something in your former evidence?—I desire to correct an unfortunate mistake which I made in the evidence which I gave on the 8th of June, to which my attention has been called. In answer to Question 22822 I gave certain figures with regard to some small hospitals with an average number of beds occupied under 35, and included among them the National Hospital for Epilepsy. This is incorrect. The hospital to which I intended to refer is the hospital for Epilepsy and Paralysis, Portland-terrace, Regent's Park. The figures for that hospital should be : Average number of beds occupied, 21 ; cost of maintenance, 1,817 £ ; management, 403 £ ; proportion of cost of maintenance to cost

Chairman—continued.

of management as 18 is to 4 ; amount received from patients, 909 £ ; per-centage of amount spent in maintenance received from patients, 50. The National Hospital for the Paralysed and Epileptic is a large first-rate institution with 170 beds (which number is shortly to be increased to 190), and is one which in no way depends for its existence on amounts received from patients. I think it will be clear to anyone who reads my former evidence carefully that some mistake has been made, but I am anxious to correct the mistake publicly as it has been brought to my knowledge that it has been considered to cast an undeserved slur on an admirable institution.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned.

Die Lunæ, 13^o Julii, 1891.

L O R D S P R E S E N T :

Earl SPENCER.

Earl CATHCART.

Earl of KIMBERLEY.

Lord CLIFFORD of CHUDLEIGH.

Lord SANDHURST.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. WILLIAM RATHBONE (a Member of the House of Commons), is called in;
and, having been sworn, is Examined, as follows :

Chairman.

25902. YOU are a Member of Parliament, are you not?—Yes.

25903. And you have been a member of the executive committee of the Liverpool Infirmary for many years?—For about 30 years.

25904. And president of the Liverpool Training School and Home for Nurses, which nurses the infirmary?—Yes.

25905. And for more than 25 years you have been a member of the workhouse committee of the Liverpool vestry and of its nurses' committee?—Yes.

25906. Who have the charge of the hospital, which contains how many beds?—Over 1,200 beds.

25907. And also you have been for many years a trustee and a member of the executive committee of the Nightingale School for Nurses, which nurses St. Thomas's Hospital?—Yes.

25908. What is your impression as regards the comparison of hospitals 30 years ago and now?—Thirty years ago they were in a very wretched state. There were only two hospitals in England that had a proper system of training nurses or a training school for nurses. One was St. Thomas's, which trained only for hospitals, the other was King's College, where under the charge of the St. John's Sisters there was a very good training school for private nurses. There were some very good nurses in the large hospitals who trained themselves, but there was no system of training or preparing nurses, they just engaged the best woman they could get, and she trained herself practically upon her patients.

25909. And she began as caretaker more than as a nurse?—She did. There were a few, but only very few comparatively, that were nurses at all. I may mention as an instance, our Liverpool Infirmary, which I believe was one of the best managed local hospitals. The origin of the reform in that hospital was this: I went to them to ask whether they could train us women for nursing the poor in their own homes, and they said they could not; that they had given their

Chairman—continued.

matron power to raise the wages from 10 l., which used to be the only rate, to 16 l. a year for any nurses that were worth it; and they had only three nurses in that large hospital that she considered worth giving 16 l. a year to, and she could not get any more; the others she said got their 10 l. a year, and if they gave them any more, the probability was they would get drunk the first holiday. That was the state of the hospitals generally in the country; and I am afraid that the London hospitals were not a very great deal better.

25910. But that state of things has been very much improved?—Very much indeed. Perhaps I might just state what happened in Liverpool, because I suspect that it is very much a type of what has happened elsewhere. I went to the chairman, Mr. Gibbon. The hospital was then managed, as it is now, by a committee of merchants and lawyers, and Mr. Gibbon (who was the son of a man who in the previous generation had really managed the hospital), was the chairman, and a most efficient manager as far as his materials would admit.

25911. Was this hospital supported entirely by voluntary contributions?—Entirely. There was a small endowment, not a very large one, 2,000 l. or 3,000 l. a year, and they had to spend 11,000 l. or 12,000 l. I wanted him to give me some nurses; he said he had none to give; and I then ventured to suggest under Miss Nightingale's suggestion that they should train nurses. He said "We have no means of training them for ourselves"; and it ended in our building them a home; and then they undertook to introduce the Nightingale system of training into that hospital, and since that time we have steadily improved under Miss Nightingale's guidance. We found more and more that the nearer we approached to her opinions in the hospital management the more satisfactory the working became. The plan that we pursue now, partly on the old system and partly on the new, is this: There is a general committee who have the general management of the hospital, and meet once a fortnight. Every

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Mr. RATHBONE, M.P.

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fortnight they choose one committee-man whose duty it is to visit for a month; so that you see there are two visitors always visiting, one of whom has visited for a fortnight previously, and the other is a new visitor. This plan you see keeps a certain continuity of information and inquiry. They are expected to visit the whole of the hospital twice a week, and to record the results of their visitation, and any recommendations they may have to make, in a visitors' book. Then we have a medical staff, which consists of three visiting surgeons and three visiting physicians; each of these has under him a young house physician or surgeon, who is a man who has just gone through his pupillage; and each of the visiting surgeons or physicians has a female and a male ward. The medical staff are entirely responsible for the medical treatment of their patients. Then we have a matron who is sometimes called matron, sometimes lady superintendent; and I may mention that we first began the new system with a matron who had charge of the linen and all the housekeeping and everything of that kind, and a lady superintendent who had charge of the nurses. We did not find that a good system, and when the old matron was superannuated we changed the system, and we have ever since placed the whole under the charge of the lady superintendent of nurses who controls and manages the entire female staff of the establishment and has charge of the stores, linen, &c. She has under her a housekeeper, and she has also two assistant superintendents, one of whom lives in the hospital and does most of the hospital superintendence under the lady superintendent; the other corresponds to the home sister of St. Thomas's Hospital; she lives in the nurses' home and gives regular systematic instruction to the nurses, who also attend lectures given for their benefit by the medical staff; there is also a night superintendent. Then there is a secretary, who is a sort of general manager, who keeps the books and pays the bills, and does all that sort of work, but who has no power to interfere with either the doctors or the matron.

25912. Have you anybody there called a medical committee?—There is a medical committee which consists of the doctors, and two of them sit upon the general committee with those who are elected by the subscribers.

25913. With regard to these two visiting governors of whom you have spoken when do they visit; on certain days?—No, they visit either alone or together; they generally visit together, but on any days that are most convenient to them. They are very busy men and they choose their times; sometimes in the middle of the day, sometimes in the evening; but that is left entirely to their discretion. The engagement, the dismissal, and the management of the nurses rests entirely with the matron, but the Committee have power in case of injustice or complaints to consider appeals to them. But I wish to say this, that with men and women as they are, the great difficulty is not any likelihood of injustice to the nurses owing to a wrongful dismissal. The great difficulty we have always found, even with the most stern matrons, has

Chairman—continued.

been to induce them and encourage them to dismiss promptly enough nurses who are not competent for their work. And that is very naturally so; because these nurses have friends, and matrons naturally do not like a row; and the matron naturally does not like to turn away a probationer or nurse. I have never in my 30 years' experience, and after having been concerned in the management of three hospitals, known a case of wrongful dismissal; but I have been often struck with the fact that we did not get rid of the nurses as often as we ought to have done. One other thing I may also state: the matron during the first month's probation keeps or dismisses the probationer, without ever putting her on the books; except that once a year she reports the number that have been refused, and if necessary why; but we do not require her to give any account of it. But in the case of the nurses and the sisters she has to report it to the committee. But I would venture to point out this: that it is almost impossible to prove the very best reasons for dismissing a nurse. For instance, there is nothing so important in a nurse as that she should have the power and habit of correct observation of the symptoms of her patients, and everything that goes on, and the power of correctly reporting them. The matron who has from the superintending sister constant reports of a nurse, finds out very soon if that woman has not the natural faculty for a nurse; but it is almost impossible to prove it; and yet anyone who is deficient in that ought to be sent away immediately. I have had a great deal to do with organization of various kinds. I have had the management of a large shipping business, and I have also had a great deal to do with the selection of nurses and their promotion, and I do not hesitate to say that I would as soon sail in a ship in which a committee of passengers or a committee of shippers interfered with the management by the master of his crew or had anything to do with the management of it, as I would have anything to do with a hospital where the matron had not full power to deal with the management of her nurses. In both cases it is a case of life and death, and anything which interferes with the discipline of the matron or of the captain is I think a wrong to both the patients and the passengers. We have more and more learnt by practical experience to place full confidence in our matrons, and we have not found it abused, and I believe the more we have done it the better we have reformed the management of our hospitals. The doctor or the visitor is bound not to call the nurse to account before her patients, but to report to the matron, and to act through the matron. If we have not a matron who is to be trusted to do that the sooner we get rid of her the better, that is the only way to do it.

25914. But how are you to know that the matron is to be trusted?—Our visitors go round twice a week, and talk to the patients and ask them whether they are comfortable. They are sure to hear of any complaints. How does the captain of a vessel know?

25915. I can understand a patient complaining to the visitors; but how do you find out if a nurse is dissatisfied with her treatment by the matron?

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matron?—Because the nurse can complain to the visitors, just as much as any one else can.

25916. But if you give power to the matron to dismiss whomever she wishes, do you think that nurses are likely to complain of her?—Certainly, if they are dismissed wrongfully. I did not say that we had not had complaints, but I do not remember a single case in which complaints have been found to be truly founded, and we have had some pretty stiff experience, because when the new system was first introduced we found that the doctor sometimes did not agree with the matron as to the dismissal of nurses; and we found it very important to support the matron even against the doctors, because the matron had to do with the moral discipline as well as with the clinical treatment; and sometimes a woman might be a very good nurse but a frightful cause of evil in the establishment. Where you have a large number of young women, and a lot of young men about them, it is of the utmost importance that you should have some one who can act in cases where it may not be well to have a public scandal.

Earl of Kimberley.

25917. You have a perfect belief I see in a benevolent despotism?—Yes, I have in hospitals; and I think I have done as much as most people for the improvement of the condition and comfort of the nurses; but I think that at present there is a great deal of nonsense talked about them. People talk as if the hospitals and everything in them were there for the amusement and the pleasure of the nurses; and we get, in consequence, the fact that nursing has become fashionable. It is very good in certain ways but very dangerous in others. We get a very mixed set of applicants; young ladies who think that when they have passed their probation they will be under much less control than at home, and that they may come to the hospital as a sort of town house, where they may have a good time. I can assure you it is not at all an easy matter, the management of a hospital now. It is very much easier in this respect that we have a much better set of nurses; but we have a great deal more difficulty in choosing our probationers, and perhaps in keeping them, than we had previously.

25918. Of course, in this hospital, naturally there is a committee, which, apart from the nurse question, deals with the management of the hospital, the food and so forth?—Yes.

25919. Have you a steward, or perhaps a secretary who acts as a sort of steward?—Yes, a secretary.

25920. Do you give him full power also, as you do to the matron?—No, he is under the committee.

25921. Why should you not, on your principle, give the same power to the secretary; the argument is just as good for the one as the other, is it not?—Because the secretary has not to do with the question of life and death, which the matron has; and also we have more practical knowledge to control the secretary. Most of us
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Earl of Kimberley—continued.

are housekeepers ourselves and know something about it; and the secretary's work is quite different from that of the matron.

25922. But, according to your principle, it would be much better that there should be a despotic power in the secretary?—He has very little to do with the men or the women either.

25923. I suppose the food is probably ordered by a steward or secretary?—The food is ordered by the secretary; but the matron would call him to account if the food was wrong.

25924. In the hospital who is responsible for the food?—I should think the matron and housekeeper would be responsible for the food being good; but we have a system of having tenders at the commencement of the year, which are submitted to the committee, and the committee take those tenders, and if there are any complaints they go very strictly into them.

25925. What I want to know is whether the duty of seeing that the food is sent in as it should be is left to the secretary or the steward or the matron?—The matron and the housekeeper would probably have most to do with that. We take care ourselves to look into it if there is anything wrong.

25926. Why should you interfere with the matron; *ex hypothesi* it is a benevolent despotism, as I understand you?—As near thereto as we can conveniently get in business. We get the best matron that we can; but we should interfere with the matron if anything went wrong.

25927. I quite understand that it is essential to support a matron's authority and not unduly interfere, but I do not understand its being desirable that any person whatever should be left without control or superintendence; it seems to me to be unsafe, and I do not quite understand the argument?—Excuse me; I hardly said that. I said that you ought to act through her as to dealing with her officers, the officers under her charge. If a nurse does wrong, for instance, and you think from what you see of the patient that there is something wrong in the nurse's management, the right thing is to go to the matron, and say, "I think this is wrong; what are the grounds of this?" She perhaps agrees with you, and then puts it right. But it is not for the visitor who is comparatively ignorant on these subjects, or on the technical part of them, to scold a nurse for what is wrong.

25928. My mind was rather on what you told us with regard to the probationers, that they are not only selected by the matron, but that they are dismissed by the matron without any more protection than a report by her once a year; that is what I understood you to say?—That is the case.

25929. Does not that put in the power of the matron to do cruel injustice?—What object has she to do other than justice?

25930. May she not have favourites, and take a dislike to a probationer without reason?—I am not prepared, as one of the committee of the hospital, I was not when I was attending to it weekly, to go into the question of every one of these ladies. The matron is a much better judge of the materials out of which nurses are to be selected.

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25931. Probably

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Earl of Kimberly—continued.

25931. Probably, you would as a rule, follow the advice of the matron; but if these cases are in no way reported, how are the committee to judge whether she does her duty or not?—But how are the committee, who are very busy men, to go into the case of every one of these probationers? It is simply impossible.

25932. That may be a reason for some alteration in the committee, but it seems to me to be extremely improbable that any woman in the position of matron would not, from time to time, commit injustice, whether from taking dislike to women or from favouritism, and I understand from you that if she did you would know nothing whatever about it?—In regard to the selection of these women, I may say that I know no administrative business which I have ever been connected with which could be managed on any other principle. If we were to attempt to choose all our own sailors, and not leave it to our overlookers, we should have a nice set of sailors; and in the same way, if we were to take our own probationers we should have a very incompetent set.

25933. I never for a moment suggested that you should choose the nurses; I only want to know whether it is not a dangerous thing that you should not know what the practice of the matron is, in regard to these matters that you blindly trust her?—I do not think we blindly trust her. We trust her as we do any of our other officials, after observing her for some time, and knowing that she is thoroughly trained for the work. I do not think you will find any large administrative business; I have never been connected with any, in which the central body attempts to deal with all the details, such as the selection or dismissal of the nurses. They have always the power of appeal to the committee if they please, and they would appeal fast enough if they had any ground to do so, but I venture to say, at the beginning, that I feel as certain as I do of anything that has ever come under my management, that the danger you have in this work is not that the matron would not take a good probationer if she could get her, because it is only too difficult to get good probationers, but the difficulty is that we often get probationers and carry them on for months and months, merely because the matron dislikes to dismiss them as soon as she ought to do in the interests of the patients. The object in all these institutions is not to find patients for a number of nurses; it is to nurse the hospitals, and the sick must be our first object, and for nursing those sick, you must give every facility for the selection of the very best woman you can get for the purpose, and even if one or two were thrown out and not allowed to come into the hospital, they have no right to come into the hospital; they offer themselves as probationers as the most likely material for making good nurses for saving life and health, and our object is to save life and health, and I say, unhesitatingly, that if we were to attempt to have every case reported to us we should neglect that business or some other business; we should pretend to do that which we should not do, and I give you the results of the experience of three large hospitals.

Earl of Kimberly—continued.

In not one of them, does the matron report the probationers. I can refer to another large hospital which I have had a great deal to do with the organising of, and which is now one of the best managed workhouse hospitals, and which is in fact the model on which all the reforms of the workhouse system are carried out; we have the same system there.

Chairman.

25934. Have you ever considered whether it would not be as wise only to give the power of suspension to the matron, and to keep the power of dismissal in the hands of your committee?—I say with confidence that it would be a mere pretence, that at the present moment the work of managing those hospitals is imperfectly performed, because the central authority has too much and not too little to do, and if you give them more to do if you give them a special thing to do that they are not particularly fitted for, the only effect will be that the work will be scamped and that even when it is done it will be done less effectively.

25935. But if the work is “scamped” does that not point to an inefficient committee?—You must get the best committee you can. At Liverpool we have a remarkably efficient committee, because Liverpool is not as large as London; we all know one another, and naturally a seat on the committee has been an object of ambition to some of our best men; and, therefore, we get good men; but if we were to attempt to do more than we do now we should make a mess of it; and yet there you have a chairman who has devoted most of his time to it (I should think he is there once a day) and a treasurer who has done the same, and a committee who have at heart that which they do as their duty; and I am satisfied that every one of them would say to you if you asked them to have all their nurses and probationers reported to them, their dismissal and engagement, “We cannot do it half as well as the matron.” We should merely be relieving her of responsibility, which, in practical administration, is one of the worst things you can do. In a not unsuccessful experience in the administration of business, political, local, and otherwise, I have always found that if you want to succeed the great thing is this: you must concentrate a considerable part of your attention on selecting and training the best men and women, and then you must throw the responsibility on them; you must not unnecessarily interfere with them. I think that is the fundamental rule of successful administration.

Earl of Kimberley.

25936. But does not the whole of the force and wisdom of the rule turn on the word “unnecessarily,” and that is a matter of opinion in each case, is it not?—But this is not a matter of opinion. The experience of three of the largest hospitals in the kingdom (and I believe that I shall be confirmed by all the other large well-managed hospitals) corresponds with mine. You will find that if there is any pretence of the committee really managing the selection and dismissal of the nurses, it is only a pretence. I may

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may give you now the results of another large hospital. I had occasion to visit the sick in one of the worst districts of Liverpool. I found that from the horror that the people had of going into the workhouse infirmary it must be a very dreadful place. I went to Mr. Cropper, Mr. Forster's brother-in-law—

25937. May I interrupt you to ask, is the workhouse infirmary in Liverpool a separate institution, as is the case with many infirmaries in London, or are you speaking of an infirmary in the workhouse?—The infirmary I am sorry to say is in the workhouse, but it is in separate buildings.

25938. You know the system which has been adopted in London, of having a separate building; I wanted to know whether there was anything like that adopted in Liverpool?—No; at the time I am speaking of, it was one of the best managed and built infirmaries on the old system; now the building is rather obsolete, but the management was as careful as the circumstances would permit.

25939. On the old system?—On the old system. I said to Mr. Cropper, who was then one of the active managers of the vestry, and I think chairman of the workhouse committee: "I think from the horror the poor have of going into the workhouse it must be an infamous place." He said, "It is, but what are we to do. The only officers are two young ladies who walk about with gloves on and never do a hand's turn of nursing themselves, and the whole of the nurses are pauper nurses who will get drunk whenever they can, and of course you may imagine that the state of things is very bad." I said, "Are not you afraid of a scandal?" He replied, "Of course we are; if only it was known we should get into no end of a scrape, but what can we do? There are no nurses." I said, "There is nothing impossible in this world, and this is a thing which ought not to be impossible." And it ended in the vestry allowing a number of Nightingale nurses trained in St. Thomas's hospital to come into the hospital, with Miss Agnes Jones at their head, to nurse the hospital on the new plan.

Chairman.

25940. How long ago is that?—I think it was about 1867 or 1868. We introduced the system into our general hospitals 30 years ago, but I think in the workhouse hospital it was a little over 20 years ago. Gradually we grafted on to the system that then existed, which is a good deal similar to our system in the general hospitals, the system that you have in St. Thomas's Hospital, which is probably the most complete one, and that which we have in the Liverpool Infirmary. They built a home for the nurses, and they have a superintendent, and she has practically the entire appointment and dismissal of the nurses, which has, however, to be reported to the Local Government Board: but we have practically adopted, I was going to say, the same system in the hospital. The matron engages the probationers and tries them for a month or so, and, if they are likely to be suitable, she brings

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Chairman—continued.

them up before the nurses' committee, and the nurses' committee then engage them for three years, as we do in the other hospitals, subject to their good behaviour. In the same way the workhouse committee appoint three or four of their number every week, who go round the different parts of the workhouse, taking in turn the hospital; they cannot visit the whole workhouse every week, because it is a place capable of containing three or four thousand people, and the hospital itself has 1,200.

25941. But is not the principal officer the medical superintendent in this workhouse infirmary?—In the workhouse infirmary we have four resident doctors.

25942. Who is the responsible officer; one of these resident doctors, or who is it?—Those doctors are responsible partly to the governor and partly to the workhouse committee. The governor is nominally the head of the whole thing, but everything practically comes back to the vestry, or to the workhouse committee rather first, and then to the vestry. They visit every week and make their reports; and it has gradually come to the same state of things; that is to say that, practically, though of course there are more formalities in the workhouse hospital than there are elsewhere, we back up the matron in the selection and discipline of the nurses, and have less and less interfered with her as time went on.

Earl Spencer.

25943. How does the vestry in Liverpool manage the workhouse; is there not a board of guardians?—The select vestry is the board of guardians.

25944. You are under a special Act in Liverpool?—Yes, we are under a special Act. The select vestry select the workhouse committee; the workhouse committee select the nurses' committee; and in that way there is a certain division of labour. I was asked a question just now about the stores. The guardians really manage them themselves. They are a very representative body. They generally are chosen for their important specialities; we have one or two grocers, one or two leather merchants, one or two of different kinds of tradesmen; and they have what they call a contract committee which meets every week and they pass all the stores themselves, and they take a great deal of interest in it, and they really manage it themselves; and in turn they visit the workhouse and report things. Generally the chairman of the workhouse committee takes a very great interest personally, and does a great deal himself, and is there not merely at stated times, but at all times and seasons; and we have found that that practically is the best way of working the hospital.

Earl Cathcart.

25945. This is a vexed question; how would you like to have a committee of strong-minded ladies to assist the matron?—I am afraid I should not.

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25946. And

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25946. And why, because it would interfere with her responsibility?—Yes, exactly so. I think a committee of ladies are very useful to assist but not to interfere. I am not a soldier or a sailor, but I have been very strongly impressed with the necessity of almost a similar discipline in hospitals to that which exists on board a ship or in a regiment.

Earl of Kimberley.

25947. But in a regiment the colonel has not power to appoint or to dismiss an officer?—I do not know anything about regiments, but I know something about ships and about hospitals. I ought not to have put in the regiment in my remarks as I know nothing about regiments.

Lord Thring.

25948. I understand that you represent in the main Miss Nightingale's views on nursing, do you not?—Yes, I went over the whole of my evidence with Miss Nightingale herself and with Mr. Bonham-Carter, who is perhaps one of the most experienced hospital managers in the kingdom, because from the commencement he has been the honorary secretary of the Nightingale Fund Training School, and he is one of the most active of the committee of St Thomas's Hospital.

25949. And they agree with you?—They agree with these views in the main. They are not responsible for all my indiscretions, but in the main these are their views. In fact I would not come to give you evidence simply upon my own opinion till I had talked the matter over carefully with them, and with any of the other best hospital managers that I knew.

25950. One question with respect to the capacity of nurses; I understand you to say, and I daresay it is the fact, that the capacity of a nurse depends upon a number of small things?—Yes.

25951. For example, her noting small symptoms?—Yes.

25952. And probably being good natured, or being ready; and that the capacity for noting those small symptoms appears in the reports which the nurse makes to the matron?—Yes.

25953. Consequently, if you wished to try the question of whether a nurse or probationer or a young nurse showed a capacity for nursing, you would have practically to go through the whole of the reports she had made to the matron, and to test them?—Yes; and after the reports that she makes daily, the incidental remarks that she makes about her nursing are perhaps as valuable as any others. I used to find that when I was visiting the hospital.

25954. So that really and truly the committee could not test the capacity of a nurse in the sense in which I put it, because they really would not have the evidence before them?—No. You have really struck upon one of the great mistakes that is made upon this question of nursing. The quality of a nurse depends almost more upon moral than upon intellectual considerations; you cannot test it by examinations. Very often we find that those nurses who pass the best examinations are very inferior to a nurse who passes a very much worse examination, but

Lord Thring—continued.

whom her matron knows to be thoroughly reliable, night or day, in sight or out of sight, and to have that sort of kindness and care of patients that is so important.

25955. You say, in fact, that nursing is a practical question and only to be learned by a number of small experiences?—Certainly.

25956. And that those small experiences can only be ascertained by a close supervision of the matron over the individual nurse?—And what is more, I have become more and more impressed with the fact that a great many of our sex have not that sort of tact which is required to deal with matters of this kind. I am satisfied that very often women may be taught very advantageously by men, but they can really only be governed and controlled and regulated by women.

25957. And then I understand you to say, if a nurse had really cause to complain of injustice, for instance, of unjust dismissal, she would have a right of appeal to the committee?—Yes, and the thing would get round. I believe, except the Lobby of the House of Commons, there is no greater gossip shop in the world than the nursing world. You have a lot of unmarried women; a great deal of their time is not taken up in actual bodily work, and they have time for gossip; it is a very unfortunate thing that it is so, but if you are at all in the way of the nursing world you hear probably the character of every matron that is about, whether she is kind or not.

25958. And as I understand it, you say that even if a nurse or probationer were now and then dismissed not quite justly, it would be very much better that that should happen than that the discipline of the hospital should be subverted by inquiring into every case brought before the committee?—Yes, I think so. After all it is the patients mainly that we have to look at; and if it did happen that a nurse was not able to go on in a particular hospital, and that the matron was mistaken as to her qualifications, it is far better that such a case should occasionally occur, than that you should have innumerable bad nurses who cause death and other things which are worse than death, in hospitals. There is one point (if I have not wearied the Committee), which I do think requires improvement, and that is this: we have training schools for training nurses, but we have no adequate system of training for lady superintendents; and of course, from what I have already said, you see of what immense importance it is, that the superintendents should be really competent for their work. I do not believe any one else can do it, but it is necessary that we should have superintendents well trained for their work.

Chairman.

25959. Have not superintendents or matrons generally passed through a hospital training?—Yes, but what I mean is trained in superintendence, trained and tested in the qualities which make a superintendent, which are of very considerable importance. The whole system of the trained workhouse nursing which is now spread over the whole country almost, had very nearly

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nearly broken down, because, on Miss Agnes Jones's death, we could not find a competent superintendent anywhere. Since that time I have always, if possible, found and placed in St. Thomas's Hospital at least one lady, a cultivated woman of promise, had her trained as a nurse there, and if possible, then placed her as an assistant superintendent, either in the workhouse hospital in Liverpool, which is a training school itself, or in the Liverpool Infirmary. I bound them to me for three years, and they were bound to go anywhere, and do anything in the nursing world. They got in that way regular training in the duties of superintendence, and in the management of a hospital. And that it was not useless is shown by its success; no less than seven of the principal hospitals of the kingdom, including St. Thomas's itself, are now under the charge of these ladies; and others of them are in charge of district nursing homes. But the fact that they have been found fit to be promoted to so many of the highest posts, shows the advantage that there really is in having a regular system of training; and I think it ought not to be left to an individual, because he may make mistakes, or may die, but there ought to be some system of passing the ablest of our nurses through training, as assistant superintendents, and keeping them in sight, so that if they turn out superior they may be available for superintendents; because certainly sometimes I have seen that women have been appointed to positions in hospitals whom I happened to know were certainly not fit persons to be in such positions.

Earl Spencer.

25960. Would it not be rather difficult to have a school, as you may say, for superintendents; would there be enough of such people to make the school efficient?—I do not mean a school; I mean the system which would have to be adopted. I have an arrangement with the guardians in Liverpool that they will take a nomination of a lady from me for two years as an assistant superintendent; she is under an engagement to me, and I am under an engagement to her for maintenance and salary for three years. Then she has to go anywhere; and I should like to see that done in several of the principal hospitals by some body who would keep these ladies in view.

25961. Is it not the fact that in almost every large hospital where there are a good many nurses the matron selects the best and most competent nurses and they get training as assistants?—I would rather not speak of any particular hospital, but some of the very best hospitals were deficient in such arrangements: they had not sufficient assistance and a great deal too much was thrown upon the superintendent or matron; which was very advantageous sometimes for the hospital as long as she kept her strength, but was very apt to break down the matron if she was not very strong. I do think there is not a sufficient amount of assistance in many of the large hospitals for the matron; and I think they would be perfectly willing very

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Earl Spencer--continued.

likely to take in an additional assistant in the way I have described as an assistant superintendent if the thing was brought before them in a proper way.

25962. The best mode probably of carrying it out would be that other institutions should follow your example; I do not well see how you are to have a central body on purpose to do it?—No, I do not exactly see how it is to be done, I have never worked out how it is to be done, but I certainly do think that that is one of the great difficulties in the good management of hospitals, that there are not a sufficient number in training for that work, and there are not sufficient means of getting to know who are the best adapted for the position, or I am sure that some of the appointments that are made would not be made.

Lord Thring.

25963. But supposing there was a central body such as that for sending out nurses to parishes which was charged with the duty?—I think if you could have the principal matrons and managers of the hospitals formed into a sort of intelligence committee or something of that sort, there might be something done in that way; but I confess I can only state the difficulty. I have not had any large share in the management of hospitals in London, which would be the centre, and I would rather it was such a council as Miss Nightingale, or some one of authority suggested, stating how the difficulties were to be met. There is another part of hospital management which has been to me incomprehensibly bad, and that is the chaplaincy. I have never been able to understand why, but I never met with any but one hospital manager who could put his finger on one hospital chaplain who had been satisfactory, either in workhouses or hospitals.

Chairman.

25964. Is that partly owing to their being too long in one place, do you think?—Yes, I was coming to that. I think there is something intensely depressing apparently in the position; they have nothing to do but with death and disease. The people under their care are all ill, and their minds are probably in a weak state, and it requires a great deal of active energy in a clergyman to overcome the depressing tendency.

Earl Spencer.

25965. They have the nurses also?—Sometimes they are too fond of talking to the nurses, but they ought not to have anything to do with them. What are they to do? they are waiting for people to be ill or die during a considerable part of the day; they have nothing to do with life; it is always death and illness, and they get so depressed that they all become either incompetent or busy bodies. If they are active they are often an awful nuisance, worse than if they are passive, because they are centres of gossip and everything of that sort. As a general rule they are very worthy people, but I would not allow a hospital chaplain to be appointed for more than three years. Our guardians in Liverpool this last time have gone to the bishop and said, "We

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cannot legally appoint a man for only five years, will you recommend us three or four to select one from, letting us have some arrangement by which he should not hold the appointment for more than five years."

25966. You are in favour of a limited appointment?—Yes, a limited appointment on account of the amount of depression to which chaplains are exposed, who hold the appointment for a long time.

25967. Would you say five years or three?—I would rather it were only three.

Earl of Kimberley.

25968. There are a great many Nonconformist patients, and they are not attended to by the chaplain?—No.

25969. Do you find that it works well, having a minister of their own denomination to visit them?—We have no complaints; I think they are pretty well attended to. But the best thing to compare it with is that which happens with the Catholics; we have a good many Catholics, and there is a Catholic priest appointed to look after them; and I have never heard the same complaints of him.

25970. Is he paid in the same way as the Protestant chaplain?—He is not resident.

25971. Is he paid?—I believe he is paid, but he is not resident, and he is not permanent; he has other work to do; we have nothing to do with him so long as he is always there to attend to patients when wanted. I believe he is changed from time to time.

25972. Would it not work as well, if you had no chaplain and trusted entirely to voluntary attendance as appears to be the case with the Catholic priest?—I am not prepared to give evidence on that subject, because I am myself a Nonconformist; but I believe it would be a far better plan, if we are to have a chaplain, to let us have him only for three years. A young man, I believe, who came there full of energy and enthusiasm would do an immense deal of good. I believe you really would find that a lot of these poor fellows in illness are quite ready to take better resolutions and go out better for their illness; but you must have the chaplain full of energy and enthusiasm to be able to do that.

25973. Without any reflection on individuals, the danger is that the performance of these duties tends to be a mere routine; that is very apt to be the case?—Yes, that is very apt to be the case with no change of duties at all; it is a very bad system; but at the same time I should wish to add that if you could get the right man with short appointment it would be most useful. And it would be very good for him too. It is one aspect of human nature; it would be a great lesson.

Chairman.

25974. Is there anything else you wish to say to the Committee?—There is only one more thing I should like to give evidence upon, that is, with respect to the London Hospital. I never had anything to do with its management; I never was in the London till after this row. I

Chairman—continued.

hardly knew who were the managers or anything about them, but I did know a great deal of its management because I happened to have had a number of friends who had been there as nurses in various positions previous to this outbreak. One of those was my own daughter. I need not say that I had about as good information about the London hospitals as any outsider could possess, and I would not have allowed my daughter to go to a hospital where such things occurred as have been stated to have occurred in the London Hospital. She went there two years running during her holiday, for three months, because she had been in charge of a poor district in Liverpool where we had a trained nurse nursing and she wished to be able to superintend her work thoroughly; so she went as a regular paying probationer to the London Hospital without any introductions or anything of the sort and served twice for three months in each year in her holiday. She returned to us more robust and looking stronger and better than I ever saw her return from any other holiday. When this row broke out I wrote to her to ask her what her experience about it had been; and as it is very short I should like to read to you what she said, because I think she puts the whole question rather well. "I was at the London Hospital as a probationer for three months in the winter of 1886-87, and three months in the winter of 1887-88. I have often since visited the hospital, and talked to the nurses and the sisters, and my experience and impression are in every way opposed to the evidence given. The nurses and probationers seemed to me to be very well cared for, and were a healthy looking set of people. The home has only been built a few years and is very comfortable. The food was very good; it was abundant, well cooked and well served, and there was a great deal of variety. The matron paid great attention to the nurses' diet; she had introduced great reforms into the housekeeping of the nurses' home, and their health had, I heard, very much improved in consequence. Any one who was ill was well looked after. There was a very good sick room, and in cases of severe illness the nurses were nursed in a small ward off one of the wards of the hospital. I have often seen nurses in both places, and they seemed to be thoroughly well nursed and taken care of. They were attended to by one of the visiting physicians. Nursing is of course hard work, and not fit for delicate people, but for those who are strong I believe it is a very healthy life. I think if you take a hundred nurses they would compare very favourably with a hundred women earning their own living at any other trade or profession. The mischief is that many young women try to take to nursing as they do to teaching in elementary schools, without natural fitness, because they think it will raise their social position. The hours on duty in a hospital sound long. They must be, as the 24 hours must be divided between two sets of nurses; but the work is not continuous like factory work, and a nurse on duty has change of work, and can often rest a little, some days of course more than others. I wish women in shops and

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Chairman—continued.

and offices and schools looked as healthy as nurses do." She found when she first went there that the standing was very trying, but after she had been there a month or two she got over it and enjoyed perfect health. Now I have probably had the engagement of as many nurses and superintendents as most people, and I have been perfectly astonished at its being as healthy a life as it is. I could name to you, if it was not taking up your time, many instances of ladies who have come to me wanting to be nurses and I have objected to them as not being strong enough, and to my surprise they have developed into very strong healthy women. In addition to my daughter, one of my nieces has been a nurse for nine years in the London Hospital; she has been through almost all the different stages; she was not a paid nurse, but she spent something like eight months in the year doing duty in various positions. She is one of the most completely trained nurses in Europe; she has had every kind of certificate that is to be had; and she gives the same evidence that my daughter does; and in fact, it was a great deal on her evidence, that I allowed my daughter to go there. Another friend of mine who has been there, is from a very delicate family; her father is a man who has had very large administrative experience, and is a man of considerable fortune, and rather to my surprise, considering the delicacy of the family, he allowed one of the daughters to go as a nurse. After trying as a probationer, she became a regular nurse and sister in the London Hospital; and she is the only one of her family who has enjoyed really strong and vigorous health: Her hospital life certainly has not harmed her; and that has been my experience of nursing. Of course we always require a medical certificate before we engage any of these nurses to send them to St. Thomas's; but in more than one case where the doctor has seemed doubtful, and the lady has been bent upon doing it, and has taken the responsibility of doing it rather against my advice, they have become strong people. Of course it requires a certain amount of strength, but as a rule, I should say that women who are nurses in a well managed hospital more frequently become stronger women than break down.

Lord Thring.

25975. With respect to the performance of their duties we have heard a great deal about nurses being called upon to perform menial offices, such as scrubbing the floors and particularly, if I recollect right, polishing brass basins and polishing brass in the wards and cleaning inkstands. I presume you would be of opinion that those menial duties should not be performed by nurses?—I doubt if they are in any well-managed hospital; I do not think they ought to be.

25976. We had evidence about those menial duties being performed by nurses, and the question I asked you is, whether, assuming that evidence to be true, you do not think that a great waste of force?—Very great; and anything like scrubbing the floors damages their hands for nursing. But I should think if that has ever of late years happened in any large hospital

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Lord Thring—continued.

it has been an accidental thing; that they have put their hands to it to help in case of need.

25977. We have indubitable evidence that they cleaned the inkstands, that they polished the brass of something or other, and in one case which particularly struck me, where they had what I believe is best possible system, that of polishing the floors, the nurses in some cases polished the floors not all over the wards but in some parts; which seemed to me to be a singularly improper employment for a nurse?—I should think if ever it was done the nurse had done it voluntarily or lent a hand to it because it had not been done, I suppose just as we have seen in our own families, ladies take up little things and polish them as an amusement.

25978. If menial duties are performed by nurses do not you think it wrong?—I should think it very wrong, and should be surprised to learn that, in any well-managed hospital, those were duties imposed upon them.

25979. With respect to the hours, it certainly did occur to some of us that 14 hours on duty was too much for a woman; I understand that to be as you say, because they must divide the day into two shifts, and one shift must overlap the other; but would it not be possible by some means to have three shifts, to prevent the overlapping?—I daresay it would be possible if you give them the money; but the public does not give us the money.

25980. That is exactly the question I wish to ask you: Is it not very long hours even for a strong woman to have, as we repeatedly have had evidence is the case, to be on duty, not continuous labour, but on duty for 14 hours?—Well, it depends entirely upon what the duty is. Part of that duty was probably sitting in her own room, which they each of them have got.

25981. Then I will put another question to you. We all know that a certain disease in the feet, that of flat feet, is produced by over-standing?—Yes; I think that that ought to be very carefully guarded against; it is a great danger no doubt; but I am afraid it is a danger much more in our shops than in our hospitals.

25982. But is it right that, in order for a hospital to be economical (I will put it in the best way), it should so work its nurses that they should have flat feet or should overwork themselves?—Certainly not.

25983. Would it not be better that part of the subscriptions should be applied to the good of the nurses as well as to the good of the patients?—The good of the patients is the good of the nurses. That is rather an abstract question and I could hardly answer it. I think that the patients are our first objects in hospitals, and if hospital work is such work that a woman of ordinary health and strength can do it and remain in health, at least as well as she could in other work by which women have to earn their livelihood, I think you then have done all that you are bound to do until the public gives you money to do more.

25984. I will put then a concrete case to you; supposing that in a particular hospital, by striking off 10 beds, you could so adjust the

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[Continued.]

Lord Thring—continued.

nurses that they should not be liable to this flat-foot disease, or whatever it is called, and that they should not work 14 hours, do not you think it would be quite justifiable to strike off that number of beds for the benefit of the nurses?—I should think it probably would be. Of course you must take into consideration where the hospital is. The hospital might be in a place where there is a great deal of sickness, and where women, like soldiers, must go into the post of danger and take the consequences.

Earl of Kimberley.

25985. But we have legislation to prevent women in factories working more than a certain number of hours; why should women work more than a certain number of hours in hospitals?—Because the work in a factory is more exhausting and continuous work than the work in a hospital.

25986. More continuous, perhaps, but do you think more exhausting?—Yes, I should think so to a person in ordinary health; I should think with the dust and the bad atmosphere.

25987. Would the air of a hospital be better air than that of a factory?—It ought to be. Our old hospital in Liverpool would not have been, and therefore we pulled it down; but the air of our new hospital would be or we should be very much ashamed of it.

25988. But considering that nurses are exposed to an atmosphere where there is disease, and that many of them will have very long hours at night, is not there quite as good a reason for limiting the hours of nurses as of these who work in factories?—If it were found that the work of a nurse was as prejudicial, or more prejudicial than the work of other trades in which these women would have to earn their livelihood if they were not in hospitals, there would be a reason; but if that was not found to be the case, I should say that there would not be a reason for dealing with it by law. I think public opinion ought to force upon hospitals the gradual improvement of the state of nurses as far as their means will allow; but I am not at all in favour of legislation until it is proved to be absolutely necessary.

Lord Thring.

25989. I want to put it to you in this way: We have been told over and over again that it is a sort of law or necessity that these nurses should be worked in this way; when we investigate it, we find there is no law or necessity at all, but it is a mere question of expense; then we are told that the subscribers would not stand, I suppose, making sufficient contributions to enable the nurses to be properly treated. It is not like a place where people necessarily have to do a certain amount of work for their money; almost every hospital in London could, if it had more money, treat its nurses better; and all I ask you is, would it not be better that instead of spending so much money on their patients they should spend a little less in respect of the patients, and a little more in respect of the nurses?—I should like it very much if one of these tremendously rich hospitals, which would have really the money to spare, would try the three-shifts system.

Lord Thring—continued.

25990. Why should not St. Bartholomew's with its 60,000 *l.* of income try the three-shifts system?—I see no reason whatever, if you could persuade them to do it; I should be delighted if they would.

25991. You think it would be worth a trial?—If you were to ask me, I would rather, if I were your Committee, summon half-a-dozen of the ablest of the hospital matrons and ask them that very question. I am not at all sure whether it could not be done by sending out a letter to them, and inserting queries, and asking them to give their opinion on those points.

25992. At all events you think it is not an absurd thing to do?—I think it is a thing very well worthy of consideration, and if on consulting with three or four of the best hospital matrons it is thought to be necessary, I should certainly like to see it tried in one of the largest hospitals.

25993. Then from your great experience, do you think that the public would support a hospital if nurses were overworked by giving more contributions to prevent that overworking?—I think if you could make out your case that they were overworked, the nation would and must find the money; but you have to make out a strong case, because up to this time we who are dependent upon voluntary subscriptions, are all out of pocket, and do not know how to go on from year to year getting the money that we have done.

Chairman.

25994. And the health of the nurses, is it good?—The health of the nurses on the whole is good. I think that statement which I read to you is a very fair statement of the condition of the nurses in the principal hospitals in London and the country.

Earl of Cathcart.

25995. You would not be surprised to hear that that very question about the three shifts has been put to nurses over and over again in this room, and in every case that I can remember they have said that the three-shifts system would not be so convenient; that would be consistent with your experience?—I should go by that opinion then. If the three-shifts' system would not be so convenient, unless that evidence could be upset I should be guided by that.

25996. So far as I remember there was only one hospital where the nurses scrubbed the floor, and that was only partially; that was the Brompton Hospital?—I am very much surprised to hear that because they have a very good matron there, and I know the patients are very well treated there. A connection of my wife's, who was not very strong was there, and they wanted her to remain there as a sister and she gave us no account of any ill-treatment. She seemed to be of opinion that they were very well-treated there. Might I say one thing more? A great deal has been said about the importance of improving the state of nursing. I do think that there is a very great danger of the evidence that has been given affecting the subscriptions; some of the evidence that was given about the London Hospital, some of which was absolutely untrue
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[Continued.]

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(I do not mean to say intentionally untrue but very inaccurate and misleading), has very much diminished their subscriptions. How are they to carry on and improve unless you, having gone into the matter (on which I do not express any opinion), summarise the evidence and acquit them of anything that deserves blame.

Chairman.

25987. Is it the case that their subscriptions have fallen off?—Yes, I am told that their sub-

Chairman—continued.

scriptions have been very much diminished. There is a regular sort of persecution going on.

25998. That is very different from what I hear as to the subscriptions?—I was told so. I am very glad to hear you say that it is otherwise, because although I am not prepared at all to justify the management of the hospital some years ago, Miss Lückes has improved it enormously, that I know. If she got the chance and had the money, I think she would persuade the committee to do a great deal more. In that case the matron has been the great reformer.

The Witness is directed to withdraw.

The REVEREND NATHANIEL BROMLEY, is called in; and, having been sworn, is Examined, as follows:

Chairman.

25999. You are the Warden of King's College Hospital?—Yes.

26000. And you come here on behalf of King's College Hospital, do you not, to contradict a statement as to certain figures put in by Mr. Burdett the other day?—Yes.

26001. Have you got the number of the question?—Yes.

26002. Would you give it?—It is number 25861.

26003. Will you read the question?—The answer seems to have no relation to the question. The question is, "You know that country boards of guardians do send to London; they send to Guys', and they pay 2s. a day there"; but Mr. Burdett's answer to that question goes into quite another subject, showing the relative cost of the "London" and "King's College Hospitals."

26004. It is on page 734 that the evidence to which you refer occurs?—Yes.

26005. "For instance, taking the London hospitals with medical schools, of which there are 11, King's College on the three years average, costs for each bed occupied 101 l. 6 s. 6 d.; whereas the London only costs 74 l. 1 s. 1 d. Of course you have to make allowance for the fact that there are 635 occupied beds at the London Hospital and only 159 at King's College; but still that cannot account for the whole difference." Now would you tell us what the real cost is?—The truth is that for the last three years, 1888, 1889, 1890, the expense per occupied bed in King's College Hospital, the average number of occupied beds being 169, is 93 l. 16 s. instead of 101 l. 6 s. 6 d.

Lord Thring.

26006. Is that on exactly the same data as the other calculations?—No. I find that Mr. Burdett has taken in the previous year, 1887, when we spent 9,000 l. in enlarging the hospital by raising the roof, and adding practically a floor for the accommodation of the nurses, the hospital being formerly nursed by St. John's House, then a great number of the sisters and nurses slept there; when St. John's House gave up nursing the hospital we had to provide

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Lord Thring—continued.

accommodation for the nurses in the hospital. Until we did so, we slept them in two wards which were closed; but in 1887 Mr. Walpole left us 9,000 l., of which we spent about half in building this floor (that is really what it was) for the accommodation of the nurses.

26007. Then you mean that Mr. Burdett put into his calculation 9,000 l., which was extraordinary expenditure?—Yes.

Earl Cathcart.

26008. But it is only fair to Mr. Burdett to say, that he told us, I think, that he took the average of three years?—Yes.

26009. And he took that expensive year in the three years.

26010. But he told us he was so anxious to be correct that he did not take one year, but the average of three years?—Yes; and that, including the 9,000 l. which was spent in building, would make the cost per bed 101 l. for that period.

Lord Thring.

26011. It is only an explanation?—An explanation; but it is unfair to say that it is an average expenditure; because that 9,000 l. was a solitary expenditure which does not occur every three years. Take any other three years and you will find the beds under 90 l. a year.

26012. What you charge Mr. Burdett with is with saying that he charges against you in the three years that he takes so much of an extraordinary expenditure instead of throwing it over a greater number of years?—Yes; and having had his attention called to it beforehand. I wish also to call your attention to another statement of Mr. Burdett's, in answer to the next question on the same page. He says, "Now taking the London Hospital the cost per bed occupied for provisions is 23 l. 9 s.; at King's College it is 26 l. 17 s. 8 d., a difference of 3 l. 8 s." Now I have carefully gone into the three years and I find that our average is 16 l. 12 s. 9 d., and not 26 l.; and I can only account for Mr. Burdett saying that it is 26 l., by the fact that he may have added on the board of the nurses; but he has not done so with regard to the London Hospital.

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Rev. N. BROMLEY.

[Continued.]

Lord *Thring*—continued.

26013. Do you wish to contradict anything about the price of the alcohol in the next answer? — No, that is a very small question. And with regard to the domestic expenses he puts us down at 25 *l.* odd as against 10 *l.* odd at the London. But then the London, has an enormous laundry and they do all their washing themselves; we pay 1,000 *l.*, a year for washing; and you will see of course that in the items which Mr. Burdett has put down there is no

Lord *Thring*—continued.

such item as that appearing in his list. Then on the other hand the wages and salaries at the London (I do not wish to disparage the great work of the London Hospital, but I only want to justify ourselves in comparison) are put as about equal with King's; but they have 630 odd beds to divide the salaries and wages between, whereas we have only 180; so that King's compares very favourably indeed.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Saturday next, at Eleven o'clock.

Die Sabbati, 18° Julii, 1891.

LORDS PRESENT:

Earl CATHCART.

Earl of KIMBERLEY.

Lord ZOUCHE OF HARYNWORTH.

Lord CLIFFORD OF CHUDLEIGH.

Lord SANDHURST.

Lord LAMINGTON.

Lord MONKSWELL.

Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. BEDFORD FENWICK, M.D., called in; and, having been sworn, is Examined,
as follows:

Chairman.

26014. YOU wished to come and give evidence, I believe, in regard to the registration of nurses?—I do.

26015. You understand that we must not go into any fresh controversial matters at this stage of our proceedings. If you wish to contradict anything put by a former witness you may do so?—I desire to contradict briefly the statements made by Mr. Henry C. Burdett, on July 4th, with reference to the registration of trained nurses, and the statements made in the papers which he handed in.

26016. Will you give the number of the question?—It is at No. 25889. Mr. Burdett stated that the registration “gives a bogus complexion to an untrained nurse, and makes the public liable to believe that she is trained when she is not.” The register shows that that statement is inaccurate; the registration only affects nurses who have been trained. It cannot give “a bogus complexion” to anyone; it cannot make the public believe a nurse is trained when she is not, because the training a nurse has received is stated plainly against her name.

Lord Thring.

26017. Is this book which you have given me a copy of the register?—That is a copy of the register. Then in answer to Question No. 25890, Mr. Burdett says: “You have at present registration in regard to all nurses adequately trained; that is to say, that every nurses’ training school keeps a register of its nurses, and issues a certificate to all who have had three years’ service.” That is very inaccurate; because some nurses’ training schools do not issue certificates, and a good many do not train for three years. Then, in answer to the same question, he goes on to say this: “Well, if the public want to know if a nurse is trained, they have only got to ask her to produce her certificate from her nurses’ training school” (she cannot produce a certificate which she has not got), “and that is the registration pure and simple, which

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Lord Thring—continued.

is a voucher that they can rely upon.” That is very inaccurate, because a certificate in a nurse’s pocket is not registration of that certificate in a published book. Besides which, it is a very common fraud to steal or forge a hospital certificate; and even medical men and nurses have accepted such as genuine, without being able to detect the difference. Only quite recently it was discovered at a London infirmary that a nurse had been admitted and obtained a responsible post on the strength of a certificate from St. George’s Hospital. It was printed and looked perfectly genuine; but inquiries had to be made about another matter, and it was then discovered that the nurse had had this certificate printed for her.

Chairman.

26018. It was forged, in fact?—In other words, it was a forgery. It is a notorious fact, unfortunately, that such things are frequently done. In the same answer, Mr. Burdett goes on to say: “If they are dissatisfied with the nurse they can write to the matron at the school where she was trained, and then the matron will go into her case, and, if necessary, they will call up the nurse and deal with it.” That is very misleading. For example, if a nurse has never been trained at any hospital (and there are hundreds of nurses who are at work who have never had any training at all), she cannot refer to her training school; and in the next place, when a nurse obtains her certificate and leaves her hospital, she becomes a free agent; the hospital has no further control of any kind over her. It is absurd to state that the matron can call up and deal with a person who is not under her authority. That is a well-known thing. One great complaint which is made is that when a hospital has once given a certificate, the certificate becomes the nurse’s property, and it cannot be recalled, and however badly that nurse behaves, even if she is convicted of serious crimes (as unfortunately sometimes certificated

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[Continued.]

Chairman—continued.

nurses have been), as soon as she is released from prison she can go to work again upon the strength of that original certificate. "So that the public really have adequate protection in that way," Mr. Burdett adds: I deny that altogether, and I say that the object of the register is to give the public some measure of protection. Mr. Burdett proceeds to say: "The contention is that they have not, and in order to put things right, an outside body which has had nothing to do with the training of nurses, proposes to issue, and has issued, a certificate to such nurses as it pleases to arbitrarily select, these nurses paying 10 s. per head for the privilege." That is inaccurate in many ways. The registration board does not issue a certificate to "such nurses as it pleases"; any nurse who can prove that she is trained, and is of good character, is eligible for registration upon that list, and she simply receives a certified copy of the entry upon the register; she receives no other certificate. The nurses pay 10 s. 6 d. per head "for the privilege." The registration board, which is given upon the second page of that register which is before you, you will see consists of a number, not only of well-known medical men who have taken considerable part in the training of nurses, but also of matrons who are in active work at present in training nurses. The answer goes on: "So that it happens that I have seen the case of a nurse who did not get a certificate at her hospital, because she was discharged for having in her possession the property of a probationer, and her certificate was refused, and now she goes out as a trained nurse, with Princess Christian's name as her authority for what she does." I do not like to characterise that statement as I think it deserves. If it is true, it means that a hospital has allowed a nurse who it knew to be a thief to go out and work among the public without being able to prevent her doing so; and the usefulness of a public register therefore is proved. We are told, though we have been unable to obtain the nurse's name, that this nurse was trained at the London Hospital; and the statement therefore we have been unable to verify, because we have been unable to obtain any great assistance from the London Hospital in the work of the Association; any assistance has been definitely refused to us from the London Hospital. It is stated that "she goes out as a trained nurse, with Princess Christian's name as her authority." That is quite untrue; she has simply been working all this time, evidently, as a trained nurse. All the register does is to say that she was trained at whatever hospital it was, and that is said upon the authority of the written and legal statement made by the nurse herself, and tested by the board. Princess Christian's name is not mentioned in any way, except that Her Royal Highness is a member of the registration board; and I may add that medical men believe that when the truth becomes known the public will express their deep gratitude to Princess Christian for the work she has done in helping to bring about a reform which is greatly needed. Mr. Burdett then says, "If the public wish to have evidence of who are trained nurses, by all means, under the authority of a properly constituted body,

Chairman—continued.

namely, those who train nurses." That is misleading, because, before the association undertook the work, it applied to every nurse training school in the country, asking it to take part in it. It also applied to the General Medical Council, which gave the principle their direct sanction, but said that they were unable to undertake the work of registration of nurses. The association undertook it because it could not get anybody else to do the work, and it has only undertaken it until it can prove to Parliament that it is an urgent danger that the public should have no protection against the women who now practise as nurses; and then the association would be only too glad to have the work taken out of its hands. The registration is a purely voluntary matter. The nurses make application for registration of their own free will; their names are placed upon an alphabetical list, and as free subjects of this realm they have a perfect right to have their names entered on the register. That is all the association does; it certifies to the public, after due inquiry, that a nurse has obtained a technical training; it states that she has been for such a time in such and such a hospital.

26019. Have you any more comments to make upon the evidence of Mr. Burdett?—In answer to Question No. 25891, in the middle of the answer, he says this: "Now the matrons who trained the nurses, knowing the character of the women from the first to the last, are able to sort the nurses to the cases." The great majority of nurses leave their hospitals, and either undertake private nursing on their own account as private nurses, or affiliate themselves to various nursing institutions. Comparatively few remain on the private nursing staff of the hospital where they were trained; consequently the matrons who trained the nurses are only in very few instances able to "sort the nurses to the cases." A little further on in that answer he says, "practically the question is really dead." The register is published; it is before your Lordships; it is before the public; it is being bought; medical men are accepting it, and expressing their acknowledgments for the assistance it gives them. One-fifth of the nursing profession, nearly 3,000 nurses, have joined the association in order to pay for the system being carried out; and the register will be published every year until Parliament takes the question up. Therefore the question is not "dead." Exactly the same thing was done in the case of the Medical Register. In 1846, after a good many years striving to protect the public against men who called themselves doctors and were not doctors, a medical directory was published by private effort, and in a few years it was found to be so useful that it led to the passing of the Medical Act in 1858, which made registration of medical men compulsory, exactly on the same lines as nurses are now being registered. That is all that I wish to correct in Mr. Burdett's evidence.

Earl of Kimberley.

26020. I see, looking at your list, that a great many of the nurses are not certificated; it is stated so?—It is distinctly stated so.

26021. With

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Mr. FENWICK, M.D.

[Continued.]

Earl of Kimberley—continued.

26021. With regard to those that are not certificated, I observe that your rule was, in the first instance, to give a period of grace during which you admitted nurses without requiring that they should have been three years engaged in nursing the sick, and then I observe this statement: "At the end of that period of grace three years' hospital service was made an essential condition, and will henceforth be the rule," therefore I conclude that henceforth, at all events, all the nurses who are entered upon this register, will either be nurses who have got a certificate, which is stated upon the register, or nurses whom you believe to have been trained three years in some hospital?—In that register your Lordships will find eleven nurses who were, most of them, in work before 1870, some before 1860. They have not undergone hospital training, because in those days hospital training was practically unknown. It was thought to be only fair to include those nurses at the commencement of the work of registration, together with the others who are on the list as having had hospital experience.

26022. Though they are not certificated they have all been at a hospital for the period stated against their names?—Yes, every one of them.

26023. Now I take, quite by accident, one case of a nurse, and against her name it says "London Hospital, 1884–86; Poplar Hospital in 1886." She might have been only a month in Poplar Hospital?—That is one thing that we wished to be most accurate about. If a nurse was only 11 months in a hospital, we should say that she had been there "in" that year.

26024. But that is not expressed on the register. I could not have known that from reading this register; you know that I should not have known it; but in this particular case (which I took quite by accident) all I see is that the nurse was registered on such a date, and then against her name I see "London Hospital, 1884–86; Poplar Hospital in 1886." Now that does not give one the means of knowing how long she was trained in either hospital?—Poplar Hospital is not a training hospital; it is a hospital for accidents. Of course I do not know what case your Lordship is referring to.

26025. It is the eleventh name from the beginning?—That is the form which is filled up (*handing a form to Lord Kimberley*).

26026. You see my point. My point is this: I am a person inspecting the register; I see this nurse's name; in the first place I could not possibly know, being a person unconnected with hospitals, that Poplar Hospital is not a training institution; I should suppose it was one. Again, with regard to the London Hospital, I should only know that she was trained from 1884 to 1886; she might only have been 13 months there, might she not?—Exactly.

26027. That is not definite information?—That is definite information, that she was training in the London Hospital in those years.

26028. But that does not tell me how long?—At present that would be useless, because there is an immense variety in the different hospitals in England as to the length of time that is given to the training of their nurses.

26029. But it is quite evident that the nurse

(24.)

Earl of Kimberley—continued.

did not pass her full time at the London Hospital?—Yes.

26030. And therefore, knowing what I know about hospitals, I should view that case with suspicion; I should say that that nurse might have been dismissed from that hospital; there is no information in the register to tell me as to that?—No.

26031. And the inference I should draw, from what I know of the circumstances, would be this: unless I had further information about that nurse, I should doubt her competence?—Yes.

26032. But would the public generally draw such an inference as I, from the knowledge which I have derived in this Committee, should draw?—It must be remembered that every nurse has to produce evidence of character, and that evidence of character and evidence of hospital training is carefully inquired into before she is put on to the register.

26033. In the case of the person mentioned just now who was discharged from the London Hospital, and whose name is entered upon your register, so far as that entry is concerned, it is not thoroughly trustworthy?—We have not been able to obtain information from the London Hospital as to the character of the person; but we have in every case obtained information that a nurse has been at the hospital for such a time before we have stated that fact on the register.

26034. Still, a nurse may have been at the hospital, and may have been trained there, and yet she may have proved herself very incompetent?—Yes.

26035. Does your register give any means to one of knowing that?—Yes, because we have inquired into the character of every nurse before she was enrolled.

26036. That is proof of her moral character, is it not; but you have no means of knowing whether she proved herself to be a satisfactory nurse unless she had a certificate?—I have explained that some hospitals do not give certificates, and that is a very difficult thing to deal with.

26037. So that there again your register is very imperfect in its information; for example, any person reading this list would naturally infer that the certificated nurses were those that had really proved themselves efficient in training; but it appears from your statement that there are other hospitals which do not give certificates, and therefore there might be nurses perfectly competent to nurse, and yet they would not appear with certificates against their names?—Yes.

26038. Is not that an unsatisfactory result?—We think that that is one great reason for a register, to bring about some uniformity. That really proves our case; this absolute lack of uniformity, not only in training, but in guarantee to the public that nurses are trained. We have to deal with things as they are at present, and are trying to bring about improvements. The register is valuable if it makes plain the grave defects of the present methods.

26039. Do you undertake from time to time to ascertain that these nurses continue to be of good character and efficient; because, for example, a nurse might be registered in the year 1891, and

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[Continued.]

Earl of Kimberley—continued.

in the year 1901 she would be still upon your register; and unless you had made inquiries, and found that she was still efficient and trustworthy, she might be a most inefficient and untrustworthy person?—We hope that before 1901 registration will have been undertaken by the State; but we have no means of keeping in personal touch with our nurses; we must accept them, and we register them on their technical training and on the evidence we have received that they are of good character when they are registered. If they become untrustworthy we hope to hear of it. Medical men are registered by law exactly under the same conditions.

26040. I understand that the real object of this registration is to bring about a close corporation of nurses?—I think not quite that. We want to protect the public against incompetent and ignorant women who are now practising as nurses, and to have some control over certificated nurses.

26041. I rather gathered from you that whilst at present this, from the necessity of the case, is a mere voluntary registration of nurses, what you are aiming at, the object of your association, is that there should be an Act of Parliament making it illegal for any person to call herself a nurse unless she has been registered?—I think the Act would have to say that a nurse could not call herself a registered nurse, that is to say, a trained nurse, unless she had been registered as trained; but I take it that it could not possibly say that no woman should nurse unless she had been trained; I do not think that could be done. I am sure we have no idea whatever of doing it. We know that there are very grave dangers to the sick at present; medical men are feeling that every day; and we wish, as soon as possible, to bring about some remedy.

Chairman.

26042. Lord Kimberley has put it to you that it is possible, according to this register, that you might have a nurse on the register who has been dismissed from the hospital; but then, do you mean it to be assumed that the fact of her being on your register is a warrant that she is a person of good character, and has not been dismissed?—We have obtained evidence of her personal good character; that is to say, we insist upon and have always received recent testimonials.

26043. The fact of the nurse being upon your register, if the nurse is not certified, should be a warrant that she is qualified, both as to character and as to nursing capabilities?—It is a warrant that she has gone through the specified course of technical training.

26044. What do you call the specified course of technical training?—To take the case quoted just now: "London Hospital, 1884-86; Poplar Hospital in 1886."

26045. But that might possibly be only 13 months in the London Hospital, as Lord Kimberley has pointed out, might it not?—If I had the particulars here I could tell you exactly, but I do not think so; in fact, I am sure that it could not have been only for 13 months, because in that case it would be said "in 1884"; and "in 1885"; it would not be "1884-86."

Chairman—continued.

26046. But that would be less than three years' training in any case, would it not?—I do not know when that nurse was registered, but I feel sure she must have applied by the end of June 1890.

26047. But that leaves it open to the public to infer that she has had less than three years' training?—That was the period of grace; during the period of grace nurses who had not had three years' hospital training were eligible for registration; since that time every nurse has had three years' hospital work before being registered.

Lord Clifford of Chudleigh.

26048. When did the period of grace expire?—Nominally, on 30th June 1890; but there were a number of nurses who applied in June whose cases were not considered by the Registration Board for some time, and therefore they were not entered on the register for some weeks after. Of course, if an application arrived on the 30th of June, we could not refuse to accept it.

Lord Monkswell.

26049. Do I understand you to say that, supposing you happened to find out through the public press, or in any other way, that a nurse had been convicted of crime, you would still keep her on the register?—Certainly not.

26050. You would strike her off, would you?—We would at once call the facts to her attention, and say that she must appear either by a friend or herself before the Registration Board and explain the circumstances, and if she did not prove her innocence her name must be removed from the register. Every nurse has signed a paper, a copy of which I have handed in, allowing the Registration Board to remove her name from the register if it considers it necessary to do so.

26051. And, practically, you would call upon the nurse to do so if you received any evidence that you thought convincing of bad conduct on her part?—If we received the slightest evidence of any misconduct, we should at once call upon her for an explanation. Of course the case would have to be proved against the nurse before we should take such a serious step; she would have every chance given her to explain.

26052. I understand that you object very much to the hospitals not having any means of recalling a certificate when once granted; have you made any suggestions with reference to that?—It is a fact that has often been complained of.

26053. Your association has not made any suggestion on the matter?—Distinctly not, because we hold that we have no right to interfere with the nurse-training schools. We never register a nurse till her training is over, and we hold that we have no right, as a private outside body, to interfere with the nurse-training schools.

Earl Cathcart.

26054. Will you, if you please, hand in that paper that you put in just now, that Form of Declaration of the nurses, so that it may appear on our Notes?—Yes.

[The Paper is handed in, and is as follows:—]

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[Continued.]

"REGISTRATION OF TRAINED NURSES.

"EXTRACTS FROM THE BYE-LAWS.

"No nurse shall be registered until she or he has produced such proof to the board, of professional knowledge and moral character, as the council shall from time to time require; nor unless application for registration is made upon a special form supplied for that purpose.

"The Registration Board shall have the power to direct the registrar to erase from the register of trained nurses the name of any nurse who shall, after full inquiry, appear to a majority of two-thirds of a meeting of the board to be unworthy to remain thereon. But no name shall be erased for this cause except by order of a meeting of the board specially summoned to consider the matter, and at this meeting fifteen shall be the necessary quorum. Provided always, that any nurse whose name it is proposed to erase shall have the right to appear in person, or by proxy, before the board, to show cause why such erasure should not take place, and shall, moreover, have the right to demand that, before the name is removed from the Register, the matter shall be referred to a meeting of the Council, whose decision shall be final."

FORM of Application for Registration.

I,¹ of²
hereby request the Registration Board to enter my name upon the register of trained nurses. I forward herewith the necessary fee, testimonials and certificates, and I promise, in the event of my being so registered, and in consideration thereof, to be bound by, and to conform in all respects to the rules and regulations for registration for the time being in force. And I undertake to return my certificate of registration to the registrar, if I am called upon to do so by the Registration Board.

Signed

Date

Witness to the signature
of the saidName of Witness
Address

Here place a 6d
Stamp, and sign
full name and date
across it.

Earl Cathcart—continued.

26055. Suppose I wrote to you to tell you that nurse So-and-so had been drunk on a certain occasion on duty, would a communication of that sort be actionable?—We should ask you to be good enough to verify your words.

26056. What verification would you ask for?—We should ask you to be good enough to give us the opportunity of acting legally upon it.

26057. Then it would render me liable to an action if the thing were not exactly proved?—We should take it for granted that you would be able to prove your statement.

26058. Then I might say that she was drunk, meaning that she was "military drunk," that is to say, so far drunk as not to be fit for duty; and a certain other person might say that she was not drunk because she was not under the bed?—That is a difficulty; but we should hope the public would, for its own sake, tell us the facts and be willing to support their statements.

26059. I am not mentioning now that which is hypothetical, but that which is a matter of fact. It is a difficult thing to prove that a nurse was drunk, though, as a fact, she was unfit for duty, and very likely snoring in the chair. Now, on another matter; with regard to the registration of midwives, do you register them?—No.

26060. Do you register monthly nurses?—Yes.

26061. There is a very slight distinction, is there not, between midwives and monthly nurses?—There is more distinction than there seems to be on the surface. A monthly nurse almost invariably acts under the orders of a doctor;

(24.)

Earl Cathcart—continued.

a midwife almost invariably acts on her own responsibility.

26062. And how do you draw a distinction if the midwife has had training as a nurse?—If a midwife has been trained as a nurse we should register her as a nurse, and if she held the diploma of the Obstetrical Society of London, as many of our nurses do, we should add that diploma on to her registration.

26063. Then do you register midwives?—We say that nurses hold diplomas from an obstetrical examining body.

26064. So that anybody wishing to get a midwife, looking down your list, can see who are midwives and who are not?—Yes; but it is not a separate registration for midwives; we only register nurses.

Lord Zouche of Haryngworth.

26065. These certificates that the hospitals grant are not renewed, I understand you to say, from year to year?—Never; they are granted and given away, and become the nurse's property.

26066. Would not that renewal be a good thing if it could be brought about?—A very good thing.

26067. Do you see your way to bring it about?—I do not.

26068. That would be an almost certain protection, would it not?—No; the public then would have no guarantee against a nurse who possessed no certificate, and there are hospitals which give no certificates; and the public would

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[Continued.]

Lord Zouche of Haryngworth—continued.

have no guarantee against a nurse who forged or stole a certificate.

26069. You can never be quite safe against forgery, of course?—It is only quite recently, as I said before, that a nurse got into a large London infirmary with her certificate accepted, and something caused inquiries to be made, and it was discovered that the certificate, which was nominally from St. George's, had been forged. She had deceived even experts.

26070. Are there many hospitals in London which do not grant certificates?—St. Thomas's Hospital, I believe, does not grant certificates, and that is one of the best known hospitals in the kingdom.

26071. Are there many others besides?—Not in London; there are many others in the country, I believe.

Lord Thring.

26072. I should like to ask you one or two questions on the subject of registration. Of course everybody can see at once that the objects of your association are most desirable, and if your rules carried them into effect they would be most efficient. Now you put down in your register that a nurse has been in a hospital for a particular time, I do not care what the time is, but for a particular time; an outsider, that is to say, a person who saw but one case of that sort, would imagine that that would be a guarantee that she was trained. Now it may be exactly the contrary; it may be that she has gone to the hospital and she has either been discharged or has left that hospital under a proof either that she is not competent or that she is not a good nurse, or not a good temper, or 50 other things. Hence the fact of her having been in that hospital is no guarantee at all that she is a good nurse, and unless you have got a certificate it is absolutely misleading, or may be so, to put her on the register?—I think not: I think we simply state that she was in a hospital where technical instruction is given, for a certain length of time.

26073. But follow my question: A person who is not accustomed to the question of nurses, would imagine that the fact of her being in a hospital meant that she was being trained in the hospital, would they not?—So it does.

26074. Suppose that, instead of her having benefited by her training, she has shown herself in that hospital to be utterly unfitted to be a nurse; surely the fact of her having been in that hospital is no guarantee of her having been trained?—But she has been in that hospital, and that hospital does train nurses, and it would be impossible for anybody, even a legal body, to so interfere with that hospital as to say, "We do not think that this nurse is sufficiently trained."

26075. That is not my point; but you will admit that it is still misleading in fact?—I cannot see it; it may be my own fault.

26076. Let me put it to you in this way (I am not blaming you or your Association at all): I am a man in the country, I know nothing about hospital training, and I look into your book, and I see that every person whose name is registered there received a certificate under the seal of the association. Mary Jones comes to me with the seal of your association?—Upon what? upon a certified copy of the entry in the register.

Lord Thring—continued.

26077. True. Then I find that the certified copy of the entry in the register is that she has been three years in a particular hospital. The fact turns out to be that she was not a good nurse, and that she left that hospital as being incompetent. Would it not be misleading to me, an ignorant person, that she has got your seal and is stated to have been three years in a hospital?—If she was incompetent she ought not to have been kept in the hospital, and if she was discharged from a hospital as incompetent, I am certain she would not have been able to produce the testimonials which made the Registration Board enter her on the register.

26078. She might not have been discharged as incompetent. We know that probationers and other nurses constantly leave a hospital, not because they are discharged as incompetent, but because they have not the capacity to be good nurses; in fact they are indifferent nurses. Therefore, is not the statement misleading; I do not say you can avoid it?—If it is made; but it is impossible on the one hand to say that anyone can inquire into the training of every particular nurse—

26079. I do not ask you that. It is only to lead up to another question. I ask you, as it stands, whether, taking an ordinary person, the statement that a nurse has been trained in a hospital does not lead that ordinary person to think that she has been really trained?—I cannot say that it does, because there are no two women alike. Some women will learn very much more than others in a given time. The responsibility of how much she is taught rests on the hospital which teaches her.

26080. Supposing a servant came to you and said that she had been trained to clean plates, would you not draw the inference that she had been trained to clean plates well?—If I had a guarantee from somebody who had seen her clean plates.

Earl of Kimberley.

26081. That guarantee is exactly the point. Does not that lead to this conclusion, that it is not really safe to register a nurse in this way unless she has a certificate; that no registration is safe which has not the guarantee of a certificate from the hospital where the nurse has been trained?—That would be so if every hospital gave that guarantee.

26082. Is any register a safe register unless it is confined to a register of certificated nurses?—Or nurses with testimonials of efficiency.

26083. Certificates or testimonials; you know what I mean; such a certificate as a hospital that gives certificate awards to nurses who are satisfactory?—If it was a legal matter there would be a distinct compulsion upon every hospital to give that guarantee, but while some hospitals do not give certificates, although they do train nurses, it is impossible to have a register of only certificated nurses without doing injustice to well trained women who are not certificated through no fault of their own.

Lord Thring.

26084. Now, then, comes the question which I want to put to you, and I direct your particular attention to it. I altogether approve of the objects of your society, but it appears to me that your

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[Continued.]

Lord Thring—continued.

your register is distinctly misleading, unless you introduce a statement at the beginning, such as that which you have given us here, that when you say a nurse has been trained in a hospital you do not guarantee that that training has been efficient?—We distinctly do not guarantee the training in the hospital.

26085. I do not ask whether you do or do not; I say an ordinary person would consider that when you talked of a training in a hospital you meant a competent training; I assume that, and what I say is that, in my opinion, to make this catalogue of yours, this register of yours, otherwise than misleading, to make it a most useful document, you ought to state what you have stated here, that when you say in this register that a person has been trained in a hospital, you merely mean that she has been in the hospital?—That is precisely what we do state, and it would be quite impossible for any outside body to appraise the value of the training given at any particular hospital to any particular woman.

Lord Thring—continued.

26086. I say you ought to preface that to your register as an explanation of your entry; that is the point I wish to bring before you?—I think it is a very important-practical point.

26087. Most important; and it is one I insist upon extremely, because I happen to take a very great interest in this question?—I think it would be a very important thing to add; but it is taken for granted that when a nurse has been in a training school she has received technical training.

26088. I ask whether you do not think it would be very desirable that you should have a preliminary statement or preface prefixed to your list or directory, explaining the entries, in the form in which you have explained them here?—We have a preface.

26089. I asked you whether you do not think it requires more explanation?—I think it is a very valuable suggestion, and I am sure that the committee of the association would be very glad to take it into consideration.

The Witness is directed to withdraw.

MR. CHARLES STEWART LOCH, is called in; and, having been sworn, is Examined, as follows:

Chairman.

26090. You are the Secretary of the Charity Organization Society, are you not?—Yes.

26091. And you have followed the evidence that has been given before this Committee?—I have, more or less closely.

26092. On certain points?—On certain points only.

26093. Such as the need of organisation in the out-patient work?—Yes.

26094. And also the possible need of a central board of supervision?—Yes.

26095. We have had a great deal of evidence to show the difficulties that occur from the large number of out-patients, and some witnesses have spoken of evils that have occurred in their out-patient departments. Have you formed any opinion as to how they could possibly be met?—One would have to work, I suppose, from the state of things that at present exists, to a certain extent; and I think that it would be best to mention just one or two plans, and one or two suggestions. First of all, there is the plan of inquiry by an inquiry officer; and that is adopted, as I understand, mainly to keep away people who could pay; a sort of preventive mendicity check. I myself think that it is defective, partly because it is so limited as a check; the trivial cases, and the poor law cases, will pass in just as before; and as a check on the so-called “undeserving” cases, I think that after a little while, it loses its force. Then, further, it has no organising element at all; it does not lead to a better distribution of cases to the poor law and other quarters; and in fact it leaves the organisation of the out-patient department very much what it is. And I think, also, that when you consider the large number of cases that come to an out-patient department, and sometimes the large area from which they are drawn, it is impossible for the inquiry officer to do more than a very small
(24.)

Chairman—continued.

amount of work, unless he is connected with people in the locality to whom he can refer, and that, as a rule, is not the case. So that I conclude that that system of inquiry, though it has good features, cannot effect the sort of change that is wanted. Next, there is a plan of inquiry which was described by one of your witnesses as “inquiry entirely confined to the evidence of the applicants themselves.” This I think very defective and unsuitable. And next, there is the pay system. As a check on the out-patient department, I think it is open to objection for various reasons. It is contrary to the *raison d'être* of many hospitals; they are charitable institutions in the broadest sense, and, at any rate, in some instances, they are managed on the terms of a deed of incorporation, which requires them to be free. It also leads, I think, to a growing opinion that medical relief is to be had as a right, because to a certain extent it is paid for. I think also that the effect of the pay system, if the payment is of a small amount, soon wears off in so far as it can be a deterrent (I think, at Guy's, that has proved to be the case); and on the other hand, I think that you will find that the pay system is one of the best means of getting support for private venture hospitals (some of which have come before your notice). So that I, myself, would set that system aside, and would rather advocate what I think is a practicable plan, a plan of limitation, with what I should call the help of an almoner.

26096. Limitation of what?—Limitation of cases, limitation of the number of cases to each medical officer, in the manner now in force at St. George's and St. Thomas's. The old system at the hospitals was that the governors, at St. Bartholomew's the almoners, admitted and discharged the patients; and I think that was established for the very good reason of bringing in
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Mr. LOCH.

[Continued.]

Chairman—continued.

the kind of discrimination which is so very much wanted. That system has fallen out of use, partly because of the large increase of the numbers that come to the hospitals. Yet, under new conditions it might well be revived. Limitation, with the help of an almoner, serves many good purposes. First of all, I think we must accept the fact that the out-patients are necessary for medical education; and by this system those cases that are required for that purpose are admitted. Next, it can pass into the hospital those cases that are distinctively charitable, as apart, I mean, from those which are required solely to meet the needs of medical education. And next, if it is adopted, there can be referred to the poor law cases which are poor law cases distinctly, those for instance who may already have been at a poor law dispensary, or may rather be in need of food from the relieving officer than of medical relief. And then again by this method it is possible to distribute the work both of inquiry and of relief, instead of concentrating it at the hospital. It seems to me that at present it is an impossible task to deal with these cases, except often very hurriedly from the medical side, and not at all from any other side; whereas the other plan would localise the work of the hospital, and thus strengthen the connection between the hospital and the locality. That is done to a certain extent at St. George's Hospital: there they refer the cases very frequently either to the clergy or to our own district committees; and very much more care is taken, I think, to assist the case if assistance is required from another than the medical point of view.

26097. Will you tell me who inquires in that case; is it done by the medical officer?—I think it is done by the secretary and the chaplain; the chaplain takes a great interest in it. Then again, if needful help is wanted, it can only be got by co-operation on the part of the local people. It is impossible from a Samaritan fund, which is not, as a rule, available for out-patients, to do what is required; they can get a small amount of relief, but many points which it is desirable to attend to in good charitable work must be set aside. And I think also that, by working in this method, better terms would be come to with general practitioners, which would all tend towards organisation. So that, taking the various plans that are to the front, I think that on the whole this system, which imposes the conditions necessary in almost all good charity, should be adopted.

26098. How do you define an "undeserving" case?—I used the word, so to speak, in inverted commas, to imply what people meant, particularly when they said that a person should not have relief, on the ground of being able to pay; from a hospital point of view, I presume an undeserving case would be a case in which payment could be made by the patient for his treatment.

26099. Is there any reason why that case should not go to the Poor Law?—The test of the Poor Law is destitution. The question from the point of view of charity is, I think, whether you can prevent destitution or suffering in the future, absolutely if possible.

Chairman—continued.

26100. Who is the proper person, in your opinion, to go to a free hospital?—I should leave it open to anyone to go. I do not think that the question of going there, in the first instance, matters so much; and I could not very well define absolutely the persons who should go there. I should say that, first of all, cases in which Poor Law relief was required should not go there, unless they are wanted for medical purposes; so that there is that distinct distinction. Next there are a certain number of cases of people who can make provision for themselves, and who go to the hospital casually; they should not go there. When you pass beyond these more or less clear lines, you get to a somewhat indiscriminate mass, in which you would have to judge each individual case.

26101. Have you ever considered the question of having any wage limit?—Yes, I should not myself take an arbitrary line like that; I think it is almost impossible to apply it fairly.

26102. Have you ever considered whether you could have any possible organisation between the free hospitals and the Poor Law, the infirmaries that is?—Such an organisation do I understand you to mean as that by which they send to the infirmaries cases that are unsuitable for the hospital?

26103. Yes?—Yes; I think a very little would make it possible, provided certain geographical conditions prevail; if they do not prevail, then I think there is a difficulty. But where a hospital and an infirmary are in the same district, and the infirmary is the infirmary for that Poor Law area for that union, then there is already, I take it, a great deal of shifting of cases from the hospital to the infirmary; and on that side, so far, I should have thought there might be organization; but I do not know that it would be possible or desirable to have the counter transfer of cases from the infirmary to the hospital, if you are contemplating that. I say so, because to my mind the Poor Law system ought to be kept as an independent system, and not merged in a charitable system.

Earl of Kimberley.

26104. I suppose, however, you would not exclude cases where very difficult operations had to be performed from being sent from the Poor Law institution to the hospital?—No; those medical grounds seem to me to have their own reason.

26105. There might be very difficult operations which a man, otherwise in good circumstances, could not possibly pay for, though he is a man who could afford to pay for the treatment of all ordinary illnesses?—Yes.

26106. Those cases would be a separate class?—Yes.

26107. With regard to the wage limit, it comes to the same thing, does it not, namely, that you must consider each case in itself. A wage limit must apply in regard to the circumstances of the family, the number of the family, the time that a person may be ill, the regularity of his work, and so forth?—Quite so.

26108. Still, his wages would be taken into consideration?—Yes. There are perhaps a dozen facts which come together, and make your judgment up.

26109. The

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Mr. LOCH

[Continued.]

Earl of Kimberley—continued.

26109. The real point is whether the man is in such circumstances that he might reasonably be expected to pay for his own medical attendance?—Certainly.

Lord Lamington.

26110. You do not approve of the idea of doing away with the out-patient department?—No, I do not think it is practicable.

26111. Have you ever inquired into those cases where it does not exist, as at Edinburgh; I understand that there they have no out-door department?—I have heard about it; I have not been on the spot to inquire; I could not give an opinion on it as a well-informed critic.

26112. Your idea of retaining the out-patient department is partly founded on the consideration that it is required for the sake of the medical students?—Yes.

26113. In Edinburgh they have to have a certificate of having attended the dispensaries for such and such a period, as qualifying them?—It seems to me that if you do admit of that, you have a dispensary which is an out-patient department in another form. In the last century the dispensaries of London were very extensive, as, for obvious reasons, the people did not resort to hospitals as out-patients in the same way as they have done in this century; and the out-patient work of the schools was very much done then in dispensaries.

26114. But if you had such a system in London as I have mentioned of attendance being obligatory at dispensaries, would not that meet the requirements of medical education?—I think, from the point of view of the teachers, it would be very much more inconvenient, and I think that the convenience of the medical officers is a very great factor in any arrangements. At the same time I think that the dispensaries, particularly in certain cases where they are near hospitals, might be utilised by arrangement; and I am in hopes that with good organisation they will be; and if that were done it might be that the growth which you contemplate might, in certain instances, where it was convenient, take place.

Earl Cathcart.

26115. In cases where the number of out-patients has been limited, I have asked the medical men whether they would shut the door when the number was exceeded, in the case of acute cases, and they have said they would not; therefore would there not be a difficulty in carrying out the limit?—I think you must work it humanely.

26116. In fact, whatever limit you have, you must allow a margin?—Yes, but the fact that you have a limit is decidedly beneficial.

26117. We have been told that food is wanted more than medicine very often in the out-patient department?—Yes, I should say so in certain cases.

26118. And for such cases we were told that in the case of University Hospital they had a soup kitchen attached to the out-patient department?—I think that is a great mistake; I think, so far as general relief is concerned, it is better that it should be in the hands of other people than the hospital. It is impossible for the hospital with all its duties to undertake that as well.

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Earl Cathcart—continued.

26119. Suppose a medical man saw that the patient wanted not medicine but a basin of soup?—On my plan, if there were anybody in the shape of an almoner attached to the hospital, the case would be referred to him; and the almoner, being a trained man (or woman), would ask a few questions to the point, and then possibly it might be a case for immediate reference to the relieving officer. Possibly it would appear at first to be a charitable case which might be proceeded with in the ordinary way.

26120. Lord Kimberley has exhausted that matter of the wage limit which I was going to ask you about. I have received a letter from an eminent medical authority, who has gone a great deal into these matters, saying that the wage limit and the wage question, so far as our Hospital inquiry was concerned, was entirely fallacious, because so many things have to be considered in regard to the income and outgoings; and when Lord Kimberley asked you the question, you answered him, that the wage limit cannot be taken without going into the whole of the circumstances of the particular case?—I quite agree with that view.

Lord Thring.

26121. I should like to ask you a question on a matter which interests me very much; I mean about the class of poor men above the class of people whom you ordinarily call poor men. I will take the case of a poor clergyman or a poor professional man who requires a very expensive operation to be performed; I want to know what your society do in cases of that sort, or whether they attend to them at all, or whether they can be attended to?—Cases quite of the type you have mentioned do not come to us. I hope that they are usually dealt with privately.

26122. Would you exclude men of that sort from the benefit of a hospital?—No, I should not.

26123. I only wanted to have your opinion on the point. In fact, I will take a clergyman's son who has to have his leg amputated; the father is a man with 200 l. or 300 l. a year, and has ten children; you would not, judging from what you said, wish to exclude that man from hospital treatment?—Not the least; I cannot find a line that would be absolute in these matters.

Earl of Kimberley.

26124. In such cases as those, it would depend very much upon the course the medical practitioner took; the probability is that the clergyman would have his doctor, some medical practitioner who would recommend him to send his son to a hospital, and who would take the necessary steps to obtain an order of admission, and his opinion that the case was one which ought to go to a hospital might be fairly taken?—Yes; I think that is the way it would happen. I thought that, perhaps, I might say a word as to the type of person who might undertake the duty of doing the almoner's work which I have described.

Chairman.

26125. Yes, if you please?—Hitherto the persons employed in connection with general charity in hospitals have been, to a very large extent, inquiry officers. The inquiry officer is good for his own work, and some of these men, no doubt,

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doubt, are doing very good work; but in order to do the kind of work that an almoner would do, it is essential that they should have some training in general charitable work. When the patients come into the rooms at the outset in a rather large crowd, there is generally an assistant physician, or some officer who has a similar title, to make things ready for the physician; and at that time it seems to me, by consultation with an almoner, those cases should be divided so that the assistant physician would take the cases required for medical work, and the almoner would, in any case in which they needed assistance, put himself into communication with people in order to get it. In other instances, knowing the district, and knowing what the Poor Law meant, and so forth, he would be able to refer cases that did not require assistance without delay to the proper authority. It would be impossible to make a systematic inquiry into the hundred and one cases that come into a hospital with very great speed; but by using local agencies, such as our own committees or local clergy and other people, the work could be distributed; and I think also that this would lead up to a very much more careful organisation of the out-patients from even the medical side; a better register would be kept, more care being spent on the individual case. Without organisation it is not possible to deal with so many cases; improvement in the quality of the work is in itself a check upon the want of discrimination. The organisation is in itself a kind of limitation, and a limitation that is reasonable and right. There are, for instance, a certain class of flimsy cases in which the applicants do not want much trouble taken about them, and if you begin to take trouble about them they say, "We will go elsewhere, thank you." I just wanted to say so much as this as to the kind of person who should be employed as almoner, because it will show that I am trying to bring in a better quality of officer, or, at any rate, a different type of officer, and a different type of work, and that I rather rest upon that as the true solution of the question; and I think that medical men, interested as they are in their cases, would appreciate good work of this description; I am sure they would.

26126. You mentioned the question of the radius; is it not the case that a very large proportion of the patients in general hospitals come from very long distances?—That is true. At the same time it is also true that a very large number of patients come from the immediate area around the hospital. I may give two or three instances. Here is one, that of the Charing Cross Hospital, mentioned in our memorandum (this is from a return given in by the hospital itself). To begin with, their largest entry is 228,686 cases from St. Martin-in-the-Fields, which is in the immediate vicinity. So, too, if you consider the locality of the other parishes mentioned in the return, it is quite clear that the bulk of their patients come from the immediate vicinity. Some indeed come from Kennington, Camberwell, and Stockwell, and a rather large number from Battersea, Clapham, and Brixton, and the neighbourhood, and another large number from the environs of London and the more remote parts of the country. Still,

Chairman—continued.

there is a large majority that come from the immediate district. And I think that the Evelina Hospital for Children found the same to be the case; they say that of 416 cases received at the hospital, 263 were local; 91 from the suburbs of South London; 38 north of the river, and 23 from the country, showing that there is a very large *clientèle* in the immediate area.

26127. Would you draw any hard-and-fast line so that it should be possible for patients to be sent from one hospital to another in the vicinity of their homes?—I do not think it is possible to do that as matters stand; but if the limitation system were adopted by a hospital, I do not think the hospital authorities would resent cases that they did not want, and which were charitable cases, going to the local hospital. It seems to me that it turns upon getting a system of limitation adopted by the medical men on their own behalf.

26128. One of the difficulties is that the medical men like getting hold of the good cases?—Yes, they like getting hold of the good cases for their own purposes; but if the case was not admitted as amongst those necessary for that hospital, it would not be one of the cases they wanted.

26129. What is the principal work of the Samaritan fund?—The Samaritan fund would ordinarily give minor relief to an in-patient on leaving the hospital, so as to help him to start rather better; it would also I think give relief to the family of an in-patient; it would probably also I believe give surgical aid.

26130. Instruments you mean?—Yes, surgical apparatus and so on; it is a sort of miscellaneous fund.

26131. And the amount of those funds varies at different hospitals?—There is the greatest variety as to the amount of the funds, and I should think also, if one knew about it, in the details of management, as to the cases, for instance, of which they take charge in one hospital, as against the cases they would deal with in another; but yet after making all allowance on this score, when you consider what are the needs of a special case, and then the number of the in-patients, the Samaritan funds, taken as a whole, are, it is evident, very small compared to what one might expect would be wanted in this kind of general charitable work.

Earl Cathcart.

26132. Some of the witnesses said, in regard to the Samaritan fund, that the patients would go out naked if it were not for the Samaritan fund; that their clothes often had to be destroyed because they were so bad?—I think that a fund of that kind is wanted in the hospital for what you might call minor purposes; but I do not think you can rely upon it for the general relief of the patients other than medical.

26133. We have heard a great deal of evidence about patients passing one hospital to go to another; is that within your experience?—It is within the experience of our district committees.

26134. And the Charing Cross Hospital secretary told us that they had a great many patients coming from the Charing Cross Station, which is near the hospital, who came from the country, especially

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especially from Sussex?—Yes, I daresay that is so. There is the large number of 234,000, out of the 895,000, entered as from the “Environs of London and more remote parts of the country and parishes unknown.”

26135. The secretary told us they had a good many cases from the country, because they are in the neighbourhood of Charing Cross Station?—Yes.

26136. You have not said a word about the injured poor practitioner; have you any strong feeling for the poor practitioners injured in consequence of the out-patient department?—I am inclined to think that, taking the matter in the gross, there is likely to be the injury, but it is very difficult to speak with sufficient detail in regard to that. The fact that a very large proportion of the people are getting this free relief must, I should imagine, affect them. I think that Dr. Corner's evidence, guarded as it was, was very much what I think would be in the minds of many people who would judge fairly on the matter; and I think that possibly one result of the out-patient department is that many general practitioners like to have shops, so to speak, and deal with a large number of cases, and make a small gain out of each case; and when you have the crowding there, you have the same kind of conditions of difficulty as in an out-patient department. So that there are various forms of reaction from a free system which are difficult to deal with; very difficult to define without minute inquiry.

26137. But the vast majority of out-patient cases are not those cases that would be of any pecuniary value to the poor practitioner?—I am not so sure of that. From seeing some of them, I should be inclined to say that there were many of those cases which had been paying a practitioner, and so to a certain extent had classified themselves as such, but which come to the hospital for special advice, and, so far, were legitimately at the hospital, though ordinarily and properly general practitioners' cases.

26138. But take the case which is of common occurrence in the country where a man runs up a bill for 5*l.*; he cannot afford any more, and then he falls back upon the poor-law, or upon charity?—Yes.

Chairman.

26139. There has been a great increase of poor-law medical relief, has there not, lately?—Yes, I think that is generally admitted; but we want returns with regard to poor-law infirmaries, as apart from workhouses, in order to get a better gauge of it; and we want also more careful returns as to the number of persons as against the number of admissions, in order to gauge it more thoroughly still; the number of persons in the year in an infirmary, we will say, as against the number of admissions to the infirmary.

26140. You mean to say to test the length of stay?—To test the length of stay and class of case, though of course on the face of it there must be a large increase, taking at any rate 15 or 20 years ago as your unit of time, for these poor-law dispensaries have been established, while the other dispensaries go on as they were before.

(24.)

Earl of Kimberley.

26141. But to a considerable extent they are employed as a substitute for the workhouse infirmaries?—That is true; but the bed accommodation seems to have risen in the process.

Chairman.

26142. Have you been able to form any opinion whether the medical relief in London is sufficient for the requirements of the population?—I do not think you can come to that sort of conclusion about it without the minute evidence of the kind I have mentioned. On the face of it I should say that these figures in our memorandum would show that it was sufficient, but that it was probably not well adjusted to the localities. When one thinks of the very large income that is spent on relief of this kind, and the large amount of supplementary medical relief, such, for instance, as convalescent homes and other charities that do not appear in this memorandum, one cannot help concluding that the demand is met, and one might almost say more than met, by philanthropy, by all these charitable voluntary associations. But I think that it is a question whether it is adjusted so as to be most suitable to the needs of the people. Still, locomotion no doubt is extremely easy, and the difficulties of going to a centre are not so great, I think, as an outsider might imagine, judging from the way that people do come long distances.

26143. You say that all this is met, and perhaps more than met, by philanthropy; do you mean that the poor-law medical relief is excessive altogether?—No, I did not mean that. I had in my mind the voluntary side of the question. There has been also the extension of poor-law relief, and that may increase to any extent that the people may demand, it seems to me.

Earl of Kimberley.

26144. I suppose, though I do not know the precise working of the different boards in London, some discrimination is exercised as to giving orders for the infirmaries, that they are not given to those who are *primâ facie* destitute?—I think there is; but one is struck by this sort of statement, *apropos* of Whitechapel: “We have an increasing migratory population; the 8,000 or so beds in common lodging houses, shelters, and refuges feeding our infirmary with sick, and mounting up the admissions sometimes to startling figures. Last half-year the admissions averaged nearly 100 a week, whilst the average number at one time would not be more than 600 or thereabouts.”

26145. It is, however, I believe the fact that there is rather a belief prevalent that medical relief may be given to the poor in a different way from other relief without pauperising them?—I think that is an opinion that is growing.

26146. Do you share that view?—No, not at all.

26147. And do you agree with me in the opinion which I have endeavoured to carry into practice, that every case where medical relief is given ought to be scrutinised in the same way as where other relief is given?—Yes, certainly.

26148. Though of course there may be many cases

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Cases where medical relief might properly be granted, and other relief not properly granted?—Yes; the pauper who receives medical relief is a pauper with a privilege.

26149. He may be able to maintain himself otherwise, but cannot do without medical relief?—Yes.

26150. It comes to this, that each case must be considered on its merits?—Yes, certainly.

Earl Cathcart.

26151. Is there any limit to what the Charity Organization Society would undertake or does undertake?—There is the limit of its development and strength.

26152. And means?—Yes, and means. I meant that all branches of new work, such as the Charity Organization Society is undertaking, require time and the experience that is only acquired in the course of time and development.

26153. But when a hospital applies to you, do you expect them to pay you fees at the same time?—No; the medical men at the hospitals would send cases as they thought desirable to us.

26154. But then you would expect them to contribute at some time or other?—Not the medical men themselves; very often the hospital itself would. For instance, they might give a grant from their Samaritan fund towards other moneys that we raise for the case.

26155. And do you hope or expect to affiliate a great many hospitals in the course of time?—I hope that the sense of the use of general charity in connection with medical work will grow, and that with that will grow a combination.

26156. You find it has grown greatly in the past?—Greatly in the last five or six years.

26157. Your operations have vastly increased?—They have increased in quality. The number of cases actually dealt with are rather dependent upon other circumstances, such as general want; but the number of cases that we get from people at hospitals is larger than it used to be.

26158. Take your staff as a standard; has your staff greatly increased in the last five years?—It has been altered in many ways, and we have many more voluntary helpers.

Lord Zouche of Haryngworth.

26159. In your opinion has the poor-law medical relief increased out of proportion to the increase of population; have you any means of forming an opinion as to that?—I am afraid I cannot answer that question; I should like to, but it is difficult to answer it, except in this way: the poor-law medical relief, if there is less destitution, should become less and less; if the poor-law is well administered it will only grow where there is destitution; but the pressure of opinion such as has been referred to would be against medical relief merely given in cases of destitution, and in favour of medical relief given outside that line. Therefore if you set aside the principle of the poor-law you may have a large demand for relief, which would have no reference whatever to population.

Lord Monkswell.

26160. Have you formed any opinion as to provident dispensaries as subsidised by subscrip-

Lord Monkswell—continued.

tions?—My opinion is this: I should like provident dispensaries managed as benefit societies are, quite independently of subscriptions, to all intents and purposes; but I cannot think that in the long run the charitable provident dispensary, if I may so call it, can hold its own. It is neither the child of the working class nor altogether the child of the upper class.

26161. You would say, I suppose, that the same sort of objection applies to that as to pay hospitals?—I think you run a risk of having the same evils.

26162. With reference to pay hospitals, do you consider it to be altogether advisable that a rich man should be quite unable to get treatment if he is willing to pay for it outside his own house; might it not be desirable that a rich man should have institutions to go to without putting his family to great inconvenience; I mean on paying a reasonable price?—I quite understand that; I think that is the use of a hospital like the Fitzroy; and I think it may be a very good use to make of part of the accommodation at St. Thomas's for a specific purpose. I was rather speaking of the out-patient department, which is the main issue.

26163. You would say that at St. Thomas's, where a considerable part of the hospital has to be shut up, it might be utilised in that way rather than shut up?—Yes.

26164. And it might be made paying; they might have revenue from it?—A hospital hotel, so to speak, quite as a business.

Earl Cathcart.

26165. What was your profession, may I ask, before you took to this organization of charity?—I was for some time a clerk at the College of Surgeons when I left Oxford, and at that time I worked voluntarily for the Charity Organization Society; and eventually, about 1875, I was appointed secretary. I am also a member of the Inner Temple, but I have never been called to the bar.

Chairman.

26166. Have you formed any opinion as to the advisability of a central board of supervision?—Yes; it is a matter one has had constantly before one. A central board, it seems to me, is necessary if we are to get any organization, the organization that comes partly of good suggestion and imitation. And I should like to submit that to you at the outset, as I did before in another part of my evidence, in some detail. First, there are points in which uniformity would be desirable. As a mere matter of instructive statistics, for instance, we ought to be able to know more clearly how hospitals are managed and what are the lines of improvement. Now, as I understand it, the calculations we ordinarily have of the cost of an occupied bed are at best merely very good guesses. We had in this memorandum to take an arbitrary figure for the cost of an out-patient, make a deduction for that, and then calculate what the in-patient would cost. It seems to me it ought not to be impossible to get at a true figure for an out-patient which might be fairly accepted. If, for instance, a week were taken for calculation at two different parts of the year, as they do in poor-law returns,

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returns, rate, rent, and taxes might be omitted altogether from the calculation; then we might work out the actual cost of drugs, service, lighting, and firing; and taking those two weeks, I think one might say that one had a fair average. Then one would work out the in-patient expenditure similarly and distribute the management expenses *pro rata*. I am told that that is a very difficult thing to do unless it were done, so to speak, once and for all, by way of experiment. Still if there were a central board, I think that points of that kind would be more or less insisted on. In the Paris returns they give you, with regard to each hospital, the net cost per patient per diem, and you have in that way what is an official standard, which you can learn more about if you ask for further information. But there it is. Then there are points as to which uniformity only is by no means the main issue. By a central board, I think, in the case of the out-patients, reforms as to a better register being kept, and other matters, would be promoted. We have a great deal of information from the medical side with regard to the in-patients; but as to out-patients, take a point like this. We were anxious to know how many of the out-patients at a hospital were cases of epilepsy, or cases in which there is what we call feeble-mindedness, something short of imbecility or idiocy; but we could not ascertain that at all; and yet one would have thought that, as these children are not at school and are probably looked after by some doctor, if you went to the hospital, you would find it to be as good a place as any in which to obtain the information you wanted, and speaking from that information, you could say that of so many patients admitted to this hospital there were so many cases of the kind in question. That would be very good statistical information on an important subject. But we cannot get the data. We get general statements of value but not statistical evidence; the cases of epilepsy would be merged amongst the other cases, although they are very clearly distinct. Next, with regard to the system of supervision. There are two methods. We may either have the method of the power of the purse, or the method of inquiry and report. Now the method of the power of the purse, it seems to me, will be suggested by persons who would wish the Hospital Sunday Fund to take the matter up. The method of inquiry and report would be the method which would probably be adopted by any public body, such as the Assistance Publique in Paris. There are of course many advantages which would come of it. I have referred to some which would affect the internal arrangements of the hospital. Outside the hospital there would be, I think, by degrees, greater co-operation; dispensaries could be used in a better manner, and there would be co-operation very likely in lectures and other matters, in regard to which there has already been some partial co-operation. We are working, it must be remembered, with the old-fashioned dispensary system. These institutions are many of them endowed, a very important point. They were placed in districts which spread almost all over London, so that if we had merged our charitable system into our poor-law system, as some people would have done abroad, we should have used these dispensaries of

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Chairman—continued.

the last century as fixed points for an improved organisation. Now a new organisation, such as the central board, if it be endowed with any credit and power, would very likely by degrees give new uses to these dispensaries, which in many ways would be very valuable institutions. However, to return to the question of method, I speak with all respect for the Hospital Sunday Fund; I believe as a collecting agency it is most useful; I believe it has done a great deal of good in many ways. It has brought about a sense of organisation, and a sense of the need of organisation that there never was before; but at the same time there is the question whether it is the right body to carry out such a piece of work as this; and my reasons for thinking that, good as it is, it is not a desirable body for the purpose, are these: I think it is not strong as a supervising agency. One matter which may not be taken as sufficient in itself, but which shows the kind of difficulties that would meet it is this: In 1873 they said that they would get the accounts of hospitals into something like uniformity in a year or two. Of course we know that that is a moot question at the present moment. Then, again, there are hospitals which are entirely outside its influence, you may say; take St. Bartholomew's and St. Thomas's, two most important hospitals, and at Bartholomew's, of course, there was but the other day that question of the drainage. Then comes the series of hospitals which are at the lowest fringe; these little shams, as they were called by Mr. Sedgwick Saunders at the very start of the Hospital Sunday Fund, seem to me to escape their meshes quite. It appears to me that if they apply, they do not get the grant, and if they do not get the grant the worst that can happen to them is that they are gibbeted at the end of the report of the Hospital Sunday Fund with "nil" against their names; and as we know they simply pass the fund by, and raise money, possibly quite as well, in other ways. So that I think, from the point of view of guaranteeing public control, good as the Hospital Sunday Fund is, it cannot do the work that would really be demanded of any supervising body. And then, again, I think that their policy has, owing to the force of circumstances, necessarily taken another direction. For instance, here is a resolution which they passed in 1885; it is in the report of their general purposes committee. "The Hospital Sunday Fund was called into existence to solicit, and as equitably as possible to administer to all institutions doing hospital work in London, contributions from the churches and chapels of all denominations within the metropolitan area." That seems to be a very good definition of their *raison d'être*. "(2.) The hospitals of London, participating in the distribution of the Hospital Sunday Fund, are diversified in character, constitution, and administration, a diversity fully recognised in the organisation of the fund, and in its administration to the present time." Then come these two resolutions which seem to me to clench the matter. "(3.) In the light of these facts and principles, the members of the general purposes committee have considered the question referred to them, and have unanimously come to the conclusion that matters relating to the internal administration of hospitals

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pitals are beyond the jurisdiction of the Hospital Sunday Fund. It could not interfere with such matters without involving itself in insoluble difficulties, imperilling the existence of the fund itself, and exceeding the authority with which the constitution of the fund invest it. (4.) In the judgment of this committee, beyond the requirement of certain conditions of financial administration essential for the prevention of abuse, the sole function of the council is the equitable distribution of the funds entrusted to it, based upon the hospital work done by each institution relatively to its resources, and all matters of internal administration, are the sole responsibility of the hospital themselves." That seems to me to put very clearly the lines which they have taken as the pursebearer, and it would be difficult, I think, for them to take the line of amicable adviser outside the financial conditions which are imposed on them. Then, again, it is useful as an agency for collecting letters for hospitals. It is an association, in a sense, of donors, of congregations and others, for placing in the hands of their clergy letters for hospitals. Though, of course, it is clearly understood that they take only half the amount that would be due to them on an ordinary donation, yet they are in the position of an ordinary subscriber, though that does not appear at first sight. Then, again, I do not think that the Hospital Sunday Fund is representative, not representative for the purposes that a body of supervision should be. The council is divided into two divisions, the lay and the clerical. The clerical obviously come forward as representing the donors in the arrangement; the lay members are persons of eminence, who are sometimes very much interested in hospitals, but who are, I think, rather members for the reasons which the Hospital Sunday Fund was created for, than for reasons of what one might call hospital supervision. That can be more or less tested by reference to the list of the council. Then, of course, there is to be said, on the other side, that here you have a going concern, and that possibly it is as well to utilise it. But, on the whole, my judgment is against it; and I do not think that a combination of the Hospital Saturday and Sunday Funds would be, on the whole, better for the purpose. With regard to the Hospital Saturday Fund I will not go into that in detail unless you desire it.

26167. You mentioned the Assistance Publique of Paris; is it not the case that everything in all the Paris hospitals is furnished from the Assistance Publique; first of all the patients are sent by it, and every conceivable thing, to the buttons on the coats of the hospital servants, is furnished from there?—Yes.

26168. Would you advise the adoption of such a centralised system in London?—Not at all. I would only say that the composition of that body suggests, in some degree, what should be the composition of the controlling body that we want to see here.

26169. You would not like to see the individuality of hospitals done away with, would you?—Not in the least; the very reverse. I accept absolutely the principle that the supervision must be voluntary and not municipal. But, I think, that from the Paris arrangements good sugges-

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tions can be drawn for working out a system of supervision on our own lines.

26170. Is it not the fact that that answers really to our poor-law system?—Yes.

26172. Because in Paris there are no really voluntary charities, are there?—Yes, there are voluntary charities.

26173. There may be, but that is the main part of the relief?—No. Their method is that the charitable endowments are held on behalf of the State. Then, in addition to that, there is a large contribution from, in this instance, the city of Paris and the Department interested. Besides the Assistance Publique, which is thus maintained, there are voluntary associations, but these voluntary associations are known to the authorities, and given a sort of license, if one may so call it, and being approved, they work in connection with them; they have to co-operate with them. In the volume before me (*Administration générale de l'Assistance Publique à Paris en 1889*) it is stated that the municipality made to the Assistance Publique in Paris a subvention in the year 1889 of, for ordinary expenses, 17 million francs. I do not think I need go into the details; they are here to be handed in if you wish. The subvention is not for hospitals only, it is in support of the whole system of relief. To resume: in Paris in 1848 they came to see the necessity of further reorganisation, and it was decided to establish a special council to take charge of the whole of the poor relief of the municipality of Paris. The Council of Supervision was formed as follows: there was the Préfet of the Seine, who was the chairman by right; there was the Préfet of Police, who was a member *ex officio*; there were two members of the Municipal Council; two Maires or Maires Substitute; two administrators of the Bureaux de Bienfaisance (which would be the poor relief committees of the system as localised, so to speak); a Councillor of State; a member of the Court of Appeal; a doctor at hospitals or infirmaries in practice; a surgeon in similar hospitals and infirmaries in practice; a professor of the faculty of medicine; a member of the Chamber of Commerce; a member of the Conseils de Prud Hommes, which are councils for arbitrating in working men and trade questions; and five members "pris en dehors de toute catégorie"; that is, as we might say in English, co-opted. Then the system of election is this: each body represented submits the names of three nominees, and the President of the Republic chooses out of them one.

26173. Do you know if that is a paid body?—I understand it is not; of course there are paid officials on it. It was only the suggestion that a central board might be constituted on similar lines which I wished to submit to you. It seems to me that it brings together all kinds of interests in a manner good alike for hospital and for general charitable purposes. I should mention incidentally that a third of the body retires every two years, and that those who retire are eligible for re-election. The Assistance Publique at Paris has a department for administrative purposes connected with hospitals; it was no doubt to this you referred when you alluded to the centralization of the system. Next as to the special

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Mr. LOCH.

[Continued.]

Chairman—continued.

special conditions under which the suggestion might be applied to London. You would have of course to make various changes in order to adopt it. First of all it is necessary that the voluntary institutions should, *quâ* the Board of Supervision, have some sort of status, and, *vice versâ*, of course the Board of Supervision would have a corresponding status. I thought that by an act of incorporation a *nexus* might be formed between the voluntary hospitals and the council. With regard to the constitution of the governing body, it seemed to me (this has all been before our committee, but I am speaking personally at the moment) that three or four different sets of interests would have to be dealt with. First of all, there is what may be called the professional interest, represented by the Royal Colleges, the Society of Apothecaries, and the general practitioners and others. Then there is the distinctively hospital, and the hospital school interest. Then there is the general interest, which is municipal, the City Corporation, for instance, the Local Government Board, and so on. And then there is the interest of the general public, as represented by the two large funds, the Hospital Saturday and Sunday Fund, and as represented by other societies, such as our own, and by other persons who might be co-opted. A sufficiently large and manageable governing body would, I thought, be a body of 33, adopting the plan which is adopted in Paris, of the retirement every two years of a third. So far as the hospitals are concerned they could be grouped for purposes of representation; and there should be what they call in Paris a *réunion*, and at it the men concerned in each group of hospitals could choose representatives for the central body. In that way a body would be created which would, I think, be very much more representative of the real medical and charitable interests of London than any body formed for another and particular purpose; and it would, I think, have the confidence of the hospitals, and all would come into it; it would also have that kind of status which, I think, would make it an honourable ambition to serve upon it. That is what I would say about the constitution. Then as to the duties which the board or council would undertake, I would propose that there should be visiting and reporting, and that this should be done by officers so far as may be desirable, and also by members themselves, with the object of submitting to the hospitals suggestions for better management, and publishing the results annually. I think that the publication of an annual report is a *sine quâ non*; that was the plan suggested by the Poor Law Commissioners with regard to the then proposed permanent Poor Law Commission. Dovetailing with the annual report of the Council of Supervision should be a system of annual reports in connection with each institution. In the annual report of the council, certain specific information should be published in regard to each hospital (I think that very important), as well as a report of special action taken in the year with regard to the co-ordination of hospitals and other matters. For instance, the Putney Hospital for Incurables is in many senses a hospital, but it is a voting charity and stands altogether outside

(24.)

Chairman—continued.

any kind of supervision, and yet the treasurer of the Putney Hospital is on the Hospital Sunday Fund. Such a hospital would have to report, and would, in turn, be reported on. Other points would be: the number of patients in the year; a *bonâ fide* good return of accounts and finance; sanitation; management; attendance at committees, and nursing. All these points would be dealt with as a mere matter of course with regard to each hospital. In this connection the report of the Board of Superintendence of Hospitals at Dublin is suggestive. I have the last report here, and would submit it, though I know that the Dublin plan is criticised. Now it may be that such a report as this is merely published, and that there is in Dublin an inert public opinion which does not take advantage of it; but if you compare it with the Hospital Sunday Fund report (perhaps it is not a fair comparison as things stand), the contrast is striking. In the Dublin report it is proposed, for instance, that the Lock Hospital there should be removed; just the point at issue in reference to some of our London hospitals. Next take Steevens's Hospital at Dublin; this is the entry: "We regret to understand that in consequence of the defalcations of a registrar of the hospital, referred to in our last report, a severe loss has been sustained by the institution. It is to be hoped that in the new arrangements which have been made for the financial management of the hospital, due precautions have been taken to prevent the possibility of the recurrence of such a loss." That that should be known is an advantage. Then comes such a remark as this with regard to the Lying-in-Hospital: "We impressed on the officials the advisability of frequently inspecting the basement floor to ascertain that this part of the hospital is in a sanitary condition. Effluvia from kitchens, cellars, or sculleries are often unsuspected causes of unhealthiness," &c. &c. Then the question of the government of the hospital is referred to, and so on. Besides the notes in regard to individual hospitals, there are tables showing the cost of the beds and giving other useful information, not all the information one would wish, but still a great deal that is of value. Now, it seems to me that if a report of that kind were published in London with regard to all the hospitals and sent to all the papers, and known to be a sort of compendium of information, its effect indirectly would be very great indeed. There is one more point, namely, the question of the establishment of new medical charities. I am inclined to think that it would be enough if the supervising body had to report publicly upon every proposal for establishing a new hospital or other medical charity. The public, who are now very ill-informed as to the actual need for a new hospital, would know at any rate what certain responsible persons thought about it. The parties connected with the hospital might choose to go their own way; the public would have been informed, and I think I would allow them to go their own way. After that if it was necessary to take any more strict line, such as licensing new hospitals, I should fall back upon that as a further resource, but I should prefer to avoid it at the

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outset

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[Continued.]

Chairman—continued.

outset. I do not think that it would be fair to give up the voluntary system owing to a difficulty on that ground. The report of such a body, as I have described, would be a document of great importance. Then as to the Hospital Sunday and Saturday Funds, I should hope that in time their awards might be made in consultation with the proposed council; and if it is desirable to connect the distribution of grants to hospitals with the business of supervision, possibly it would be well to give to the council power to act as a trustee for sums left, not to any particular hospital, but to hospitals in general. As to finance; I think personally that the best way of providing the money would be to require by the Act of Parliament, which, I take it for granted it would be necessary to pass, that a certain sum from the City parochial charities should be made available for maintaining this board of supervision. I think that it is most appropriate to use those charities for the purpose, and out of their very large funds it would be quite fair to take, say, 1,500 *l.* a year or so for that end; and if that fails, it would be necessary, I presume, to fall back on voluntary help and try and raise a special sum; but the former course seems to me perfectly just and most desirable.

Earl of Kimberley.

26174. Beyond the powers of inspection and report would you give any powers to this body?—You mean of compulsion?

26175. Yes?—I am inclined to think not. There is one suggestion that they might report to some superior body on a particular dilemma, such as the General Medical Council or the Local Government Board, and that in that case the body that receives the appeal should hear both sides and publish their view. I am not in favour myself of pushing that.

Earl Cathcart.

26176. It should always be remembered that the Dublin Board of Supervision have the whip-hand, inasmuch as they have a large public subsidy to administer; is not that so?—I quite admit that; my hope would be that by a co-operation between the Hospital Saturday and Sunday Funds and this body there would be a good understanding, which so far as a subsidy is of value in the matter, would have the same effect.

26177. But, to some extent, it affects the analogy?—It does.

Earl Cathcart—continued.

26178. We heard from Mr. Burdett about out-post hospitals; that rich or large hospitals, instead of extending, should establish out-post hospitals where hospitals are very much required; has that idea ever occurred to you?—No, I do not think it has in the way that Mr. Burdett submitted it to you. I have rather looked at the local hospitals rising in the various localities as needed, just as the Great Northern, for instance, and the Metropolitan have been established.

26179. It was a novel idea to me; and you may take, for instance, St. Bartholomew's as an example of a very rich hospital; that had some idea of purchasing a large piece of ground for a very large sum of money; according to Mr. Burdett, it would be more desirable that St. Bartholomew's should establish out-post hospitals where hospitals are required?—Yes, I think there is a great deal to be said for that if the interests of the medical school are not made a difficulty, and, if I remember right, St. Bartholomew's in the old days had, for a certain class of cases, a separate institution; that is going back a good long time; it was given up.

26180. But where you have 600 beds all in one spot, it is probably not desirable to increase the number of beds exactly in that spot?—No, but it is not desirable possibly to accept an unit of so many beds as sufficient in that spot; for having done that, could the staff and the conditions of management, from the point of view of the medical school and so on, be organised so as to meet the demands of several out-post hospitals? That is my difficulty.

26181. I was asking your opinion as to that suggested plan of out-post hospitals?—I dare say it may be possible, but I think there are more difficulties in it than at first sight appear unless one is to have a string of hospitals localised with a sort of central board, what you might call district hospitals connected with one particular hospital.

26182. But Mr. Burdett started what I may call a fresh fox, and I wish merely to ask your opinion upon Mr. Burdett's idea of out-post hospitals?—I think it is a good idea; possibly it might be developed in time with other similar plans, but I should not accept it as one by itself.

Chairman.

26183. Is there anything more you wish to say?—No, unless there is any particular question you wish to ask me about in the evidence given to you as to any of the hospitals.

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A P P E N D I X.

APPENDIX A.

PAPER handed in by Mr. *Richard Thorne Thorne*, M.B., F.R.S., 16 February 1891.

TO THE TREASURER OF ST. BARTHOLOMEW'S HOSPITAL.

IN compliance with your request that I should submit some Report as to the results of my inspection of the drainage and sanitary circumstances of such of the hospital buildings as I have as yet been able to examine, I beg leave to lay before you the following preliminary statement.

Having regard to the special incidence of diphtheria and allied throat disease on the nursing staff, I have, with Mr. I'Anson's assistance, inspected the two Nurses' Homes and a number of the wards, including some of those in which the nurses in question had been on duty.

As to the Little Britain Home, I am of opinion that, with the exception of two minor points to which I shall refer, the drainage and general sanitary arrangements are as perfect as they well could be. Two suggestions only are called for:—

1. In the larger courtyard there is a drain, receiving in its course the contents of a group of water-closets, which for a length of some 18 to 20 yards is unventilated. The head of this drain abuts on the "Nurses' Kitchen Wing," up to which a ventilating shaft should be erected.

2. Certain sinks in the Little Britain Home deliver into a drain ventilating pipe, which descends at the back of the building abutting on the smaller courtyard. Since it is intended that drain-air shall constantly ascend this pipe, it would be much better that the sink-pipes should empty into a separate drain-pipe delivering over a properly trapped drain inlet in the yard below.

With regard to the Duke-street Nurses' Home, I am unable to speak in similar terms of approval. Although much has been done to lessen risk from faults attaching to the original system of drainage, the drains, which throughout the greater part of their course lie beneath the buildings, are not provided with a satisfactory form of aerial disconnection from the main drain of the hospital. They also present other defects, but short of their entire re-construction, all these could not be dealt with.

Dealing next with the general drainage arrangements of the three principal ward-blocks forming part of the hospital square, I find that the soil-pipes and slop-water pipes leading from the so-called "sanitary" projections are not only unprovided with any air break between the interior of the ward buildings and the interior of the main drain, but that these pipes deliver into traps which, instead of being arranged so as to facilitate the rapid discharge of their contents into the drain, are so contrived as to store up a not inconsiderable quantity of excreta and liquid filth; and it is with such pipes, one end of which always stands in an accumulation of filth, that the waste pipes from the ward sinks, &c., are connected. Such an arrangement cannot be too strongly condemned. Very similar condemnation applies to the soil pipes from the water-closets in the ward kitchens. The remedy here needed is the provision of disconnecting chambers similar to that referred to in connection with the Little Britain Home, and the provision of means of ventilation for these chambers other than any which might be afforded by means of the down pipe from the sinks, &c.

I have also made a somewhat careful inspection of the sanitary circumstances affecting the wards themselves in the three blocks referred to, and there are certain points relating to them which call for serious consideration.

The first has to do with the so-called "sanitary" projections. When these were designed it was, I assume, intended to secure the same result as is usually arrived at by such projections in the case of hospital buildings, namely, the provision of a cross-ventilated lobby between the water-closets, &c., and the wards; the closets themselves being in their turn also provided with independent means of cross-ventilation. But the internal fittings of these projections have been so contrived as to defeat both these objects. Neither the water-closets nor the lobbies have independent means of cross-ventilation, and it is probably because this object had not been attained, that a further, and to my mind a perfectly useless enclosed lobby has been projected into each of the wards themselves. And not only so, but where the water-closets have been placed behind a paneling of woodwork on the distal side of the inner lobby, the ward slop-sink is throughout retained in this lobby. These "slop-sinks" are both as to their use and construction similar to water-closets, but they need even more careful aerial separation from the wards than the water-closets themselves, and this because it is at these slop-sinks that

bed-pans, containing the infectious excreta of such patients as those suffering from typhoid fever, are intended to be cleansed.*

After consulting with Mr. I'Anson, I am of opinion that a sufficient remedy for these several defects may readily be attained. The remedy will involve the removal of the "slop-sinks," such re-construction of the fittings of the water-closets as will adapt them also to serve as slop-sinks, and certain modifications of the panelling at the side of the water-closets, together with the enclosure of the upper part of the space allotted to the baths. When this has been done, the space containing the combined water-closets and slop-sinks will be provided with means of cross-ventilation, and an entirely independent cross-current of fresh air will be secured for each lobby between the water-closets and the wards. The small lobbies projecting into the wards which serve to box in stagnant air which, under existing circumstances, tends to be the reverse of wholesome, might, if thought fit, be so far got rid of as to only leave so much of the side panelling as will serve to screen the end beds from the doors leading to the sanitary projections. When these changes are carried out, the D traps fitted to the sinks, lavatories, &c., should be replaced by U bends.

But by far the worst feature relating to the wards has to do with the position of the water-closets used by the nurses. While at one end of each ward an attempt has been made by the provision of the "sanitary projection" to prevent the passage into the ward of foul air from the closets, conditions tending to ensure this very evil have been left altogether uncontrolled in connection with the ward kitchens at the other end. Not only are the nurses' water-closets so placed as to ventilate directly into kitchens opening into the wards, but the unfavourable conditions thus induced are aggravated by the fires which it is necessary to maintain in these kitchens. And the evil is the more important because in these kitchens the nurses have to take one of their meals. I may add that I received, during my inquiries, testimony as to recurring offensiveness in connection with these closets.

If it were possible, these kitchen water-closets ought to be altogether done away with. But I apprehend that this would involve considerable inconvenience and difficulty, and hence I would suggest that the hospital architect be consulted as to the practicability of projecting each of these closets beyond the kitchen in such a way as to secure between the closet and the kitchen a narrow lobby having means of cross-ventilation into the outer air.

Such inquiry as I have been able to make into the state of the main drains of the hospital is largely derived from information received from Mr. I'Anson, the clerk of the works, and his employés, as also from plans, and it has led me to the conclusion that whilst these drains are in point of size, direction, and otherwise, by no means such as would be now regarded as proper ones, yet with the exception of one short length where the invert has sunk, they can without difficulty be kept clean and free from deposit. And since I anticipate such material advantages from the works which I have recommended as regards the drains leading from the several buildings named into the main drains, I am not at present prepared to advise that any re-construction of the main drains is called for.

Since the date of the series of inspections to which this provisional Report relates, I have had an opportunity of seeing Mr. I'Anson's Report of 11th December 1890, and, in so far as that Report and this one deal with the same subjects and the same buildings, it will be seen that we are in full agreement.

Whilst making the investigations referred to, I observed certain processes which are carried on behind the south wing, and it would be impossible for me to avoid reference to these in any statement bearing upon unwholesome circumstances affecting the hospital. I refer to the processes of scavenging which go on at the back of that wing. Uncovered tubs, containing ward ashes, ward sweepings, &c., were, at the moment of my visit, being thrown down in an uncovered enclosure, with the result that the wind immediately carried a cloud of this stuff back again to the ward windows. Happily these windows were closed at the moment. Much the same objectionable result must almost necessarily ensue when the scavengers cart away this refuse. On the same occasion, I observed that somewhat similar receptacles, containing vegetable and wet refuse, were so dealt with as abundantly to litter the wet ground around with this material, and it is hardly possible that the soil can be other than fouled by the repetition of such a practice day by day. Other tubs, uncovered and exposed to rainfall and sun, stood by, which apparently contained dirty bandages, poultices, and other ward refuse. From what I saw I was led to make inquiry as to the results of these scavenging processes, and complaints of offensive odours in the wards near by were found to be very general. Indeed, it is hardly possible to conceive of arrangements more calculated to render unwholesome the air about the ward windows of this wing than those which are carried out at this point. As to this, I would recommend that, unless it should be found practicable to erect a small incinerator (constructed on the same lines as one recently provided for the Middlesex Hospital) at some suitable point, pails fitted with flanged air-tight covers should be used for the removal of all ward and other refuse brought to this yard, and that these should never be opened between the time when they are closed down in the hospital buildings and the ultimate discharge of their contents into the City furnace.

Since

* These "slop-sinks" are quite different from the ordinary sinks contained in these projections.

† I am not yet prepared to discuss the question of their ventilation and flushing.

Since my inquiries have primarily been concerned with the recent prevalence of diphtheria, I would, in conclusion, state—

1. That the sanitary circumstances of the Nurses' Home in Little Britain are such as to forbid the belief that they can in any way have been concerned in the production of disease.

2. That, whilst I am unable to speak with equal confidence as to the Duke-street Home, I have no grounds for believing that diphtheria has been induced by any of the sanitary conditions of that building.

3. That, as regards the drainage of the ward blocks, and the internal arrangements of those buildings, conditions do exist, and this notably in the ward kitchens, which tend to unwholesomeness, and which have been known to produce "sore-throat"; and that, even if this form of sore-throat be not in its beginnings regarded as of a specific character, it is certain that those suffering from it are, to an exceptional degree, liable to contract diphtheria when the disease is prevalent.

This statement is, however, not intended to prejudge the question as to the origin and diffusion of the infection during the recent prevalence, as to which the necessary data are not yet forthcoming.

R. Thorne Thorne, M.B., F.R.S.

3 February 1891.

APPENDIX B.

PAPER handed in by Mr. S. M. Quennell, 26 February 1891.

WESTMINSTER HOSPITAL.

RETURN of Salaries and Wages, 26 February 1891.

	£.	s.	
The chaplain - - - - -	200	-	per annum.
Office :			
The secretary - - - - -	400	-	„ with luncheon and dinner.
The clerk - - - - -	170	15	„ with luncheon.
Household :			
The house steward - - - - -	80	-	„ with board and lodging.
The linenry sister - - - - -	36	-	„
The cook - - - - -	35	-	„
Six other female servants - together	96	-	„ } with board, lodging and washing.
Porters :			
The hall porter - - - - -	1	2	per week, and uniform.
The night porter - - - - -	1	1	per week.
The surgery porter - - - about	87	-	per year, and uniform.
The house porter - - - - -	25	-	per year, and board, lodging and uniform.
The lift porter - - - - -	26	-	ditto - ditto.
The out-patient porter No. 1 - - -	1	3	per week, and uniform.
Ditto - ditto - No. 2 - - -	1	2	„ „
The furnace and coal porter - - -	1	2	per week, and dinner.
The boy - - - - -	-	6	per week.
The carpenter - - - - -	1	13	per week, and dinner.
Dispensary :			
The senior dispenser - - - - -	170	-	per annum, }
The junior dispenser - - - - -	80	-	„ } with dinner and tea.
The assistant dispenser - - - - -	70	-	„ }
The laboratory man - - - - -	1	3	per week.
The pathologist - - - - -	50	-	per annum.
The curator of the museum - - - - -	40	-	„
The administrator of anæsthetics - - -	25	-	„
The medical registrar - - - - -	40	-	„
The surgical registrar - - - - -	40	-	„
The Westminster Training School and Home for Nurses.	1,826	-	for the services of the matron and a minimum staff of nurses, subject to a deduction at the rate of 25 l. a year for each nurse provided with board in the hospital.
About 11 scrubbers or ward maids, at 12 s. per week each - - - - - equal	335	-	per annum.
A former matron, who resigned in 1871 -	50	-	per annum, pension.

APPENDIX C.

PAPER handed in by Mr. *P. Michelli*, 16 March 1891.

SEAMEN'S HOSPITAL SOCIETY.

RETURN of Salaries and Wages, &c., 13th March 1891.

No.	OFFICE.	EMOLUMENTS.
DREADNOUGHT HOSPITAL, GREENWICH:		
1	Secretary - - -	400 <i>l.</i> a year and house.
1	Principal Medical Officer	350 <i>l.</i> a year, house, 10 <i>l.</i> 10 <i>s.</i> for substitute during holidays.
1	Chaplain - - -	250 <i>l.</i> a year, 10 <i>l.</i> 10 <i>s.</i> for substitute during holidays.
1	Assistant Secretary -	110 <i>l.</i> a year, board and residence.
1	Shipping Secretary -	75 <i>l.</i> a year.
1	House Physician - -	75 <i>l.</i> a year, board and residence.
1	House Surgeon - -	50 <i>l.</i> a year ditto ditto.
1	Matron - - -	100 <i>l.</i> a year ditto ditto.
1	Steward - - -	80 <i>l.</i> to 100 a year, board and residence.
1	Dispenser - - -	80 <i>l.</i> , board and residence.
1	Clerk - - -	50 <i>l.</i> to 60 <i>l.</i> , lunch.
4	Sisters - - -	30 <i>l.</i> to 35 <i>l.</i> , board, residence, uniform, washing.
11	Nurses - - -	20 <i>l.</i> to 25 <i>l.</i> ditto ditto ditto.
7	Probationers - - -	12 <i>l.</i> to 18 <i>l.</i> ditto ditto ditto.
3	Mission Nurses - -	Board, residence, washing.
2	Paying Probationers	Board, residence, uniform, washing.
1	Needlewoman - -	20 <i>l.</i> to 24 <i>l.</i> , board, residence, uniform, washing.
1	Officers' servant - -	15 <i>l.</i> to 18 <i>l.</i> , board, residence, washing.
1	Housemaid - - -	12 <i>l.</i> to 14 <i>l.</i> ditto ditto.
1	Matron's maid - -	12 <i>l.</i> , board, residence, washing.
1	Nurse's maid - - -	3 <i>s.</i> 6 <i>d.</i> a week, board, residence, washing.
10	Scrubbers or Ward maids	10 <i>s.</i> a week.
1	Storekeeper - - -	18 <i>s.</i> to 20 <i>s.</i> a week, board, residence, uniform.
2	Gate Porters - - -	18 <i>s.</i> to 20 <i>s.</i> a week, dinner, tea, uniform.
1	Cook - - -	18 <i>s.</i> to 20 <i>s.</i> a week, board, residence, uniform.
1	Cook's mate - - -	10 <i>s.</i> to 15 <i>s.</i> a week ditto ditto.
1	Surgeyman - - -	15 <i>s.</i> to 16 <i>s.</i> a week ditto ditto.
1	Barber - - -	12 <i>s.</i> to 15 <i>s.</i> a week ditto ditto.
1	Barber's mate - -	7 <i>s.</i> a week, board, residence, uniform.
1	Male day nurse - -	12 <i>s.</i> to 15 <i>s.</i> a week, board, residence, uniform.
1	Male night nurse -	8 <i>s.</i> to 10 <i>s.</i> a week ditto ditto.
1	Messenger - - -	12 <i>s.</i> to 16 <i>s.</i> a week ditto ditto.
1	Outside porter - -	12 <i>s.</i> to 15 <i>s.</i> a week ditto ditto.
2	Coal porters - - -	8 <i>s.</i> to 10 <i>s.</i> a week ditto ditto.
1	Convalescent patient for mattress making.	4 <i>s.</i> 6 <i>d.</i> a week, board, residence.
Laundry:		
1	Laundress - - -	18 <i>l.</i> to 20 <i>l.</i> , board, residence, uniform, washing.
1	Laundry maid - -	12 <i>l.</i> to 18 <i>l.</i> ditto ditto ditto.
2	Laundry helps - -	1 <i>s.</i> 8 <i>d.</i> a day, dinner.
1	Engineer - - -	18 <i>s.</i> to 20 <i>s.</i> a week, board and residence.
1	Engineer's mate - -	8 <i>s.</i> to 10 <i>s.</i> a week ditto ditto.
Repairs:		
1	Carpenter - - -	32 <i>s.</i> 6 <i>d.</i> a week.
BRANCH HOSPITAL, ROYAL ALBERT DOCKS:		
1	Surgeon - - -	100 <i>l.</i> , board, residence.
1	Matron - - -	40 <i>l.</i> , board, residence, uniform, washing.
2	Nurses - - -	22 <i>l.</i> and 23 <i>l.</i> , board, residence, uniform, washing.
1	Probationer - - -	12 <i>l.</i> , board, residence, uniform, washing.
1	Porter - - -	15 <i>s.</i> a week, board, residence, uniform.
1	Cook - - -	20 <i>l.</i> , board, residence, washing.
1	Housemaid - - -	16 <i>l.</i> ditto ditto.
WELL-STREET DISPENSARY:		
1	Surgeon - - -	63 <i>l.</i>
1	Dispenser - - -	40 <i>l.</i>
GRAVESEND DISPENSARY:		
1	Surgeon - - -	50 <i>l.</i>

APPENDIX D.

PAPER handed in by Dr. *T. S. Dowse*, 20 April 1891.

METROPOLITAN POOR LAW INFIRMARIES.

Number for which Certified.		Total Cost per Head, Year ending Lady-Day 1888.					
		£.	s.	d.	£.	s.	d.
331	Camberwell - - - - -	29	11	9	9,793	9	3
386	Chelsea - - - - -	33	12	3	12,974	8	6
486	Fulham - - - - -	39	12	8	19,261	16	-
296	St. George's in-the-East - - - - -	35	18	6	10,633	16	-
776	St. George's - - - - -	30	1	8	23,344	13	4
538	Greenwich - - - - -	33	2	8	17,825	14	8
487	Hackney - - - - -	34	16	3	16,953	13	9
625	Holborn - - - - -	29	16	2	18,630	4	2
500	Islington (not given; say 30 l.) - - - - -	30	-	-	15,000	-	-
604	Kensington - - - - -	35	1	-	21,170	4	-
622	Lambeth - - - - -	31	13	1	19,688	17	10
645	London, City of - - - - -	28	16	6	18,592	2	6
744	Marylebone - - - - -	38	9	4	28,619	4	-
469	Mile End Old Town - - - - -	21	2	9	9,913	9	9
388	St. Olave's - - - - -	35	1	7	13,610	14	4
523	St. Pancras - - - - -	39	11	8	20,702	1	8
786	St. Saviour's - - - - -	69	8	9	54,577	17	6
472	Shoreditch - - - - -	34	18	3	16,478	14	-
618	Wandsworth, Clapham - - - - -	30	18	4	19,106	10	-
689	Whitechapel - - - - -	29	12	3	20,403	-	3
213	Woolwich - - - - -	33	14	9	7,186	1	9
264	Cleveland-street - - - - -	39	15	3	10,497	6	-
586	Stepney and Poplar - - - - -	39	14	9	23,286	3	6
284	Paddington - - - - -	50	7	3	14,302	19	-
12,332		£.	442,553	1	9		

APPENDIX E.

PAPER handed in by Mr. *Walter E. Scott*, 20 April 1891.

ST. PETER'S HOSPITAL.

SALARIES AND WAGES, 1890-91.

	Per Annum.	
	With Board and Lodging.	Without Board and Lodging.
	£. s. d.	£. s. d.
Salaries to Officers:		
Secretary - - - - -	—	150 - - Gratuity 25 l.
Clerk - - - - -	—	14 5 -
Matron, from 1 January to 30 June 1890 - - -	89 5 -	—
Matron, from 1 July to 31 December 1890 - - -	60 - -	—
One House Surgeon - - - - -	52 10 -	—
Collector. An allowance - - - - -	—	6 - -
Servants' Wages:		
One Dispenser - - - - -	—	100 - -
One Charge Nurse (1891) - - - - -	25 - -	—
Two Nurses (Regular) - - - - -	44 - -	—
Two Ward Maids - - - - -	32 - -	—
Two Servants (Male) - - - - -	54 - -	—
Three Servants (Female) - - - - -	55 - -	—

22 April 1891.

Walter E. Scott,
Secretary.

APPENDIX F.

PAPER handed in by Mr. W. E. Scott, 20 April 1891.

SAINT PETER'S HOSPITAL.

AVERAGE COST.

OUT-PATIENTS.

d.
1887 = 10¼
1888 = 10¾
1889 = 10½
1890 = 10¼

IN-PATIENTS.

£. s. d.
1887 = 144 10 4
1888 = 156 11 11
1889 = 168 14 7
1890 = 130 8 8

AVERAGES, 1887, 1888, 1889, 1890.

1887.

£.
Out-Patients - - - 1,609 × 20
32,180 × 12
Attendances, 37,255) 386,160 (10 *d.*
37,255
13,610 × 4
54,440 (¼ *d.*

Average cost of each attendance of each Out-Patient, 10¼ *d.*

£.
In-Patients - - - 1,397 × 20
Occupied beds, 3,517) 27,940 (7 *s.*
24,619
3,321 × 12
39,852 (11 *d.*
3,517
4,682
2 15 5 Cost per week. 3,517
52
1,165 × 4
£. 144 10 4 Cost per year. 4,660 (¼ *d.*

Patients, 280.

£. s. d. Average
- 7 11¼ Cost per day.
7

1888.

£. s. d.
Out-Patients - - - 1,928 10 10
20
38,590
12
Attendances, 42,625) 462,850 (10 *d.*
426,250
36,600
4
146,400 (¾ *d.*
127,875

Average cost of each attendance of Out-Patient, 10¾ *d.*

£. s. d.
In-Patients - - - - 1,445 16 5
20
Occupied beds, 3,347) - 28,916 (8 *s.*
26,776
2,140
12
24,685 (7 *d.*
23,429
- 8 7¼ per day.
7
1,256 × 4
3 - 2¾ per week.
52
5,024 (¼ *d.*

Patients, 286.

£. s. d.
- 8 7¼ per day.
7
3 - 2¾ per week.
52

£. 156 11 11 per year.

AVERAGES—continued.

1889.	1890.
<div><div>£.</div><div>Out-Patients - - - 1,561 × 20</div><div>31,220 × 12</div><div>Attendances, 35,250) 374,640 (10 d.</div><div>352,500</div><div>22,140</div><div>4</div><div>88,560 (½ d.</div><div>70,500</div></div>	<div><div>£. s. d.</div><div>Out-Patients - - - 1,408 13 4</div><div>In-Patients - - - 1,773 3 6</div><div>Total for working out Averages - 3,181 16 10</div><div>Quarter, 1889 - - - 11 19 9</div><div>Total, as per Balance Sheet - £. 3,193 16 7</div><div>Out-Patients - - - 1,408 13 4</div><div>20</div><div>28,173</div><div>12</div><div>Attendances, 32,896) 338,080 (10 d.</div><div>328,960</div><div>9,120</div><div>4</div><div>36,480 (¼ d.</div><div>32,896</div></div>
<div><div>Average cost, attendance of each Out-Patient, 10½ d.</div><div>£.</div><div>In-Patients - - - 1,421 × 20</div><div>Occupied beds, 3,063) 28,420 (9 s.</div><div>27,567</div><div>853 × 12</div><div>10,236 (3 d.</div><div>9,189</div><div>1,047 × 4</div><div>4,188 (¼</div><div>3,063</div></div> <div><div>Patients, 285.</div><div>£. s. d.</div><div>- 9 3¼ Cost of each bed per day.</div><div>7</div><div>3 4 10¾ Cost of each bed per week.</div><div>52</div><div>£. 168 14 7 Cost of each bed per year.</div></div>	<div><div>Average cost of each attendance of Out-Patient, 10¼ d.</div><div>£. s. d.</div><div>In-Patients - - - 1,773 3 6</div><div>20</div><div>Occupied beds, 4,943) 35,463 (7 s.</div><div>34,601</div><div>862</div><div>12</div><div>10,350 (2 d.</div><div>9,886</div><div>£. s. d.</div><div>- 7 2 per day.</div><div>464</div><div>- - 7</div><div>4</div><div>2 10 2 per week.</div><div>52</div><div>1,856</div><div>£. 130 8 8 per year.</div></div> <div><div>Patients, 335.</div><div>£. s. d.</div><div>- 7 2 per day.</div><div>464</div><div>- - 7</div><div>4</div><div>2 10 2 per week.</div><div>52</div><div>1,856</div><div>£. 130 8 8 per year.</div></div>

APPENDIX G.

PAPER handed in by Mr. *J. W. Gordon*, 1 June 1891.

PROPOSED SCHEDULES OF HOSPITAL ACCOUNTS.

APPENDIX G.

Mr. J. W. Gordon, 1 June 1891.

HOSPITAL ACCOUNTS, No. 1.

EXPENDITURE FOR THE YEAR.

EXPENDITURE.				£.	s.	d.	£.	s.	d.	£.	s.	d.
RENEWABLE EXPENDITURE:												
<i>Supplies to Ordinary Patients:</i>												
1.	Food	-	-	3,250	-	-						
2.	Coal	-	-	360	-	-						
	Remedies:						3,610	-	-			
3.	Drugs	-	-	550	-	-						
4.	Instruments	-	-	450	-	-						
5.	Dressings	-	-	100	-	-						
6.	Miscellaneous	-	-	400	-	-	1,500	-	-			
	<i>Upkeep:</i>											
7.	Utensils	-	-	50	-	-						
8.	Furniture	-	-	150	-	-						
9.	Bedding	-	-	100	-	-						
10.	Laundry	-	-	700	-	-						
11.	Gas	-	-	500	-	-						
12.	Water	-	-	100	-	-						
13.	Miscellaneous	-	-	50	-	-	1,650	-	-			
14.	<i>Samaritan Fund</i>	-	-	150	-	-	150	-	-	6,910	-	-
	<i>Maintenance:</i>											
15.	Rent (annual value of freehold)	-	-	1,600	-	-						
16.	Insurance	-	-	75	-	-						
17.	Rates	-	-	300	-	-						
18.	Repairs	-	-	700	-	-						
19.	Depreciation	-	-	100	-	-	2,775	-	-			
20.	Interest on Loans	-	-	50	-	-	50	-	-	2,825	-	-
	<i>Services:</i>											
21.	Chaplain and Organist	-	-	100	-	-	100	-	-			
	<i>Medical and Surgical Staff:</i>											
22.	Salaries	-	-	350	-	-						
23.	Allowances	-	-	140	-	-	490	-	-			
	<i>Secretarial Staff:</i>											
24.	Salaries	-	-	600	-	-						
25.	Allowances	-	-	150	-	-	750	-	-			
	<i>Nursing Staff:</i>											
26.	Salaries	-	-	820	-	-						
27.	Allowances	-	-	550	-	-	1,370	-	-			
	<i>Domestic Staff:</i>											
28.	Salaries	-	-	600	-	-						
29.	Allowances	-	-	900	-	-	1,500	-	-	4,210	-	-
	<i>Cost of Collection and Management:</i>											
30.	Collector's Commission	-	-	80	-	-						
31.	" Salary	-	-	nil.								
32.	" Allowances	-	-	nil.								
33.	Printing	-	-	250	-	-						
34.	Advertising	-	-	500	-	-						
35.	Stationery	-	-	50	-	-						
36.	Postage	-	-	50	-	-						
37.	Audit	-	-	10	10	-						
38.	Law Charges	-	-	100	-	-						
39.	Pensions and Gratuities	-	-	-	-	-						
40.	Petty Expenses	-	-	7	-	-						
41.	Miscellaneous	-	-	20	-	-	1,067	10	-	1,067	10	-
	<i>Schools, &c.:</i>											
42.	Medical School	-	-	600	-	-						
43.	Nursing School	-	-	100	-	-						
44.	Cost of Paying Patients	-	-	80	-	-	780	-	-	780	-	-
	<i>Total Renewable Expenditure</i>	-	-	-	-	-	-	-	-	15,792	10	-
NON-RENEWABLE EXPENDITURE.												
45.	Building	-	-	8,000	-	-						
46.	Investments made	-	-	nil.								
47.	Loans and Overdrafts Repaid	-	-	1,000	-	-	9,000	-	-	9,000	-	-
	<i>Total Expenditure</i>	-	-	-	-	-	-	-	-	24,792	10	-
	Balance from last Account	-	-	-	-	-	-	-	-	-	-	-
	Balance to next Account	-	-	-	-	-	-	-	-	57	10	-
	GRAND TOTAL	-	-	-	-	-	£.			24,850	-	-

(B.)—PROPOSED SCHEDULE OF HOSPITAL ACCOUNTS, No. 2.

BALANCE SHEET as at the , 18 .

LIABILITIES.	£. s. d.	ASSETS.	£. s. d.
Hospital Estate - - -		Investments (to be particu-	
Convalescent Hospital Fund -		larised) - - - - -	
Other special Funds (to be			
particularised) - - -			
Outstanding Creditors - - -			
TOTAL - - - £.		TOTAL - - - £.	

PROPOSED SCHEDULE OF HOSPITAL ACCOUNTS, No. 3.

AUDITORS' CERTIFICATE.

WE have examined the accounts and account books of the Hospital, and have verified the securities mentioned in the annexed Balance Sheet, and we hereby certify that we have satisfied ourselves that the accounts are correctly kept, and truly set out the financial condition of the institution as at the , and its income from all sources and expenditure on all accounts during the year which ended on that date. The abstract statement of Income and Expenditure, and the Balance Sheet annexed hereto, and to which we have appended our signatures, are correctly made up from the books of the institution, and truly represent the contents of the same.

We have adopted in our audit of the accounts the tests mentioned in the accompanying report, to which also we have appended our signatures.

A. B. of _____
C. D. of _____

AUDITORS' REPORT.

WE have in the course of our audit examined and ascertained the income of the under its various items, as enumerated in the accompanying statement of income and expenditure, by means of the following tests :—

- Item a. Annual subscriptions, tested by (say) the collector's receipt book.
- „ b.
- „ c. &c.

We have in like manner examined the expenditure by means of the following tests :—

- Item 1. Food supplied to patients tested by (say) the Steward's accounts.

The total amount for which credit is taken in the Steward's accounts in respect of food and coal is vouched by tradesmen's receipts to the amount of £. . The balance of £. unpaid at the date of closing the accounts is duly entered in the Balance Sheet.

We have also verified the statement of liabilities contained in the Balance Sheet, and have ascertained that the amount set down to Hospital Estate agrees with the amount so entered in the Balance Sheet issued last year, making allowance for the depreciation and additions shown on the statement of Income and Expenditure :

For Convalescent Hospital Fund, &c., &c.

As to the securities enumerated, we have relied for the value of the freehold property on the report of Mr. , the Hon. Surveyor to the Institution ; and as to the title under which they are held, we have been advised by Mr. , the Solicitor. As to the various Stocks and Consols, we have seen the certificate in the custody of Mr.

&c. &c.

A. B. of _____
C. D. of _____

APPENDIX H.

PAPER handed in by Mr. *W. Vallance*, 22 June 1894.

WHITECHAPEL UNION.

MEMORANDUM explanatory of the Scheme for a revised form of Medical Administration of the Baker's-row Infirmary, which is now under the consideration of the Guardians, together with a statement of possible difficulties which will have to be met, and points which will have to be considered in relation thereto.

The Infirmary is certified for 689 sick poor and has, up to the present, been under the control of a Medical Superintendent (with a subordinate staff), and regulated by an "Infirmary Order" of the Local Government Board; but a vacancy in the office of Medical Superintendent having occurred by the resignation of Dr. J. J. Ilott, the present question has been introduced and is accordingly engaging the attention of the Guardians.

Having regard to the extreme importance of the proposal, the following statement is commended to the careful perusal of every guardian; it being, at the same time, understood that the statement is not to be taken as complete, but merely suggestive.

The discussion upon the question will be resumed at the Ordinary Meeting of the Guardians on the 2nd of November, and a decision probably taken at the then next Ordinary Meeting on the 16th of November.

The scheme which is now under the consideration of the guardians may be shortly stated to be one for placing the medical administration of the infirmary upon the same footing as a general hospital, and for bringing the utmost medical and surgical skill to bear upon the treatment of the sick poor. Such an arrangement, if found to be practicable, would no doubt be popular with the medical profession, since it would open a large field of experience in the treatment of diseases which are not usually met with in general hospitals. It is also claimed for the proposal that it would not only raise the status of the infirmary as a poor law institution; it would not only increase the facilities for medical education, but that it would prove of the greatest benefit to the patients by their being brought into direct contact with the highest form of modern medical and surgical science.

The plan would involve the appointment of a non-resident consulting physician and the like consulting surgeon, and, probably, two resident assistants. The authority of the former would be supreme in the treatment (including diet and nursing) of the patients; but, subject to that authority, the resident assistants would be held responsible for the care of the sick poor and for due attendance upon cases which, by reason of their chronic nature or otherwise, might not have been dealt with by the visiting physician or surgeon. Other possible advantages would be an improved classification of the sick, a better record of cases, a higher standard of nursing and increased means for the efficient training of pupil nurses. The arrangement would also afford to medical students a field of study which is said to be greatly needed, since the visiting physician and surgeon, respectively, would be allowed to introduce, for accompaniment with them through the sick wards, such pupils as they might desire.

Now, assuming the guardians to be satisfied in the abstract that advantage would accrue from the proposed change, the question naturally arises whether administrative difficulties present themselves and, if so, whether they are surmountable. That there are difficulties to be overcome and points of importance to be considered will be admitted. To begin with, in the present system the medical and general administration of the infirmary are combined in the hands of the medical superintendent who is the responsible head, and, theoretically at least, this is the more perfect arrangement; whilst, in the adoption of the proposed scheme it will be necessary to transfer the control of the internal administration from the medical officer to the matron, to limit the duties of the resident assistant medical officers to attendance upon the sick, to more clearly prescribe the duties of the steward, and, generally, to readjust the relations of the medical staff, matron and steward, respectively. Then there are the probabilities as regards statistical and financial results. Will the infirmary patients be likely to make a more rapid recovery to health and so be fitted to return to the labour market earlier than at present, or will the system entail an increase of pauper sickness by attracting to the infirmary patients who do not now resort to it? An affirmative answer to the latter portion of this question is not to be implied by the form in which it is put, since it may reasonably be urged that only the destitute sick

poor within the union are eligible for admission to the infirmary, and that, if they are sick and destitute, there ought to be no barrier to their admission. Then again, it may be argued that the scheme will be costly, and that the guardians will be unable to control and restrict, in the same way and to the same extent as at present, the expenditure upon medical comforts, appliances, &c. On the other hand, it may as strenuously be contended that an efficient and reasonably liberal treatment will be as protective of the ratepayers' interests as it will be conducive to the help and health of the patients; and again, that not only will the character of the medical administration be raised, but that it will prove actually, and not by any process of comparison or deduction, the more economical system. It will also be matter for consideration how far the visitation of the infirmary by a consulting surgeon may affect the policy of the guardians (and, indeed, of the Local Government Board also) as regards surgical operations, the performance of which in the infirmary has hitherto been discouraged and all such cases transferred to and paid for in the London Hospital.

The only instance, so far as I am aware, of a system approximating to the one now proposed in a poor law institution is the Manchester Parish Infirmary, at Crumpsall, constructed to accommodate some 1,400 sick poor, and which is virtually administered by a hospital-trained matron, the resident medical officers being restricted to the duty of medical attendance upon the sick under the control and direction of a non-resident physician and surgeon. This infirmary is unquestionably one of the most admirably designed and efficiently administered institutions of the kind in the country, but whether its success is due entirely to the system, or to the *personnel* of the staff, or to both, may be left open for discussion. It should be added that the nominal, although responsible, head of the infirmary is the master of the workhouse, within the curtilage of which establishment, although at some distance, the infirmary is situate, and, as an officer of exceptional power and intelligence, doubtless imparts a sort of backbone to the infirmary administration. Still, it is strictly correct to say that the management of the infirmary is virtually in the hands of the matron.

The broad principle of the present scheme, that of opening poor law infirmaries to the view of the medical profession and of giving the poor the benefit of the highest form of treatment, is one which, standing alone, will be largely accepted; the only question being, how far is it possible to engraft the system upon the poor law. Upon this point it may be interesting to note that the guardians of another metropolitan parish are at present engaged in the consideration of the same question, the circumstances of that parish leading them to seek another direction in which to apply the principle. A vacancy having occurred in the office of assistant medical officer, the guardians are considering the expediency, instead of appointing a successor to the permanent office, of employing two assistants for a limited term of six months and of paying to each an honorarium of 25 guineas. The advantages which are anticipated include the "introduction into the infirmary from time to time of the advances and improvements which are continually being made in the scientific treatment of disease," the giving of "experience to young medical men at the commencement of their career," and "by a continual influx of men of enthusiasm and energy, to afford the means of combating the lethargy which is so apt to settle down upon isolated institutions such as ours, to the detriment of the sufferers therein."

But it may be that the guardians, whilst favourably regarding the proposal, are not prepared to revolutionise their infirmary administration and to give permanency to the arrangement by means of newly-framed regulations, in face of the possible risk of non-success. For instance, experience may show that a poor law infirmary is not on "all fours" with a general hospital and cannot be similarly administered, and that high-class physicians and surgeons and medical pupils are not attracted to it. This is not said in anticipation of any failure, since if once adopted, the guardians will no doubt promise themselves that the arrangement shall succeed. Still, it remains to inquire whether there is not an alternative which will combine the advantages of the proposed scheme with a less revolutionary disturbance and with a greater security for efficient administration, whilst enabling the guardians to adopt it experimentally and to command a means of easy retreat in case the result should not prove satisfactory. And the question may, perhaps, be answered affirmatively thus: Adopt the proposal so far as regards the appointment of a visiting physician and the like surgeon, but, instead of appointing two resident assistant medical officers, appoint a resident medical officer and a resident assistant. The effect of this modification would be that, in the treatment of the sick, the medical officer would be subject to the control and direction of the visiting physician, or surgeon, but in all other respects he would be the chief controlling and responsible officer of the infirmary. At the same time, it may be well to more clearly define certain duties of the matron and steward, in order to fix precise authority, to prevent overlapping and to promote good order and discipline. For instance, as regards the nursing staff and female servants and the domestic arrangements of the infirmary, the control might be placed definitely in the hands of the matron, and, as regards the stores and subordinate male servants (other than male nurses who should remain under the direct and sole control of the medical officer), the authority might be as definitely placed in the hands of the steward. This arrangement would leave the medical officer in the same position and relation to the matron and steward, respectively, as regards those specific duties as that

in

in which the master of a workhouse stands, under existing regulations, to the school-master or schoolmistress, in regard to the discipline and arrangements of their schools; and, seeing that it would remain the duty of the medical officer to report any negligence or misconduct, on the part of either matron or steward, he would be left as the chief governing officer. Subject to modifications, the existing regulations would remain in force, and, in the event of this alternative scheme being adopted experimentally and, after a fair trial, found not to succeed from one or other of the causes already indicated, the only fresh disturbance would be the transfer of the authority given to a visiting physician and surgeon to a resident medical officer.

As to the question of cost of staff under each, or either of the proposed arrangements, it is scarcely necessary at this early stage to attempt any precise calculations, suffice it to say that, in either case, the cost would probably not much, if at all, exceed that of the present system.

Whitechapel Union Offices,
Baker's Row, E., 19 October 1886.

W. Vallance,
Clerk to the Guardians.

APPENDIX I.

PAPER handed in by Mr. *F. Andrew*, 29 June 1891.

3, Grosvenor-square, W.,
13 June 1890.

Sir,

I THINK it my duty to bring to your notice the very general complaints which I hear on all sides about the management of the Royal Hospital for Incurables at Putney. Please believe that I do so in no hostile spirit, but rather from a warm feeling of friendship to your institution. I had intended to do so before we opened the bazaar on Tuesday last, but on reflection I thought it better to postpone doing so until after that occasion.

For your information I will classify these complaints under the following heads:—

1st.—*Food.*

It is stated that the meat is frequently most indifferent, the milk is very inferior, and the patients are stinted in their supply of vegetables. The bacon is far from good.

2nd.—*Want of Supervision.*

No member of the committee ever visits the hospital at meal times, and that therefore the committee has no opportunity of judging of the quality of food supplied to the patients. It therefore seems that the whole control of the commissariat lies in the hands of the steward.

3rd.—*Management.*

I am led to believe that no proper system regarding the contract for butchers' meat is adopted, it being stated that the same butcher has for many years past monopolised the contract.

4th.—*General.*

It is also stated that sufficient time is not allowed for the patients' meals; though they are not actually compelled to leave the table, such moral pressure is put upon them that they are unable to comfortably finish their food.

That the religious needs of the inmates are much neglected, there being no regular chaplain, and no facilities are given to patients desirous of attending an early celebration of the holy communion, for though there is a church just outside the gates they cannot go to an early service because it interferes with breakfast; neither are they allowed to stay for the celebration after morning service because of the dinner hour.

I regret very much to have to write in these terms, but I think it is only my duty to do so, and I hope you will bring my letter to the notice of your committee, and believe that

I am, &c.
(signed) *Portland.*

None of these complaints were made to us by the patients on the day of our first visit, but have all reached my ears from the outside world.

106, Queen Victoria-street, E.C.
27 June 1890.

My Lord Duke,

I AM desired, on the part of the treasurer and the board, to thank your Grace for kindly bringing to their notice matters affecting the management of the institution, as represented to you. They regard the trouble your Grace has taken to communicate them at length, as a proof of the friendship you have shown on several occasions, and they have felt it their duty to make inquiry into the subjects of complaint. They beg respectfully to submit the result to your Grace.

They wish, however, to express their surprise that the complaints should be, as you observe, "very general" and heard "on all sides," as no tangible complaint has reached them, although the house is at all times open to visitors, from whom the committee would be glad, at any time, to listen to a friendly representation of a grievance believed to exist.

To the points of your Grace's letter:—

1st.—*Food.*

It is likely that the meat is occasionally somewhat hard of mastication, which is owing to its being freshly killed; New Zealand mutton has often a dark colour, though the meat is sound;

sound; the committee cannot accept the statement that the meat is "frequently most indifferent."

With the exception of a small supplemental supply from a local dairy of good repute, the milk is furnished from 10 cows kept on the property, and used without removal of cream. Your Grace has seen the cows grazing, and can perhaps bear witness as to their condition. The complaint of inferior milk cannot have been seriously made.

Potatoes are supplied to some extent, and green vegetables to a large extent, from our own kitchen garden. Green vegetables are put on the tables three times a-week, and there is generally some left unconsumed.

The bacon and butter are from Mr. Clarke, of Kensington, and are of excellent quality.

2nd.—Want of Supervision.

It is true that the Committee do not pay stated visits to the dining room; but it is not true that no member of the committee ever does so. The committee are, however, much obliged to your Grace for drawing attention to the food supply, and will be happy to act upon your suggestion for a more frequent personal visit at the dining hour.

3rd.—Management.

The contract for butchers' meat is made, like others, by the committee themselves; the steward has no voice in the selection of persons invited to tender, or the acceptance of tenders. The meat contracts are for three or six months only; nearly always the latter, and are the subject of competition. For obvious reasons the contracts are not thrown open to the trade, the persons invited to tender being those on whom the committee have reason to rely in the matter of quality. One man has succeeded in keeping the supply for some years, his prices being found to be the lowest; but he certainly has not a monopoly.

4th.—General.

As to the want of proper time for meals. One is again obliged to say that no complaint has been made. The committee are assured that the patients do not rise till all have comfortably dined; male and female nurses are in attendance to serve, and, when needful, to cut up the food and feed the patients; this expedites the meal, which may give, perhaps, the idea of haste. It is the wish of the committee that the important meal of dinner should be enjoyed in comfort, and they will certainly keep your Grace's hint before them.

The Holy Communion is celebrated every week by the vicar at Putney, the Hon. and Rev. R. Henley, in one or another part of the house, so that every patient who desires to partake has a stated opportunity of doing so. Mr. Henley conducts a public service on Sunday afternoons; he has laboured gratuitously for thirty years among our inmates.

Patients, nurses, servants, are free to attend early or mid-day Communion at Holy Trinity, outside the gates, and no obstacles are placed in the way of their doing so; but, with the opportunities within, not many desire it.

As to the alleged neglect of the religious needs of the patients, I may add that we have a public evening service on Sunday, also on Friday, at which ministers of the Church of England and of Nonconformist churches officiate. Will your Grace kindly read the paragraph on page 6 of the enclosed report on this subject?

The committee, perhaps, have no right to inquire as to your Grace's informants, or the sources from which their statements have been drawn, but they need hardly suggest that, starting of necessity from some of the patients, they are liable to be influenced by the temperament of the narrator, itself perhaps affected by long-continued disease, and are not to be implicitly received without inquiry.

The committee are very glad your Grace has made inquiry, and they trust this note may be regarded as fairly meeting the objections that have been raised.

Mr. Allcroft begs me to express his regret that, being called into the country to attend a funeral, he is unable to sign a letter to you himself.

I have, &c.

His Grace the Duke of Portland.

(signed) *F. Andrew*, Secretary.

APPENDIX K.

PAPERS handed in by Mr. *H. C. Burdett*, 4 July 1891.

— I. —

MEMORIAL of the Nurse-Training Schools and Hospitals throughout Great Britain.

MEMORIAL OF NURSE-TRAINING SCHOOL AUTHORITIES.

WE, the undersigned, beg the favour of your insertion of the following statement, which we think it desirable to make, in view of a paragraph which has been published on the subject of the registration of nurses, in which we note with surprise the statement that the main object of the British Nurses' Association "is in conformity with a great public want, and a widespread professional demand."

We would wish to point out that those who represent the largest nursing interests in the metropolis and throughout the country, and who have the most to do with the training and examination of nurses, have not only declined to take part in the association, but consider that its proposed enrolment of nurses in a common register, if carried out, would (1) lower the position of the best trained nurses, (2) be detrimental to the advancement of the teaching of nursing, (3) be disadvantageous to the public, and (4) be injurious to the medical practitioner.

We hope that a final judgment upon this important matter will be postponed until the views of those who are opposed to the aims of this association have been expressed and examined. We further consider it our duty to state that if a charter be applied for on the lines stated in the prospectus of the British Nurses' Association, we shall feel it to be incumbent upon us to offer thereto all legitimate opposition in our power.

FIRST LIST—LONDON HOSPITAL AUTHORITIES.

St. Thomas's Hospital and Nightingale Fund Training School.

D. H. Stone, treasurer of the hospital.

Harry Verney, chairman of the Nightingale School.

W. Bowman, F.R.S., member of council of Nightingale Fund, and of council of St. John's House and Sisterhood.

W. Rathbone, trustee and member of council of Nightingale Fund, president Liverpool Training School and Home for Nurses.

H. Bonham-Carter, secretary of the Nightingale Fund.

J. S. Bristowe, M.D., F.R.S., senior physician of St. Thomas's Hospital, and lecturer in Nightingale School.

A. L. Pringle, matron of St. Thomas's Hospital and superintendent of Nightingale Fund Training School.

M. S. Crossland, sister in charge of the Nightingale Training School.

Guy's Hospital and Training School.

E. H. Lushington, treasurer.

E. C. Perry, M.D.; G. Newton Pitt, M.D., assistant physicians and instructors of probationer nurses.

J. C. Steele, M.D., superintendent and instructor of nurses.

Westminster Hospital and Training School.

Westminster, chairman.

Rutherford Alcock, vice-chairman.

J. J. Troutbeck, D.D., hon. treasurer.

Mary E. Thynne, hon. secretary of Committee of Management of Training School.

W. H. Allchin, M.B., physician to the hospital; Thomas Bond, F.R.C.S., surgeon to the hospital; lecturers to the nursing staff.

Mary J. Pyne, matron of hospital and lady superintendent of nurses.

St. Bartholomew's Hospital and Training School.

Norman Moore, M.D., assistant physician; Harrison Cripps, F.R.C.S., assistant surgeon; instructors of probationary nurses, St. Bartholomew's Hospital.

Charing Cross Hospital and Training School.

John B. Martin, treasurer and chairman of committee.

Frederick Willcocks, M.D., assistant physician and lecturer to nurses.

Stanley Boyd, F.R.C.S., senior assistant surgeon and lecturer to nursing staff.

Hughina A. C. Gordon, lady superintendent.

King's

King's College Hospital and Training Schools.

Henry Wace, D.D., chairman of Committee of Management.

Richard Twining, treasurer.

Nathaniel Bromley, A.K.C., secretary.

John Curnow, M.D.; Nestor Tirad, M.D.; physicians to the hospital, and examiners and lecturers to the nursing staff.

Katherine H. Monk, matron.

Clara S. A. Peddie, house sister and teacher to the nursing staff.

London Hospital and Training School.

F. C. Carr-Gomm, chairman of House Committee.

J. H. Buxton, treasurer.

A. Ernest Sansom, M.D.; Frederick Treves, F.R.C.S.; James Anderson, M.D., examiners and lecturers to the nursing staff.

Eva C. E. Lückes, matron.

St. Mary's Hospital and Training School.

T. Pycroft, chairman of House and Finance Committee.

M. Handfield Jones, M.D., assistant obstetric physician; A. J. Pepper, F.R.C.S., assistant surgeon; S. Philips, M.D., assistant physician; A. Q. Silcock, F.R.C.S., assistant surgeon; lecturers to the nursing staff, and examiners.

M. A. Medill, matron.

St. George's Hospital.

Hugh M. Macpherson, F.R.C.S., chairman of the Committee of Nursing; Charles

T. Dent, F.R.C.S., assistant surgeon, lecturer to the nurses.

St. Marylebone Infirmary and Training School.

John R. Lunn, F.R.C.S., medical superintendent.

Elizabeth Vincent, matron.

SECOND LIST.

London Hospitals.

Accident Hospital, Poplar.

Emma Pilcher, matron.

Alexandra Hospital for Hip Diseases.

Lucia Moore, lady superintendent.

Army Hospitals.

W. A. Mackinnon, Surgeon-General, Director-General Army Medical Staff.

British Lying-in Hospital.

E. J. Freeman, matron.

Cancer Hospital, Brompton.

Alex. Marsden, consulting and senior surgeon to the Cancer and Royal Free Hospitals; A. Rogers, matron.

Cheyne Hospital for sick Children.

J. Prince Bartlett, senior surgeon; J. Macready, surgeon; E. N. Elam, lady superintendent.

Children's Hospital, Great Ormond-street.

Arthur Lucas, vice-chairman; Adrian Hope, secretary; K. Phillipa Hicks, matron.

City of London Hospital, Victoria Park.

K. S. Hetherington, matron.

City Orthopædic Hospital.

Isley Pollard, matron.

East London Hospital for Children.

Charles Cheston, chairman; H. B. Donkin, M.B. Oxon., F.R.C.P.

Great Northern Central Hospital.

Mary Hall, matron.

Her Majesty's Hospital for Sick Children, Stepney.

S. A. Warburton, matron.

Homerton Hospital, Metropolitan Asylums Board.

Alex. Collie, M.D., medical superintendent; Emily Aston, matron.

Hospital for Consumption, Brompton.

William Beckwith, chairman; C. Theodore Williams, M.D., senior physician; Henry H. Taylor, F.R.C.S., resident medical officer and lecturer to nurses; Florence Abbott, lady superintendent.

Italian Hospital, Queen-square.

W. Elgood, chairman.

Mildmay Nurses and Hospital, Stoke Newington.

James E. Mathieson, honorary superintendent and treasurer; J. F. Woodruffe, M.D., medical superintendent; Louisa Maxwell, matron.

Nursing Sisters' Institution, Devonshire-square, E.C.

G. M. Walrond and E. Still, members of committee; E. Rashdall, honorary secretary; A. B. Keeley, lady superintendent of nurses.

Middlesex Hospital.

A. Pearce Gould, M.S., F.R.C.S., assistant surgeon and lecturer to nurses.

Queen Charlotte's Hospital.

M. A. Phillips, matron and instructor of nurses.

Royal Chest Hospital, City-road.

M. L. Smith, matron.

Royal Free Hospital.

E. F. North, chairman; Samuel West, M.D., senior physician, assistant physician to St. Bartholomew's Hospital; A. Boyce Barrow, F.R.C.S., surgeon and lecturer to nursing staff.

Seamen's Hospital, Greenwich.

W. Johnson Smith, principal medical officer and lecturer to nurses; A. G. Cooke, matron.

Smallpox Hospital, Highgate.

S. Crockett, matron.

St. Pancras Infirmary.

Wm. Adams, F.R.C.S., J.P., chairman; C. Macann, medical superintendent; Ellen Jean Moir, matron.

Sydenham Hospital for Sick Children.

Edith Elmes, president; Georgiana Chapman, treasurer; E. Meadows, matron.

Temperance Hospital.

W. J. Collins, M.D., M.S., medical officer.

District Nursing.

Chelsea and Pimlico.

A. Hughes, superintendent.

East London Nursing Society.

Percy Wigram, treasurer; M. Curshaw Corner, medical officer; Louise Taylor, senior matron.

Metropolitan and National.

S. de Lüttichen, senior superintendent.

Paddington and Marylebone.

K. Persie, superintendent.

Medical Homes.

Beresford House, Portland-place.

Judith L. Stubbs, lady superintendent.

Devonshire-street, Portland-place, Nottingham-place, and Sevenoaks.

Catherine A. Veare, lady superintendent.

Gloucester-place, Portman-square.

Ellen Monk, lady superintendent.

Mansfield-street, Portland-place.

Bessie Boswell, lady superintendent.

Moutague-place, Russell-square.

Bertha B. Moir, lady superintendent.

Upper Woburn-place.

Mary Cassal, lady superintendent.

Weymouth-street.

Mary Pollock, lady superintendent.

THIRD LIST.—PROVINCIAL HOSPITALS AND NURSING INSTITUTIONS.

- Bangor Nursing Institution.
Mabel N. Scate, lady superintendent.
- Barrow-in-Furness, North Lonsdale Hospital.
Alicia Race, matron.
- Birmingham : Queen's Hospital.
Mary Seymour Roberts, superintendent of nurses.
- Birmingham and Midland Ear and Throat Hospital.
S. H. Thompson, chairman ; Chas. Warden, M.D., senior medical officer ;
Geo. Panton, F.R.S.E., hon. secretary.
- Bolton Infirmary.
E. C. Kingsford, senior house surgeon and lecturer to probationary nurses ;
Noemie Armit, matron.
- Burslem : Haywood Hospital.
J. W. Powell, clerk to governors ; C. Moore, matron.
- Carlisle Infirmary.
Carl A. Allen, matron.
- Cheltenham General Hospital.
C. E. Kroker King, treasurer ; E. T. Wilson, physician ; K. E. Tatham,
matron.
- Darlington Hospital.
Frances A. Hunt, lady superintendent.
- Dudley ; The Guest Hospital.
M. A. Jennings, matron.
- East Kent Nursing Institution.
T. Whitehead Reid, surgeon to Canterbury Hospital, and lecturer to nurses.
- Enfield Cottage Hospital.
Elizabeth Mary Washten, matron ; Frances Manning, sister.
- Essex and Colchester Hospital.
Horace E. Green, chairman ; Alexander Wallace, M.D., physician ; Emma
Appleton, matron.
- Fairford Cottage Hospital.
Daniel Isles, surgeon.
- Frome Cottage Hospital.
M. Maria Olive, matron.
- Glamorganshire and Monmouthshire Infirmary, Cardiff.
Franklen G. Evans, M.D., chairman ; A. Sheen, M.D., hon. surgeon to infirmary
and lecturer to nursing staff ; Jno. Thomas, M.R.C.S., &c., house surgeon to
Cardiff Infirmary and lecturer to nursing staff ; A. M. Francis, matron and
superintendent of nurses.
- Gloucester County Hospital.
T. S. Ellis, consulting surgeon ; Raynor W. Batten, senior physician ;
H. E. Waddy, senior surgeon ; Oscar Clark, physician ; E. Yates, matron.
- Hammerwick Cottage Hospital.
Arthur Sopwith, chairman ; Harriet H. Pidgeon, matron.
- Harrogate Cottage Hospital.
N. Williams, F. N. Ozanne, and A. F. Dimmock, hon. medical officers ;
A. E. Jones, matron.
- Hemel Hempstead Hospital.
Jane Aylin, matron.
- Hull Royal Infirmary.
E. H. Bodger, lady superintendent.
- Kendal Memorial Hospital.
F. Warren, matron.
- Isle of Man General Hospital.
S. E. Ransford, matron.
- Leeds General Infirmary.
R. Benson Jowitt, treasurer and chairman ; A. F. McGill, F.R.C.S., hon.
surgeon ; H. Littlewood, resident medical officer and instructor of nurses ;
L. M. Gordon, lady superintendent of nurses ; E. Fisher, assistant
superintendent of nurses.

- Leeds Trained Nurses' Institution.
Frederick Baines, chairman ; M. J. Dawson, superintendent of nurses.
- Lewes : Victoria Hospital.
F. M. Gravely, matron.
- Liverpool Northern Hospital.
E. H. Dickenson and James Barr, physicians ; Chauncey Puzey and Damar Harrison, surgeons ; J. B. Anderson, matron.
- Liverpool Royal Infirmary.
H. B. Gilmour, chairman.
- Liverpool Training School and Home for Nurses.
William Rathbone, president ; Charles Langton, chairman of committee ; Elizabeth Staines, superintendent of training school.
- Liverpool Workhouse Hospital.
J. W. Cropper, chairman of nursing committee ; R. Robertson and William Alexander, medical officers ; Margaret Stewart, superintendent of nurses.
- Liverpool Royal Southern Hospital.
George H. Horsfall, president ; John Cameron, M.D., chairman of medical board ; M. Gordon, matron.
- Llandrindod Wells Cottage Hospital.
E. Jeffrey, matron.
- Macclesfield General Hospital.
Thomas Lockett, chairman ; H. M. Fernie, senior medical officer and lecturer to nursing staff ; Sarah A. Yoke, lady superintendent of nurses.
- Manchester : Crumpsall Infirmary.
E. S. Hanan, lady superintendent.
- Manchester Nursing Institution.
Louisa Potter, hon. secretary ; M. Nicholls, lady superintendent.
- Middlesborough Fever Hospital.
J. A. Malcolmson, M.D. ; E. W. Goring, matron.
- Moreton Cottage Hospital.
Leon R. Yelp, J. Moore, S. Hurlbutt, and R. E. B. Yelp, medical officers ; R. Home, matron.
- Newcastle Nursing Institution.
Fanny Forrest, lady superintendent.
- Newcastle on-Tyne : Nursing Home and Training School.
Fred. Page, surgeon, Royal Infirmary ; Esther Emery, matron.
- North Hants and South Beds Infirmary.
Sophia Sawyer, matron.
- Oswestry (Salop) Cottage Hospital.
H. Williams, matron.
- Pembroke Dock Infirmary.
Morgan Saurin, chairman ; Henry Leach, member of committee ; W. Jones, hon. secretary.
- Portsmouth Royal Hospital.
A. Tillet, matron and superintendent of nurses.
- Reigate and Redhill Cottage Hospital.
E. F. Stanton, lady superintendent.
- Royal Berks Hospital.
A. Baxter, matron and superintendent of nurses.
- Royal Infirmary, Stirling.
N. Falconer, matron.
- Sevenoaks Hospital for Hip Disease.
Emily Jackson, nursing superintendent ; Mary Rose, secretary and nurse.
- Shaftesbury Hospital.
Louisa Waud, matron.
- Sheffield : The Jessop Hospital.
Rhoda Ashlerr, matron.
- Southport Infirmary.
J. C. Barrett, chairman ; W. Walker, vice-chairman ; Mary Lambert, matron
Spalding :

Spalding: The Johnson Hospital.

Martin Perry, M.D., senior physician; Jane Spragge, matron.

Stratford-on-Avon Nursing Home and Children's Hospital.

Chas. G. Sepp, chairman; T. W. Norbury, surgeon; Emily Minet, superintendent of nurses.

Tenbury Hospital.

T. Glyscouth Smith, vicar of Tenbury, chairman; W. Berkeley and Chas. E. Ross, medical officers; E. Mary Ferry, matron.

Victoria Home.

E. T. Fenn and R. Piggott, lady superintendent.

Wallamy Cottage Hospital.

W. Bell, hon. surgeon; A. Sarvin, matron.

West Norfolk and Lynn Hospital.

E. Brightman, matron.

Winchester: Royal Hants County Hospital.

R. Jones Bateman, chairman; B. N. Earle, M.D.; W. M. Harman, M.D., F.R.C.S.; T. C. Langdon, F.R.C.S., resident medical officer, and lecturer to and examiner of nurses; W. P. Terry, major, secretary; E. Suckling, matron, and superintendent of nurses.

Worcester Infirmary.

W. Strange, M.D., senior physician; Horace Swete, M.D., hon. physician, and Rory Fletcher, house surgeon, instructor of nurses; Jane Maclelland, matron; Emily Bartlett, assistant matron.

Worcester: St. John's House Nursing Institution.

Edmund A. H. Lechmere, secretary-general, Order of St. John of Jerusalem; John Gott, D.D., Dean of Worcester, and chairman of committee; the Lord Bishop of Ely, and Florence Compton, members of committee; G. W. Crowe, M.D., and Tom Bates, M.R.C.S., members of the Council of the Order of St. John; Janet Topping, lady superintendent of nurses.

*Some Scotch and Irish Hospitals and Institutions.***Banff: Chalmer's Hospital.**

Robert Duncan, treasurer; W. Ferguson, visiting surgeon; A. S. Ingrew, lecturer to nurses; E. M. C. Gray, matron.

City of Dublin Hospital.

Susan Beresford, lady superintendent.

City of Dublin Hospital—Nursing Institution.

Gerald Fitzgibbon, Lord Justice of Appeal; J. D. Pratt, F.R.C.S., honorary secretary; E. L. Fitzgerald, M.D., and R. W. Harley, directors; Annie Fitzgerald, manager.

Edinburgh Royal Infirmary.

Thomas Annandale, regius professor of clinical surgery; John Duncan, lecturer on clinical surgery, senior ordinary surgeon; J. O. Affleck, M.D., lecturer on clinical medicine and ordinary physician; J. Halliday Croom, M.D., lecturer on diseases of women, and ordinary physician; A. G. Miller, ordinary surgeon; John Chiene, professor of surgery; P. H. Maclaren, ordinary surgeon; Andrew Smart, M.D., senior assistant physician; Alexander James, M.D., assistant physician; Charles W. Cathcart, assistant surgeon; F. E. Spencer, superintendent of nurses; Annie Grant, assistant superintendent of nurses and teacher of probationers; C. H. Fasson, D.S.G., superintendent.

Glasgow Fever Hospital.

Amelia Sinclair, matron.

Glasgow Royal Infirmary.

Hugh Brown, chairman; M. Thomas, M.D., medical superintendent; Annie Eleanor Wood, matron.

Glasgow Western Infirmary.

William Kerr, chairman; James Finlayson, M.D., physician, formerly lecturer to nurses; Hugh Cameron, surgeon; John Alexander and David Newman, lecturers to nurses; A. W. Russell, M.D., medical superintendent; Elizabeth Clyde, matron.

— II. —

To the Right Honourable the President of the Board of Trade.

The humble Petition of the undersigned Physicians and Surgeons, who are directly concerned in, or have given large attention to, the Education of Nurses in the Nurse-Training Schools of Great Britain,

Showeth, as follows :

It has recently come to our knowledge that a self-constituted body of ladies and gentlemen, styling itself the British Nurses' Association, has applied to the Board of Trade for a license under the 23rd section of the Companies' Act of 1867, and that under Clause 8 of its Memorandum of Association it proposes—

“To form, control, and carry on,—

- (1.) A register of trained nurses.
- (2.) A register of certificated midwives, and to determine from time to time what tests shall be specified by candidates for registration, as evidence that they possess skill and knowledge in their profession ; ”

or, in other words, that the British Nurses' Association aims at exercising, under cover of a license from the Board of Trade, the power of granting certificates of competency in nursing, and so of controlling the education of nurses, a power such as has hitherto only been conferred on really representative bodies, by Royal Charter, or by special Act of Parliament, and is not within the scope of the Companies' Acts.

Against this scheme of registration we desire to protest on the following grounds :

1. That a self-appointed association, such as the British Nurses' Association, is not a fitting or competent authority to determine, in the interests either of the nursing profession or of the general public, who should be put on the register, or who should be excluded from it.

2. That no written or oral examination of nurses in the technical details of their duties can possibly lead to any approximate estimate of their real fitness and competence as nurses, and least of all an examination conducted apart from hospitals, and by persons not specially qualified ; for a nurse's qualifications depend mainly on practical experience, or natural gifts and moral qualities, which a mere examination, however well conducted, can never adequately test.

3. That the effect of the proposed register of nurses, by granting certificates of competency professing to be authoritative, while being necessarily imperfect and untrustworthy, would be to mislead instead of guiding both the public and medical practitioners, and to lower the standard of nursing by placing numbers of insufficiently trained and inferior nurses on the same level as their highly-trained and thoroughly competent sisters.

4. That the authorities of the nurse-training schools are alone in a position, from their experience and special knowledge, and from their intimate acquaintance with the individual nurses who have been trained under their care, to certify who are fit and properly-trained nurses, and that the certificates of efficiency given by them are sufficient, and are infinitely more valuable and trustworthy than any certificates otherwise acquired could possibly be.

5. That no association, having for its object to test and guarantee by certificate the educational and other qualifications of its members, has ever yet had accorded to it such powers and privileges as the British Nurses' Association aims at acquiring, until it has been shown by actual results that its action has been beneficial to the public and to the body it purports to represent, and that it has the support of the leading members, as well as of the large majority of the rank and file, of that body. The large nurse-training schools of Great Britain, including the Nightingale School, to whose labours the vast improvement which has of late years taken place in the education and status of the nurses is wholly attributable, are, almost without exception, unrepresented in the British Nurses' Association and are opposed to its registration scheme.

Sir W. Bowman, Bart., F.R.S., Member of Council of Nightingale Fund.

J. S. Bristowe, M.D., F.R.S., Senior Physician to St. Thomas's Hospital, and Lecturer to the Nightingale Training School.

John Croft, F.R.C.S., Senior Surgeon to St. Thomas's Hospital, Lecturer on Anatomy and Surgery to the Nightingale Training School.

Sydney Jones, M.B., Consulting Surgeon to St. Thomas's Hospital, and Member of the Council of the Royal College of Surgeons.

H. Gervis, M.D., Consulting Obstetric Physician to St. Thomas's Hospital.

Thomas Bryant, President of the Royal College of Surgeons, England, Consulting Surgeon to Guy's Hospital.

G. Newton Pitt, M.D., Physician to Guy's Hospital, formerly Instructor of Nurses.

J. W. Washbourne, M.D., Physician to Guy's Hospital, and Instructor of Nurses.

E. C. Perry, M.D., Physician to Guy's Hospital, formerly Instructor of Nurses.

W. Arbuthnot Lane,

- W. Arbuthnot Lane*, F.R.C.S., Assistant Surgeon to Guy's Hospital, Instructor of Nurses.
- J. C. Steele*, M.D., Medical Superintendent, Guy's Hospital.
- W. H. Allchen*, M.B., Physician to Westminster Hospital, and to Westminster Training School and Home for Nurses.
- Thomas Bond*, F.R.C.S., Surgeon to Westminster Hospital.
- F. de Havilland Hall*, M.D., Physician to Out-patients, Westminster Hospital.
- George Cowell*, F.R.C.S., Senior Surgeon to Out-patients, Westminster Hospital.
- J. B. Potter*, M.D., Obstetric Physician to Out-patients, Westminster Hospital.
- C. N. Macnamara*, Surgeon to Westminster Hospital, and Member of Council of Royal College of Surgeons.
- Stanley Boyd*, M.B., F.R.C.S., Surgeon to Charing Cross Hospital, and Lecturer to Nurses.
- Frederick Willcock*, M.D., Physician to Out-patients, Charing Cross Hospital, and Lecturer to Nurses.
- John Curnow*, M.D., Dean of the Medical Faculty, King's College, and Lecturer to Nursing Staff.
- Henry G. Sutton*, M.D., Physician to the London Hospital.
- Stephen Mackenzie*, M.D., Physician to the London Hospital.
- Fredk. Treves*, F.R.C.S., Surgeon to the London Hospital, late Lecturer to the Nursing School.
- A. Ernest Sansom*, M.D., Physician to the London Hospital, late Lecturer to the Nursing School.
- James Anderson*, M.D., Assistant Physician to the London Hospital, and Lecturer to the Nursing School.
- Charles Mansell Moullin*, F.R.C.S., Surgeon to the London Hospital.
- T. Gilbert Smith*, M.D., Physician to the London Hospital.
- Warren Tay*, F.R.C.S., Senior Surgeon to the London Hospital.
- Fredk. S. Eve*, F.R.C.S., Assistant Surgeon to the London Hospital.
- Thomas H. Openshaw*, F.R.C.S., Assistant Surgeon to the London Hospital.
- Fredk. H. Smith*, B.A., M.B., Medical Registrar, London Hospital.
- W. A. Mackinnon*, C.B., Director General, Army Medical Staff.
- J. B. C. Reade*, C.B., Surgeon General, Army Medical Staff.
- W. Nash*, M.D., Brigade Surgeon, Medical Staff.
- S. B. Partridge*, Deputy Surgeon General, Medical Staff.
- Charles D. Madden*, Surgeon General, Medical Staff.
- Sir Thomas Longman*, C.B., Surgeon General (retired), Professor of Military Surgery, Army Medical School.
- Sir W. Aitken*, M.D., F.R.S., Professor of Physiology, Army Medical School.
- J. Lune Nater*, M.A., M.D., Professor of Military Hygiene, Army Medical School.
- A. M. Davies*, M.R.C.S., Assistant Professor of Military Hygiene, Army Medical School.
- W. D. Stevenson*, Assistant Professor of Military Medicine, Army Medical School.
- John E. Morgan*, M.D., M.A., Professor of Medicine in Victoria University, Manchester.
- Jas. Ross*, M.D., LL.D., Physician to Manchester Royal Infirmary, Professor of Medicine, Victoria University.
- Thomas Harris*, M.D., Assistant Physician, Manchester Royal Infirmary.
- Judson S. Bury*, M.D., Assistant Physician, Manchester Royal Infirmary.
- D. J. Leech*, M.D., Physician, Manchester Royal Infirmary.
- James Barr*, M.D., Physician, Northern Hospital, Liverpool.
- Edward H. Dickenson*, M.D., Senior Physician, Northern Hospital, Liverpool.
- J. Dreschfeld*, M.D., Physician, Manchester Royal Infirmary, Professor of Pathology, Owens College.
- T. Cumming Askin*, M.D., House Physician, Northern Hospital, Liverpool.
- Chauncy Puzey*, M.R.C.S., Surgeon, Northern Hospital, Liverpool.
- Daniel Harrison*, F.R.C.S., Surgeon, Northern Hospital, Liverpool.
- G. G. Hamilton*, M.B., Surgeon, Northern Hospital, Liverpool.
- R. D. Mothersole*, M.B., House Surgeon, Northern Hospital, Liverpool.
- W. Alexander*, F.R.C.S., Chairman of Medical Board, Royal Southern Hospital, Liverpool.
- John Cameron*, M.D., Senior Physician, Royal Southern Hospital, Liverpool.
- Horace Swete*, M.D., Physician, Worcester General Infirmary.
- Geo. W. Crowe*, M.D., Physician, Worcester General Infirmary.
- E. Walpole Simmons*, M.D., Physician, Worcester General Infirmary.
- H. G. Budd*, Surgeon, Worcester General Infirmary.

T. Bate, Surgeon, Worcester General Infirmary.
G. Hyde, Surgeon, Worcester General Infirmary.
G. R. J. Fletcher, House Surgeon, Worcester General Infirmary.
Thomas Annandale, Surgeon, Edinburgh Royal Infirmary, and Professor of Clinical Medicine, University of Edinburgh.
John Chiene, Surgeon to the Edinburgh Royal Infirmary, and Professor of Systematic Surgery, University of Edinburgh.
John Duncan, President of the Royal College of Surgeons, Edinburgh, and Surgeon to the Royal Infirmary.
A. G. Miller, Surgeon to the Royal Infirmary, Edinburgh.
Charles W. Cathcart, Assistant Surgeon to the Royal Infirmary, Edinburgh.
James Hodsdon, Assistant Surgeon to the Royal Infirmary, Edinburgh.
James Finlayson, Physician to Glasgow Western Infirmary, and formerly Lecturer to Nurses.
Wm. J. Fleming, Surgeon, Royal Infirmary, Glasgow, and late Lecturer on Surgical Nursing, Royal and Western Infirmaries.

— III. —

MISS NIGHTINGALE AND THE REGISTRATION OF NURSES.

AT a meeting of the representatives of hospitals and training schools recently held at St. Thomas's Hospital, Mr. Rathbone, M.P., speaking on behalf of the Nightingale Training School for Nurses, against the recognition by the Board of Trade of the establishment of a registry of trained nurses by the Royal British Nurses' Association, said :—

"I regret extremely that we are deprived to-day of the presence of Mr. Bonham-Carter, who has been, from soon after its foundation, the Secretary of the Nightingale School, the parent of so many of the nursing training schools throughout the kingdom, and of the reform of hospital nursing. It is at his request, and in accordance with the wish of Miss Nightingale, that I attend here to-day, as one of the Executive Committee of the Training School of the Nightingale Fund, to say in Miss Nightingale's own words, that she does 'not think that a system of registration such as that proposed, is for the benefit of the nurses.' It would be most unfortunate if personal antagonisms and rival claims should be mixed up with the vital question as to a system of registration, such as that adopted by the British Nurses' Association, being for the benefit either of the nurses themselves, or of the public. There seems an almost complete consensus of opinion on the part of all those who have done most of the training and improvement of nurses during the last 30 years, that the scheme of a general register would tend to confuse and mislead the public, and, so far from promoting the improvement of nursing in this kingdom, that it would tend to check its further progress; nay, more, that it would tend seriously to lower the standard which we have, to some extent, attained, and to stereotype a standard of nursing dangerously low for both rich and poor. Such results could not be otherwise than injurious to the interests of both nurses and the public. It is certain that the plan proposed will recommend to the confidence of the public a great number of utterly untrustworthy, incompetent nurses, and it will be practically very difficult to take their names off the register, though they may have proved themselves unworthy of such confidence. If it be asked, what alternative have we to propose in order to protect the public from incompetent nurses, and guarantee to them efficient nurses, I should reply, that it would require the most careful consideration, and the combined wisdom of those who have been so long at work in raising the standard of nursing and the supply to the public of good nurses, to contrive and organise a safe alternative. It is only about 30 years since the public, or even the hospital authorities, became alive to the necessity of thoroughly trained nurses. The number of good, well-trained nurses is increasing rapidly, but they are still very few, in comparison to the large majority who are imperfectly trained or incompetent. As Miss Nightingale has said, '20 or 30 years hence, when so much progress has been made, that our present time is looked back upon as the time of bad nursing, this registration might do.' In a recent letter to me on the subject, Miss Nightingale says, 'You cannot select the good from the inferior nurses by any test or system of examination. But most of all, and first of all, must their moral qualifications be made to stand pre-eminent in estimation. All this can only be secured by the current supervision, tests, or examinations, which they receive in their training school or hospital, not by any examination from 'a foreign body' like that proposed by the British Nurses' Association. Indeed, those who came off best in such would probably be the ready and forward, not the best nurses.' It is not only that those experienced in nursing work consider the proposal dangerous, but I believe it is without precedent to give public official recognition to a body like this, who have no successful experience to produce against the protest of the great body of those who have been most instrumental in raising the standard of nursing and improving and elevating the position of nurses.

APPENDIX L.

PAPERS handed in by Mr. Henry C. Burdett.

LONDON HOSPITALS WITH MEDICAL SCHOOLS (AVERAGES OF YEARS 1887, 1888, AND 1889).

PATIENTS' BEDS AND COMPARATIVE COSTS.

N A M E.	Number of Beds.	Daily Average Number of Beds occupied.	Number of In-patients.	Number of Out-patients.	Number of Lying-in Cases attended.	Average Cost of each Bed occupied.*	Average Cost of each Bed occupied on the Total Expenditure.†	Average Cost of each In-patient.	Proportion of In-patients to each Bed occupied (Average).	R E M A R K S.
1. London	781	635	8,344	102,382	2,229	£. s. d. 74 1 1	£. s. d. 89 16 -	£. s. d. 5 12 9	13 to 1	* Arrived at by dividing the total expenditure after deducting 1s. for each out-patient, and all extraordinary expenditure.
2. Guy's	503	417	5,145	37,062	2,885	81 - 3	88 11 2	6 11 4	12 to 1	
3. St. George's	352	304	4,032	24,676	416	80 6 5	92 3 10	6 1 2	13 to 1	† Arrived at by dividing the total expenditure without said deduction.
4. Middlesex	310	250	2,715	33,857	863	86 1 5	105 8 10	7 18 6	11 to 1	
5. St. Mary's	280	248	3,353	15,759	562	77 9 10	85 9 -	5 14 7	13 to 1	* Arrived at by dividing the total expenditure after deducting 1s. for each out-patient, and all extraordinary expenditure.
6. University College	208	176	2,763	38,576	2,123	93 9 5	107 17 6	5 18 10	15 to 1	
7. King's College	206	159	1,933	15,186	715	101 6 6	126 8 6	8 6 8	12 to 1	† Arrived at by dividing the total expenditure without said deduction.
8. Westminster	205	174	2,554	22,682	245	65 16 1	81 8 7	4 9 8	14 to 1	
9. Charing Cross	177	136	1,835	20,367	70	93 19 8	101 9 5	6 19 3	13 to 1	* Arrived at by dividing the total expenditure after deducting 1s. for each out-patient, and all extraordinary expenditure.
10. Royal Free	150	134	1,893	23,197	-	69 13 3	79 5 10	4 18 7	14 to 1	
11. London Homeopathic	94	55	820	9,925	-	72 12 2	84 4 -	4 17 5	15 to 1	† Average of years 1888 and 1889 only.
TOTAL	3,266	2,688	35,392	346,669	10,108	80 7 9	93 13 10	6 2 1	13 to 1	

DETAILED ANALYSIS OF EXPENDITURE UNDER ALL HEADS.

N A M E.	PROVISIONS.		ALCOHOL.		DOMESTIC EXPENSES.		SURGERY AND DISPENSARY.		SALARIES AND WAGES.		PENSIONS.		REPAIRS.		EXTRAORDINARY EXPENSES.		INCIDENTAL EXPENSES.		TOTAL.
	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	
1. London	£. s. d. 14,890 14 9	£. s. d. 23 9 -	£. s. d. 1,463 13 4	£. s. d. 2 6 1	£. s. d. 7,258 11 10	£. s. d. 11 13 5	£. s. d. 4,722 2 5	£. s. d. 11 7 8	£. s. d. 14,660 12 9	£. s. d. 23 1 9	£. s. d. 509 6 8	£. s. d. - 16 -	£. s. d. 2,369 10 11	£. s. d. 3 14 8	£. s. d. 4,880 3 11	£. s. d. 7 13 8	£. s. d. 2,998 19 -	£. s. d. - 4 14 6	£. s. d. 57,024 5 1
2. Guy's	6,189 3 5	14 16 10	397 - 3	- 19 -	4,866 17 1	11 13 5	2,914 - 7	9 11 8	11,748 2 5	28 3 6	1,286 19 11	3 - -	2,988 11 3	7 3 4	1,295 2 -	3 2 1	3,435 12 9	8 4 9	36,929 11 6
3. St. George's	7,327 5 2	24 2 1	986 2 -	3 4 11	4,233 19 4	13 18 6	2,914 - 7	9 11 8	6,629 6 7	21 16 1	295 15 6	- 19 3	2,159 - -	7 2 -	2,374 2 5	7 10 2	1,108 18 2	3 12 11	28,026 11 9
4. Middlesex	6,683 3 7	26 14 7	489 4 -	1 19 1	4,249 13 2	17 - -	2,210 13 6	8 16 10	5,912 15 6	23 13 -	191 7 7	- 15 3	1,211 2 -	4 16 11	3,149 14 1	12 12 -	2,263 3 11	9 1 1	26,360 17 4
5. St. Mary's	6,763 12 9	27 7 1	660 11 8	2 13 3	3,170 15 3	12 15 9	3,121 15 9	12 11 9	4,268 6 17	4 2 2	108 6 8	- 8 8	673 4 6	2 14 3	1,186 3 7	4 15 8	1,219 11 10	4 18 4	21,192 8 5
6. University College	3,569 18 8	20 5 8	378 8 11	2 3 -	3,009 14 3	17 2 -	2,816 7 1	16 - -	5,756 13 9	32 17 7	- - -	- - -	1,010 2 8	5 14 9	606 12 7	3 8 11	1,808 5 9	10 5 6	18,986 3 8
7. King's College	4,274 9 9	26 17 8	291 18 1	1 16 8	4,080 8 11	25 13 3	2,239 9 -	14 1 8	3,728 13 4	23 9 -	- - -	- - -	1,029 2 5	6 9 5	3,081 7 6	19 7 7	1,376 3 5	8 13 1	20,101 12 5
8. Westminster	3,810 12 5	21 18 -	285 8 2	1 12 9	2,182 13 2	12 10 10	1,506 4 -	8 13 1	3,407 14 2	19 11 8	50 - -	- 5 9	561 6 3	3 4 6	1,584 13 11	9 2 2	780 2 6	4 9 8	14,168 14 7
9. Charing Cross	3,053 4 -	22 9 -	303 4 7	2 4 7	2,564 9 6	18 17 1	1,718 3 3	12 12 8	4,061 6 7	29 17 3	14 3 4	- 2 1	774 7 11	5 13 10	- - -	- - -	1,311 9 3	9 12 10	13,800 8 5
10. Royal Free	2,737 15 7	20 8 7	319 2 7	2 7 8	1,832 17 9	13 13 7	1,374 3 3	10 5 1	2,806 11 10	20 18 11	25 13 4	- 3 10	515 13 6	3 17 -	130 17 -	- 19 6	882 11 11	6 11 9	10,625 6 9
11. London Homeopathic	1,736 - 3	31 11 3	68 4 10	1 4 10	950 6 8	17 5 7	371 8 1	6 15 1	734 19 5	13 7 3	- - -	- - -	87 15 7	1 11 11	141 5 10	2 11 5	541 - 6	9 16 9	4,631 1 2
TOTAL	61,056 - 4	22 14 3	5,642 18 5	2 2 -	38,400 6 11	14 5 9	30,986 18 10	11 10 7	63,745 4 10	23 14 4	2,479 13 -	- 18 5	13,379 17 -	4 19 6	18,430 2 10	6 17 1	17,725 19 -	6 11 11	251,847 1 1

LONDON GENERAL HOSPITALS WITHOUT MEDICAL SCHOOLS.

PATIENTS' BEDS AND COMPARATIVE COSTS.

N A M E.	Number of Beds.	Daily Average Number of Beds occupied.	Number of In-patients.	Number of Lying-in Cases Attended.	Average Cost of each Bed occupied ^a .		Average Cost of each Bed occupied on the Total Expenditure ^f .	Average Cost of each In-patient.	Proportion of In-patients to each Bed occupied (Average).	R E M A R K S.
					£. s. d.	£. s. d.				
28. Seamen's	225	189	2,211	3	57 18 11	£. s. d.	£. s. d.	£. s. d.	11 to 1	* Arrived at by dividing the total expenditure, after deducting 1 s. for each out-patient, and all extraordinary expenditure.
29. Metropolitan	132	24	248	—	141 — —	174 17 11	13 12 11	5 6 3	10 to 1	
30. German	125	106	1,395	—	68 14 —	77 4 5	5 4 4	13 11	13 1/2	
31. West London	101	84	1,300	—	55 16 2	70 14 1	3 12 1	15 to 1	15 to 1	
32. Great Northern Central	57	53	673	—	77 1 9	90 8 11	6 1 5	13 to 1	13 to 1	
33. Poplar Hospital for Accidents	50	36	691	—	70 4 3	84 19 7	3 13 1	19 to 1	19 to 1	
34. North West London	46	39	569	—	68 7 7	84 13 9	4 13 9	14 to 1	14 to 1	
35. French	36	28	381	—	80 1 3	86 3 11	5 17 8	14 to 1	14 to 1	
36. Miller Hospital	24	17	202	878	148 14 8	189 3 1	12 10 4	12 to 1	12 to 1	† Arrived at by dividing the total expenditure without said deduction.
37. Blackheath and Charlton Cottage Hospital	18	9	111	—	86 7 9	88 11 11	7 — 1	12 to 1	12 to 1	
38. Italian	15	11	218	—	62 13 —	74 17 10	3 5 9	18 to 1	18 to 1	
TOTAL	829	596	7,999	881	70 4 6	80 11 1	5 4 8		13 to 1	

DETAILED ANALYSIS OF EXPENDITURE UNDER ALL HEADS.

N A M E.	PROVISIONS.		ALCOHOL.		DOMESTIC EXPENSES.		SURGERY AND DISPENSARY.		SALARIES AND WAGES.		REPAIRS.		EXTRAORDINARY EXPENSES.		INCIDENTAL EXPENSES.		TOTAL.
	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	
28. Seamen's	£. s. d. 4,063 6 9	£. s. d. 21 10 —	£. s. d. 407 7 11	£. s. d. 2 3 1	£. s. d. 1,417 14 6	£. s. d. 7 10 —	£. s. d. 909 9 6	£. s. d. 4 16 3	£. s. d. 3,004 16 7	£. s. d. 15 18 —	£. s. d. 412 4 —	£. s. d. —	£. s. d. 1,004 10 11	£. s. d. 6 3	£. s. d. 11,251 16 2	£. s. d. 2	
29. Metropolitan	705 18 6	37 14 11	31 15 —	1 6 5	403 9 11	16 16 3	795 19 10	33 3 4	1,329 10 6	55 7 11	146 16 6	6 2 4	584 — 4	24 6 8	4,197 10 7	7	
30. German	2,489 7 —	23 9 8	413 14 11	3 18 1	1,158 15 6	10 18 7	908 13 1	8 11 5	1,690 10 2	15 18 11	547 14 6	5 3 4	977 1 9	9 4 4	8,186 16 11	11	
31. West London	1,503 8 4	17 17 11	201 — 4	2 7 10	828 14 7	9 17 4	967 6 7	11 10 4	1,599 17 —	19 — 11	227 3 8	2 14 1	310 10 5	3 13 11	5,939 5 1	8	
32. Great Northern Central	1,110 19 1	20 19 3	59 11 3	1 2 6	772 17 1	14 11 8	722 9 1	13 12 7	1,261 1 1	23 15 10	39 6 1	— 14 10	757 15 9	14 5 11	4,793 13 8	1	
33. Poplar Hospital for Accidents	871 7 5	24 4 1	68 5 10	1 17 11	265 14 10	7 7 7	410 4 1	11 7 11	902 3 —	25 1 2	119 — 10	3 4 4	422 9 10	11 14 8	3,059 5 10	10	
34. North West London	1,038 12 10	26 12 8	106 12 9	2 14 8	368 15 8	9 9 1	435 7 8	11 3 3	641 19 4	16 9 3	125 10 3	3 4 4	597 8 6	15 6 4	3,314 7 —	7	
35. French	784 — 2	28 — —	— — —	— — —	300 2 4	10 14 4	301 2 3	10 15 1	439 8 11	15 13 11	78 19 6	2 16 5	509 17 11	18 4 3	2,413 11 1	6	
36. Miller Hospital	626 — 4	36 16 6	73 3 2	4 6 1	358 18 6	21 2 3	1,100 1 10	64 14 3	801 1 8	47 2 5	84 15 8	4 19 9	171 12 4	70 1 11	3,215 13 6	1	
37. Blackheath and Charlton Cottage Hospital.	301 5 2	33 9 6	21 12 4	2 8 —	129 10 —	14 7 9	57 3 7	6 7 1	130 1 4	14 9 —	18 5 10	2 — 8	139 8 9	15 9 10	797 7 —	7	
38. Italian	288 9 3	28 4 6	22 17 2	2 1 7	120 — 10	10 18 3	121 1 9	11 — 2	113 16 8	1 6 11	82 16 11	7 10 7	85 19 8	7 16 4	843 3 3	3	
TOTAL	£. 13,982 14 10 1/2	23 9 3 1/2	1,406 — 8 1/2	2 7 2 1/2	6,124 13 9	10 5 6	6,728 19 3	11 5 10	11,914 6 3	19 19 10	1,882 13 9	370 18 5	5,560 16 2	9 6 7	48,011 10 1	1	

§ Approximate, alcohol being included in provisions in one case.

† Included in Provisions.

PROVINCIAL, SCOTCH AND IRISH HOSPITALS WITH MEDICAL SCHOOLS.

PATIENTS, BEDS, AND COMPARATIVE COST.—(Average of Three Years, 1887, 1888, and 1889.)

N A M E.	Number of Beds.	Daily Average Number of Beds Occupied.	Number of In- Patients.	Number of Out- Patients.	Number of Lying-in Cases Attended.	Average Cost of each Bed Occupied.*	Average Cost of each Bed Occupied on the Total Expendi- ture.†	Average Cost of each In- Patient.	Proportion of In-Patients to each Bed Occupied (Average).
PROVINCIAL.						£. s. d.	£. s. d.	£. s. d.	
General Infirmary, Leeds -	320	283	4,703	29,316	568	52 3 2	57 14 6	3 2 9	16 to 1
Royal Infirmary and Dispensary, Manchester - -	298	258	4,322	31,615	—	57 13 1	64 7 11	3 8 10	17 to 1
General Hospital, Birmingham	280	229	3,628	43,852	—	54 7 7	65 11 8	3 8 8	16 to 1
Royal Infirmary, Newcastle-on-Tyne - - - - -	270	240	3,105	7,337	—	48 6 8	49 17 3	3 14 9	13 to 1
Bristol Royal Infirmary - -	264	211	3,196	29,240	104	50 8 6	67 8 8	3 6 7	15 to 1
Liverpool Royal Infirmary -	211	121	1,645	7,011	—	50 2 5	60 - 9	3 13 9	13 to 1
Royal Southern Hospital, Liverpool - - - - -	200	171	2,040	7,852	—	42 15 10	45 1 9	3 11 9	12 to 1
Sheffield General Infirmary -	200	160	1,800	8,219	—	52 15 1	55 8 10	4 13 9	11 to 1
Addenbrooke's Hospital, Cambridge - - - - -	141	115	1,052	4,923	—	49 - 10	51 5 -	5 7 3	9 to 1
Radcliffe Infirmary, Oxford † -	138	99	1,310	5,870	—	68 18 2	71 17 5	5 4 1	13 to 1
Queen's Hospital, Birmingham	120	109	1,852	28,646	327	56 - 4	69 2 11	3 5 11	17 to 1
TOTAL - - -	2,442	1,996	28,653	203,881	999	52 9 3	59 7 11	3 13 1	14 to 1
SCOTCH AND IRISH.									
Royal Infirmary, Edinburgh -	690	634	8,153	30,000	—	52 14 4	55 1 8	4 2 -	13 to 1
Glasgow Royal Infirmary -	555	515	5,080	32,064	—	45 - 1	48 5 6	4 11 3	10 to 1
Western Infirmary, Glasgow -	400	370	3,638	13,378	23	47 9 2	49 5 4	4 16 6	10 to 1
Dr. Steeven's Hospital, Dublin	220	76	1,169	11,339	—	59 5 5	66 14 8	3 17 1	15 to 1
Belfast Royal Hospital - -	196	134	2,151	18,319	—	43 5 10	50 2 6	2 13 11	16 to 1
Adelaide Hospital, Dublin -	135	90	955	20,000	—	60 12 7	71 14 10	5 14 3	11 to 1
Meath General Hospital, Dublin - - - - -	116	87	1,204	8,910	—	45 17 1	62 9 5	3 6 3	14 to 1
TOTAL - - -	2,312	1,906	22,350	134,010	23	49 5 5	53 7 1	4 4 -	12 to 1

* Arrived at by dividing the daily average number of beds occupied into the total expenditure, after deducting 1s. for each out-patient, and all extraordinary expenditure.

† Arrived at by dividing the daily average number of beds occupied into the total expenditure, without such deduction.

‡ 1889 only.

PROVINCIAL, SCOTCH AND IRISH HOSPITALS WITH MEDICAL SCHOOLS.

DETAILED ANALYSIS OF EXPENDITURE UNDER ALL HEADS.—(Average of 1887, 1888 and 1889.)

NAME.	PROVISIONS.		ALCOHOL.		DOMESTIC EXPENSES.		SURGERY AND DISPENSARY.	
	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.
PROVINCIAL.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.
General Infirmary, Leeds -	5,277 1 7	18 12 11	181 10 -	- 12 10	2,364 12 10	8 7 1	2,662 9 5	9 8 2
Royal Infirmary and Dispensary, Manchester - - -	4,932 15 5	19 2 5	277 4 7	1 1 6	1,741 18 -	6 15 -	2,331 15 8	9 - 9
General Hospital, Birmingham -	4,578 16 7	19 19 11	373 10 7	1 12 7	2,566 12 2	11 4 2	2,240 12 5	9 15 8
Royal Infirmary, Newcastle-on-Tyne - - - -	4,417 13 3	18 8 2	176 10 8	- 14 8	1,715 12 5	7 3 -	1,805 1 7	7 10 5
Bristol Royal Infirmary -	3,727 2 11	17 13 3	236 16 3	1 2 5	2,440 17 8	11 11 4	1,692 1 9	8 - 5
Liverpool Royal Infirmary -	2,482 1 10	20 10 3	292 16 3	2 8 5	1,046 5 3	8 12 11	839 5 6	6 18 9
Royal Southern Hospital, Liverpool - - - -	2,714 18 4	15 17 6	192 18 4	1 2 7	1,622 6 5	9 9 9	756 9 8	4 8 6
Sheffield General Infirmary -	3,198 1 3	19 19 9	349 13 5	2 3 8	1,426 - 9	8 18 3	1,342 14 6	8 7 10
Addenbrooke's Hospital, Cambridge - - - -	2,270 17 8	19 14 11	103 11 8	- 18 -	1,014 19 9	8 16 6	752 17 11	6 10 11
Radcliffe Infirmary, Oxford * -	2,313 9 7	23 7 4	208 16 -	2 2 2	1,186 6 2	11 19 8	935 5 6	9 8 11
Queen's Hospital, Birmingham -	1,960 13 8	17 19 9	226 5 3	2 1 6	1,001 - 3	9 3 8	1,114 4 7	10 4 5
TOTAL - - £.	37,873 12 1	18 19 6	2,619 13 -	1 6 3	18,126 11 8	9 1 7	16,472 18 6	8 5 1
SCOTCH AND IRISH.								
Royal Infirmary, Edinburgh -	12,663 7 3	19 19 6	793 6 3	1 5 -	5,745 - 3	9 1 3	3,949 17 10	6 4 7
Glasgow Royal Infirmary -	—†	—†	—†	—†	20,992 16 6	40 15 3	—†	—†
Western Infirmary, Glasgow -	7,333 17 3	19 16 5	279 9 1	- 15 1	2,322 19 10	6 5 7	2,133 17 4	5 15 4
Dr. Steven's Hospital, Dublin -	1,790 17 7	23 11 3	154 2 10	2 - 7	851 19 6	11 4 3	435 5 2	5 14 6
Belfast Royal Hospital - -	2,498 13 -	18 12 11	102 5 8	- 15 3	992 - 7	7 8 1	946 18 2	7 1 4
Adelaide's Hospital, Dublin -	2,237 8 4	24 17 3	92 19 8	1 - 8	1,187 19 10	13 4 -	505 13 11	5 12 4
Meath General Hospital, Dublin	1,638 13 5	18 16 8	108 4 7	1 4 11	718 18 4	8 5 3	450 8 8	5 3 7
TOTAL - - £.	28,162 16 10†	20 4 11†	1,530 8 1†	1 2 -†	11,818 18 4†	8 9 11†	8,422 1 1†	6 1 1†
					20,992 16 6§	40 15 3§		

* 1889 only.

† Included in domestic expenses.

‡ Exclusive of Glasgow Royal Infirmary.

PROVINCIAL, SCOTCH AND IRISH HOSPITALS WITH MEDICAL SCHOOLS.

DETAILED ANALYSIS OF EXPENDITURE UNDER ALL HEADS.—(Average of 1887, 1888 and 1889.)

SALARIES AND WAGES.		PENSIONS.		REPAIRS.		EXTRAORDINARY EXPENSES.		INCIDENTAL EXPENSES.		TOTAL.
Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	Amount.	Average Cost per Bed occupied.	
£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.
4,062 13 -	14 7 1	6 13 4	- - 6	600 4 8	2 2 5	109 6 6	- 7 9	1,071 9 1	3 15 9	16,336 - 5
5,311 11 7	20 11 9	—	—	761 7 10	2 19 -	158 15 5	- 12 4	1,099 3 7	4 5 3	16,614 12 1
3,553 17 9	15 10 5	248 5 -	1 1 8	310 1 9	1 7 1	373 16 8	1 12 8	773 9 1	3 7 7	15,019 2 -
2,181 16 5	9 1 10	26 14 6	- 2 3	849 - 10	3 10 9	—	—	794 13 9	3 6 3	11,967 3 5
3,185 9 8	15 1 11	—	—	363 12 4	1 14 6	2,126 12 7	10 1 7	456 2 10	2 3 3	14,228 16 -
1,266 10 2	10 9 4	—	—	168 7 8	1 7 10	849 7 6	7 - 5	320 - 8	2 12 11	7,264 14 10
1,776 4 4	10 7 9	—	—	398 1 5	2 6 7	—	—	248 16 9	1 9 1	7,709 15 3
1,834 16 10	11 9 4	—	—	195 16 7	1 4 6	18 8 5	- 2 4	504 16 4	3 3 1	8,870 8 1
1,188 18 9	10 6 9	53 6 8	- 9 3	299 17 7	2 12 2	7 13 8	- 1 4	201 9 2	1 15 1	5,893 12 10
1,629 2 9	16 9 1	—	—	444 12 10	4 9 9	—	—	397 16 10	4 - 4	7,115 9 8
2,537 17 2	23 5 8	—	—	272 7 3	2 10 -	—	—	424 7 2	3 17 10	7,536 15 4
28,528 18 5	14 5 10	334 19 6	- 3 4	4,663 10 9	2 6 9	3,644 - 9	1 16 6	6,292 5 3	3 3 1	118,556 9 11
8,840 17 10	13 18 11	317 4 5	- 10 -	852 4 11	1 6 11	—	—	1,760 6 8	2 15 6	34,922 5 5
2,064 14 3	4 - 2	—	—	1,109 1 8	2 3 1	80 9 7	- 3 2	614 2 1	1 3 10	24,861 4 1
4,944 1 11	13 7 3	—	—	505 9 3	1 7 4	—	—	709 3 1	1 18 4	18,228 17 9
1,006 15 1	13 4 11	—	—	344 14 -	4 10 8	—	—	487 18 3	6 8 5	5,071 12 5
1,630 16 10	12 3 5	37 17 -	- 5 8	167 7 11	1 5 -	—	—	340 19 3	2 10 10	6,716 18 5
1,555 9 6	17 5 8	—	—	436 9 2	4 17 -	—	—	440 15 3	4 17 11	6,456 15 8
833 10 10	9 11 7	70 - -	- 16 1	332 13 11	3 16 6	1,000 - -	11 9 11	282 10 6	3 4 11	5,435 - 3
20,876 6 3	10 19 1	425 1 5	- 4 5	3,748 - 10	1 19 4	1,080 9 7	2 2 10	4,635 15 1	2 8 8	101,692 14 -

§ Glasgow Royal Infirmary, inclusive of provisions, alcohol, and surgery and dispensary.

APPENDIX M.

PAPER handed in by Mr. *Henry C. Burdett*.

FORM OF INCOME AND EXPENDITURE ACCOUNT NOW UNDER

Hospital; for the

Dr.

INCOME AND

[illegible]

* If any parts of these be derived from special efforts, they should be so stated.

APPENDIX M.

PAPER handed in by Mr. *Henry C. Burdett*.

CONSIDERATION OF LONDON HOSPITAL AUTHORITIES.*

Year ending the 31st of December 189 .

EXPENDITURE ACCOUNT. Cr.

EXPENDITURE.							£.	s.	d.	£.	s.	d.	£.	s.	d.	
MAINTENANCE EXPENSES.																
†PROVISIONS :																
Bread	-	-	-	-	-	-										
Butter and cheese	-	-	-	-	-	-										
Eggs	-	-	-	-	-	-										
Fish and poultry	-	-	-	-	-	-										
Meat	-	-	-	-	-	-										
Milk	-	-	-	-	-	-										
Tea and Groceries	-	-	-	-	-	-										
Vegetables	-	-	-	-	-	-										
ALCOHOL :																
Malt liquors	-	-	-	-	-	-										
Spirits	-	-	-	-	-	-										
Wine	-	-	-	-	-	-										
SURGERY AND DISPENSARY :																
Drugs	-	-	-	-	-	-										
Dressings and bandages	-	-	-	-	-	-										
Surgical instruments	-	-	-	-	-	-										
Ice and mineral waters	-	-	-	-	-	-										
Sundries	-	-	-	-	-	-										
DOMESTIC EXPENSES :																
Bedding	-	-	-	-	-	-										
Fuel	-	-	-	-	-	-										
Hardware	-	-	-	-	-	-										
Laundry and washing	-	-	-	-	-	-										
Lighting	-	-	-	-	-	-										
Water	-	-	-	-	-	-										
Sundries	-	-	-	-	-	-										
SALARIES AND WAGES :																
Resident Medical Staff	-	-	-	-	-	-										
Nursing Staff	-	-	-	-	-	-										
Other salaries and wages	-	-	-	-	-	-										
Uniforms	-	-	-	-	-	-										
RENTS AND INSURANCE							-	-	-	-	-	-				
TAXES AND PAROCHIAL RATES							-	-	-	-	-	-				
FURNITURE							-	-	-	-	-	-				
REPAIRS :																
Ordinary	-	-	-	-	-	-										
Extraordinary	-	-	-	-	-	-										
MISCELLANEOUS EXPENSES :																
Funerals	-	-	-	-	-	-										
Garden	-	-	-	-	-	-										
MANAGEMENT EXPENSES.																
OFFICE, SALARIES, AND COMMISSION							-	-	-	-	-	-				
PRINTING AND STATIONERY							-	-	-	-	-	-				
STAMPS AND POSTAGE							-	-	-	-	-	-				
ADVERTISING							-	-	-	-	-	-				
LAW CHARGES							-	-	-	-	-	-				
INCIDENTAL EXPENSES :																
Expenses of Annual Meeting							-	-	-	-	-	-				
" Special Appeals							-	-	-	-	-	-				
Interest on Loan							-	-	-	-	-	-				
Sundries							-	-	-	-	-	-				
									</							

APPENDIX N.

PAPER handed in by Mr. *Henry C. Burdett*.

ROYAL NATIONAL PENSION FUND FOR NURSES.

FEDERATION FORM FOR HOSPITALS AND INSTITUTIONS.

The _____ in Agreement with the ROYAL NATIONAL
PENSION FUND FOR NURSES.

1. THE committee of the _____ have decided to federate with the Royal National Pension Fund for Nurses, to enable them to assist the matron, superintendent of nurses, and all sisters, staff nurses, or private nurses of the hospital, under 40 years of age, who may desire to join the Royal National Pension Fund for Nurses, by paying one-half of their annual premiums while they remain in the service of the hospital, subject to the rules given hereafter.

2. The committee hereby agree that the hospital shall, in its own name, or in the name of the treasurer of the hospital for the time being, take out with the Royal National Pension Fund a policy for a pension of 10*l.* on the life of any matron, sister, or nurse of this hospital under 40 years of age, who, in her own name, takes out a policy with the pension fund for a pension of not less than 10 *l.*, making in all a pension of 20 *l.* per annum. [As to further additions, see Rule No. 4 on page 09.]

3. The committee agree to continue to pay premiums on the hospital pension policies and the sick assurance policies only so long as the nurse remains in the service of the hospital.

4. The committee are prepared to consider what help shall be given to members of the nursing staff over forty years of age, with the view of making such arrangements as may seem best in each individual case.

5. Nurses withdrawing the premiums paid in under their own policies, while in the service of the hospital, or within 12 months after leaving the hospital, will forfeit all right to the policies taken out by the hospital on their behalf.

6. After a nurse shall have been in the service of the hospital for five years, whether as probationer, nurse, sister, or otherwise, the benefit of the policy effected by the hospital on her behalf shall, if she has complied with the rules herein laid down, be considered as belonging to her (or in case of her death, to her legal representatives) and will, in accordance with the preceding rule, be formally assigned to her 12 months after leaving the hospital.

7. It is understood that should a nurse contribute any premium on behalf of the hospital policy during the 12 months after leaving the hospital, and still not become entitled to the full benefit of the hospital policy, the committee undertake to return to the nurse on her demand, the premiums so paid.

8. Nevertheless should a nurse leave the service of the hospital before the expiration of five years, the committee may, in their absolute discretion, assign the policy to the nurse, or otherwise make such *ex gratia* allowance therefrom as in their discretion they shall think fit.

9. All premiums shall be paid monthly or quarterly through the committee of the hospital, or their appointed officer for such purpose, and a nurse's acceptance of the plan of federation shall be sufficient authority for deduction to be made from her salary for the payment of the premium on her policy.

10. The committee reserve power to alter both the amount of their contributions and the conditions thereof if in their opinion it should be necessary to do so hereafter.

11. One of the conditions endorsed on the hospital policy is, that in case a nurse forfeits her right to the policy, it shall be surrendered to the Pension Fund as trustee, and all premiums which shall have been paid thereunder shall, with interest thereon, from the date of deposit, be placed to the credit of the separate trust fund of the hospital or institution federating with the Pension Fund, to accumulate at interest and to be disposed of by the committee of the hospital or institution in accordance with the society's regulations governing such trust funds.

12. These regulations are as follows:—

1. All moneys paid into the Pension Fund by any hospital or institution, together with all interest thereon, are to be devoted for the sole benefit of the members of the paid staff of such hospital or institution, as the committee thereof shall by resolution from time to time determine.

2. The benefits referred to in the foregoing rule are to be dispensed through the Pension Fund in accordance with its objects as defined in the memorandum of association. These objects include pensions, sick pay, *ex gratia* payments, gratuities, and so forth.

13. In order to assign the policy to the nominee (*i.e.* the nurse), the nominor (*i.e.* the hospital's representative) should write on the back thereof:—"All the interest in the within written policy is now vested in the nominee." This endorsement must be signed and dated by the nominor; and the

the nominee must take care to have the policy delivered to her and to register the endorsement with the Pension Fund.

The foregoing scheme is to be read in conjunction with the following rules :—

1. For the tables of rates and the conditions of the Pension Fund nurses are referred to the prospectus of that society ; and it must be understood that all rules made by the committees of hospitals or institutions federating, must be subject to the rules and conditions that from time to time govern the Pension Fund.

2. Both the hospital's and the nurses' policies must be taken out on the "returnable premium system," and, under Table B., payable at 50, 55, or 60. If the latter age be adopted the committee will, in addition, contribute on behalf of the nurse the premium for sick pay assurance of 10 s. per week.

3. Probationers are invited to join the Pension Fund on their own account as soon as possible, for a pension policy of 10 l. On their appointment on the permanent staff, the hospital policy will, in accordance with these conditions, be taken out on their behalf.

4. All pension policies taken out (a) by the nurse on her own behalf or (b) by the committee of the hospital on the nurse's behalf, will, subject to the rules, participate in the profits of the society and in the donation bonus fund.

5. Nurses desiring to take out additional policies on their own account, for either pension or sick pay, are invited to send in additional forms of proposal to the Pension Fund.

SPECIAL NOTE.

Although this scheme of federation mainly provides for the members of the nursing staff of a hospital or kindred institution, it must be distinctly understood that all officials, other than nurses, employed in the work of such hospital or institution are eligible to join the Pension Fund on the half premium principle, though not to participate in the benefits of the donation bonus fund, but only in the profit bonuses.

The within proposals were agreed to at a meeting of the Committee of the
_____ on the _____ day of _____
189__

Signed on behalf of the Committee,

Chairman.

APPENDIX O.

PAPER handed in by Mr. *Henry C. Burdett*.

DISTRIBUTION OF LONDON HOSPITALS.

CLASS OF HOSPITAL.	Situated within One Mile Radius of Charing Cross.		Within a Radius of One and Two Miles.		Within a Radius of Two and Four Miles.		Outside a Four-mile Radius.	
	Number of Hospitals.	Number of Beds.	Number of Hospitals.	Number of Beds.	Number of Hospitals.	Number of Beds.	Number of Hospitals.	Number of Beds.
General - - -	5	1,477	6	2,136	7	1,575	4	328
Children - - -	3	258	1	60	5	298	-	-
Women - - -	3	118	4	190	1	63	-	-
Consumption - - -	-	-	-	-	3	565	1	49
Fever - - -	-	-	-	-	5	1,670	1	400
Various - - -	7	453	4	191	2	291	-	-
Poor Law - - -	1	786	4	2,153	9	4,126	12	6,138
TOTAL - - -	19	3,092	19	4,730	32	8,488	18	6,905

APPENDIX P.

PAPER handed in by Mr. *Henry C. Burdett*.

NURSES' FOOD, WORK, AND HOURS OF RECREATION.

MEMORANDUM by Mr. *Henry C. Burdett*.

I AM old enough to remember hospitals and nurses as they were when Miss Nightingale first commenced her crusade of charity and reform. Looking back only a quarter of a century, however, those of us who know the state of affairs then and now, may thank God and take courage. In 1865 our hospitals left very much to be desired. The nursing, such as it was, presented features which must have proved inimical to the patients in many ways. The nurses of those days were, for the most part, uneducated and untrained. The moral tone was low, or often wanting altogether, the accommodation for the nursing staff in many cases was shameful and nearly always insanitary, whilst the food was inadequate, of poor quality, and badly served. When I first took responsible charge of a large hospital in 1868, most of the nurses slept in the basement in damp and ill-ventilated rooms, some with brick or stone floors, and in all the light was very defective. These rooms were in fact cellar-dwellings. The day nurses were nearly all old women, of the charwoman class, and there was no regular staff of night nurses at all. A very large proportion of them could not write their names, and had to make a cross when they received their wages. The night nursing was usually done in those days by old women, who consented to sleep in the hospital wards instead of in their beds at home, for which service they received 1s. 6d. a night, or about 10s. a week. Nearly everywhere a similar state of affairs prevailed, and in one of the largest London hospitals the nurses were placed in cupboards or dens on the staircases, where neither quiet, privacy, proper air, nor light could be provided. So recently as 1871 a leading hospital authority defended the system which made each nurse scrub the floors of her wards, on the ground that, if the scrubbing was to be discontinued, there would really be little or nothing for nurses to do. This fact will more forcibly illustrate the then condition of matters in regard to the nursing than anything which can be written.

THE GROWTH OF NURSING.

In 1868 it was asserted that our attempt to introduce young and intelligent women as probationer nurses into a large provincial hospital was foredoomed to failure on moral, social, and physical grounds. Morally, because of the temptations of a clinical hospital, with its host of medical students; socially, because a better class of women would regard many of the duties as menial, and the position of a nurse as beneath them; and physically, seeing that the physique of the higher grades of young women would not stand the strain incidental to the proper discharge of a nurse's duties in a hospital. It is now, no doubt, needless to say that the first objection was never justified, and that although the last two interfered with the development of the new system during the first 10 years, since that time the number who have applied to be admitted as probationers has so far exceeded the demand for their services that the strict medical examination now enforced by most training schools reduces the physical objection to a minimum. For years the proportion of applicants who failed after a preliminary trial was enormous, and it is surprisingly large still. At the outset, from some records I kept at the time, I found that out of 100 women who applied to be admitted as probationers, only four became trained and certificated nurses. Mrs. Wardroper used to say that that the Nightingale School from 30 to 40 out of every 100 probationers would, from one cause or another, fall out of the ranks during the period of training. It is desirable to remember these facts, as they illustrate how many who desire to leave home from one cause or another (very many young women regard nursing from a distance as an easy and pleasant pastime), are in practice utterly unsuited for the calling of a nurse. Few callings are more honourable, but I believe none to be so exacting and onerous.

MISS NIGHTINGALE'S OPINION.

Miss Nightingale is universally recognised as the queen of the nursing world. She is the one woman of this century who has effected a social revolution in every civilised country throughout the world without bloodshed or commotion. Indeed, the quietness of her methods is apt to make us overlook the radical character of the reforms resulting from her example, life, and work. It is greatly to Miss Nightingale's and to Mrs. Wardroper's credit that the system of nursing known as the Nightingale, wherever it has been introduced, has never been followed by a row or any public protest of any kind. Always practical, patient, thorough, and kindly, seeking no success for herself, but only the enforcement of sound principles by the introduction of a methodical system of nursing the sick, Miss Nightingale and her lamented sister, Lady Verney, have won for themselves immortal fame and gratitude. What, then, is Miss Nightingale's judgment upon the charges which have recently been made against the London Hospital with regard to the food, work, and hours of recreation of its members? She, like many of us, has procured and read the evidence given before the Lords' Committee, as anybody who was interested could and can do for a small payment, and has caused it to be publicly stated that "Miss Nightingale has satisfied herself that the charges made are without foundation." Miss Nightingale added that "no lady stands higher in nursing circles in England," or in the hospital world, "than Miss Lückes," the able and devoted matron of the great London Hospital.

GENERAL

GENERAL CONSIDERATIONS.

Before giving the facts which justify Miss Nightingale in her opinion it may be wise to state a few general considerations which must be borne in mind. First, then, although the House of Lords' Committee have not expressed any opinion, I feel called upon to say that the method of procedure so far adopted by that body is not calculated to bring out the true facts. In the first place, it must be patent to everybody that, if the discharged servants and nurses of every metropolitan and provincial hospital and poor-law institution are to be permitted to attend before the Lords' Committee and to air their grievances, the work of this committee will not be ended in our generation. I venture to think, and to say, that the only effectual way of sifting charges of this kind to the bottom is to request the complainants to formulate their grievances in writing, these should then be reduced to order under the authority of the Lords' Committee, and a copy of them sent to the authorities of the institutions immediately concerned, with a request that they will give their answer in writing also. All the documents on both sides should be verified by statutory declaration. With the two statements before them, the Lords' Committee could decide on the facts, if any, and what further steps should be taken, and how far, if at all, evidence should be admitted on the points at issue. In this way much valuable time would be saved, none but carefully prepared statements would be forthcoming, and so the Committee would be spared the oceans of voluble nonsense which they will otherwise have to face.

So far as the public and the medical profession are concerned, they have come to recognise, I believe, that whatever is good and advantageous in our present nursing arrangements is due to the wisdom and liberality of the authorities of our nurse training schools and hospitals and to their officers. Who is it that has made it possible for the public to have trained nurses at all? Who have raised the status of the nurses' calling, and by wise regulations and thoughtful care made nursing what it is to-day? Who are the nurses' best friends, to whom must the medical man and the head of a family look when it is essential to have a specially qualified nurse for a patient's case? Surely the nurse training schools. Hence the existence and efficiency of the nurse training schools are essential to the safety and welfare of the nurses and also of the public. The matron of a training school knows exactly where a particular pupil excels and where she is wanting. And as the duties of a nurse consist in tending the sick, as opposed to those of the doctor, which involve the treatment and the prescribing of medicine, so it is essential to the comfort, nay, sometimes to the very recovery of a patient that the nurse selected should possess the qualities and capacity for tending the case in the best and special way the doctor requires. The nurse is sure of better and juster treatment at the hands of her *Alma Mater* than from others, because her school authorities know all about her, and it is to their interest, as well as to her own, that she should always give satisfaction, and so achieve the maximum of success. Neither the medical profession, the nurses, nor the public can do without the nurse training school, and it behoves us to unite these four interests in every possible way. A very great responsibility therefore rests upon the nurse training school authorities, and I will now proceed to consider how far their action has justified Miss Nightingale in her verdict that the recent charges are without foundation. I have divided my subject into three heads; and purpose to consider each in turn. To enable me to do justice to the subject, I placed myself in communication with all the great hospitals (metropolitan and provincial), and some of the representative poor-law infirmaries, and I am deeply indebted to the matrons and secretaries who have so kindly supplied me with the facts I am about to deal with.

NURSES' FOOD.

The statement has been made, and widely circulated, that the food supplied to nurses, and especially to night nurses, is insufficient and unsuitable. The grounds for this assertion are, that on one night in a particular hospital the night nurses on duty had sardines and marmalade for breakfast before going on duty, and pickled mackerel with bread and butter to sustain them during the night. It is interesting in this connection to point out that when Miss Twining read a paper before this Association in May 1885, she suggested a reduction in the amount of meat, and the substitution of farinaceous food and soup in lieu of the best joints, poultry, &c. Here, therefore, is an amazing conflict of opinion, with the notable circumstances that the trained and experienced authority, Miss Twining, demands less meat, whilst the new-born enthusiasm of the amateur and inexperienced critic declares such food to be insufficient and unsuitable, and so cries out for meat, more meat. Let us see what food is, as a matter of fact, supplied to the day and night nurses of the hospitals of this country. I have tables here which give the details of the diets supplied to nurses at nearly all the chief hospitals, and it is entirely at the service of the meeting. They show that the food is not only not unsuitable or insufficient, but that it is varied and bountiful. To bring this out clearly, I will summarise the returns and give a list of the articles on the diet tables for day and night nurses at every meal. Taking the day nurses first, we have—

Day Nurses' Menu.

For Breakfast.—Tea, coffee, cocoatina, bread and butter, bacon and eggs (in one case new-laid eggs are specially imported from Lincolnshire), ham or tongue, haddocks, sardines, kippers, potted lobster, marmalade, potted meat, pickled pork, sausage-rolls, cold bacon, and broiled bacon.

Lunch.—Beer, coffee or milk, cheese, pudding, bread and butter, treacle, odds and ends.

Dinner.—Soup, meat, hot dishes (two courses), stews, beef-steak pie, fish, haricots, rabbits, geese, chops, made dishes, cold joints (in summer with salad), occasionally poultry and game; vegetables (two kinds), puddings, stewed fruits, beer, porter, milk, and cheese.

Tea.—Bread and butter, cake, jam, marmalade, treacle, sometimes salad.

Supper.—Soup, meat (cold or hot), puddings, milk pudding, salad, bread and cheese, hash with vegetables, sausage or fish pie, mince, fried bread and bacon, scones and cheese, porridge, made-up dishes, curries, pickles with cold meat, coffee, beer, porter, milk, bread.

Night Nurses' Menu.

Supper or Breakfast.—Soup, meat, eggs, fried bacon, mince and mashed potatoes, stew, sardines, cold bacon, broiled bacon, fish, puddings, marmalade, bread and butter, tea, coffee, milk, and beer.

Dinner.—Hot joints, cold joints, or made dishes, fish, steaks, chops, cold joints (in summer with salad), vegetables, puddings or tarts, bread and butter, cheese, beer, porter, coffee, or milk.

Tea or Luncheon.—Bread and butter, cheese, cake, jam, treacle, occasionally tea, ale, milk.

Night Meals taken in Ward Kitchens.—Tea, coffee, or cocoa, fish, eggs, meat, bacon, sausages, kippered herrings, German sausage, corned beef, boiled bacon, meat pies, curries, cutlets, sardines, bread and butter, vegetables, puddings, cold meat, jam.

Of course these menus include all the items on the diet tables of the hospitals, but if the various dishes are given in turn, surely there must be enough variety to satisfy the most exacting appetite. The regard which is shown for the varied tastes of the nurses seems proved by such notes as the following: "Meat for nurses in diphtheria wards"; "Variety studied as much as possible"; "Have very few routine dishes, and vary puddings as much as possible." Even the ancient tradition concerning Friday is remembered, for I find the note from one hospital runs: "Friday, hot fish and cold meat"; and again, that from another, "Fish one end of table on Friday, and meat at the other." The preponderance of fish on Fridays in a hospital like the London, which numbers many Roman Catholics on its staff, is solely due to consideration for the nurses. I have only one other remark to make on this head. It is proverbial that a bountiful Creator sends us food, and someone else, who shall be nameless, sends us cooks. Now, although I am convinced, from personal observation, that the cooking has everywhere vastly improved, owing, in the case of the larger hospitals, to the establishment of a separate kitchen and staff for the nurses, still, no doubt, the best of cooks will everywhere find a hearty welcome. An obliging correspondent, an able hospital secretary, suggests, therefore, that, as it is difficult to get a good cook, it might be well if some of the thousands of applicants who aspire to be nurses would turn their attention to cooking, and then everybody ought to be pleased and thankful.

Speaking generally, I should venture to state that at the larger hospitals throughout the country, the food arrangements for nurses are decidedly good and sufficient. No doubt, individual governors might, with advantage, call at the hospitals they may support, any day about 12.45, the hour at which the nurses' dinners are served. They would, I know, be welcomed by the matron, who would show them into the nurses' dining room, and so they would be able to judge for themselves. Hospital committees would be well advised to take care to remember the importance to be attached to a knowledge of housekeeping on the part of the matron when making such appointments. It has not been possible for me to go into the food supply of nurses at the smaller hospitals, some of which it is declared have not yet displayed sufficient interest in this important question. Be this as it may, I hope one result of this paper may be that every hospital committee and matron, however small the institution, will look into this matter with a view to remedying any defects, should such be found to exist.

HOURS OF WORK.

In considering this point we must remember that nurses are not nearly so hard worked nowadays as they were formerly. There must now be at least two, and sometimes even three nurses on the permanent staff for every one formerly employed. Then the work used to be far harder and rougher in every way. In order to understand the labour demanded of a nurse, it is necessary to remember that there are hospitals and hospitals. In non-clinical hospitals, *i.e.*, hospitals not connected with medical schools, the work is usually much lighter than in others. Again, in clinical hospitals the students do much of the work which devolves upon the nurses at the smaller institutions. I am by no means certain that some non-clinical hospitals do not turn out the best nurses in consequence. Then, in the provincial hospitals it is usual for the honorary medical staff to visit the wards in the early part of the day, the consequence being that in the afternoon the work is light, and a nurse, as a result, has much more time to herself. In the large London hospitals, on the contrary, the honorary medical staff visit the wards in the afternoons, a practice which greatly increases the strain on the nurses employed. These and many other considerations must be borne in mind, as it is impossible to deal with this question as affecting all hospitals alike, or to compare any two hospitals without a full knowledge of the special features of each. I should have been in a difficulty on this point, as I have purposely avoided mentioning any particular hospital, had it not been for the fact that Miss Isla Stewart has written an excellent article in "Murray's Magazine," for August 1890—which everyone interested in these questions ought to read—in which she gives full particulars concerning the hours of work at St. Bartholomew's Hospital. She states the facts to be as follows:—

"A DAY'S WORK AT ST. BARTHOLOMEW'S HOSPITAL.

"They (the nurses) go on duty at 7 a.m., and for the next three hours they really work hard, making beds, scrubbing lockers, sweeping, polishing, dusting, and doing the hundred-and-one things that produce that air of comfort and cleanliness so characteristic of a well-kept hospital. After 10 o'clock there is a considerable pause. The patients having been well attended to, and having had

had their lunch, are rarely in want of anything, and the nurses now have leisure to do a little sewing, or other ward work. The house physician, or surgeon, makes his round without creating much bustle. At noon the nurses go to dinner, and at 12.30 the patients' dinner is usually served. Then the ward is tidied up and made ready for the visiting physician or surgeon, who always produces a pleasurable excitement as he goes from bed to bed, followed by his class of students. Tea for the patients is served at 4 p.m., and for the nurses at 4.30 p.m. Then follows a very quiet time till 6 p.m., when a sort of miniature repetition of the morning's work is done. All being finished at 8 p.m., the gas is turned down and the nurses wait in quietness until 9 o'clock, when, on the arrival of the night nurses, they go off to supper. I do not say that nurses have never more to do than this. I know there are times when they work hard all day, and have hardly a moment to sit down; but I know also there are times when they have not even so much to do as I have stated; but as the exigencies of a ward vary very much, and as we can never hope to reduce human ailments and wants to a machine-like regularity, the evils arising from this variability must be endured. Looked at in this light, the 14 hours' work does not seem such a hardship, and there is apparently no help for it at present, as I doubt if any of the authorities in hospitals would feel justified in incurring the enormous expense which would necessarily be entailed by the increase of the nursing staff sufficiently to allow of shorter hours."

Miss Stewart tells us in another place that probationers at Bart.'s during their three years' training are off duty each month, during the first week on three days only, viz., twice for two and three-quarter hours, and once for three hours. During the second week once for two and three-quarter hours, and once for six and three-quarter hours. In the third week twice for two hours and three-quarters, and once for three hours, and in the fourth week once for two and three-quarter hours, and once for thirteen and three quarter hours. They also are allowed three hours off duty on Sundays.

It will thus be seen that at St. Bartholomew's Hospital on three days in each week, and sometimes for four days in each week, the nurses are kept on duty for 14 hours in each day, with no intermission, except at meal times, and there can be no question that Miss Stewart is right in stating by implication that the nurses have reason to grumble at the shortness of their off duty time.

It will thus be seen that during the four weeks, representing 28 days, a Bart.'s nurse is on duty 334½ hours, or nearly 12 hours per diem. That is to say, that after deducting the time allowed for meals, and the hours off duty, a Bart.'s nurse is kept continuously at work for nearly 12 hours on every day throughout the year, with the exception of 14 days, when she is away on her annual holiday.

Every hospital nurse ought to have two hours off duty every day at the very least, and in addition to this she should have one day and night off (*i.e.*, a clear 24 hours) per month. In the case of probationers, I think it would be wise to make arrangements to allow them to have three hours per day off duty, in addition to one day and night off per month. It is satisfactory to note that very many hospitals have recognised this fact, and that it is the practice to allow nurses at least two hours per diem off duty, in addition to meal times. I am of opinion that a fair day's work for a nurse is 10 hours, the working day to extend from 7 a.m. to 9 p.m. I should divide the day as follows:—

Breakfast	-	-	-	-	-	-	-	-	6.30 a.m.
On duty	-	-	-	-	-	-	-	-	7 to 11 a.m.
Lunch	-	-	-	-	-	-	-	-	11 to 11.30 a.m.
On duty	-	-	-	-	-	-	-	-	11.30 a.m. to 1 p.m.
Dinner	-	-	-	-	-	-	-	-	1 to 1.30 p.m.
On duty	-	-	-	-	-	-	-	-	1.30 to 3 p.m.
Off duty	-	-	-	-	-	-	-	-	3 to 5 p.m.
Tea	-	-	-	-	-	-	-	-	5 to 6 p.m.
On duty	-	-	-	-	-	-	-	-	6 to 9 p.m.

To enable this programme to be carried out, some of the nurses would, however, be on duty from 2 to 5 p.m., taking their time off duty from 6 to 8 p.m.

This gives a working day of 10 hours, and might be readily arranged in all hospitals where the honorary medical staff do not visit their patients in the afternoon. It is a time-table which might be adopted by nine-tenths of the hospitals throughout the country, and is already in force in several of them. It is sad to state that there are some homes and hospitals which work their nurses regularly for 14 hours, and it is to be hoped that the fuss before the Lords' Committee will cause all hospital authorities to inquire into the hours of the nurses in the institutions which they manage. Miss Stewart has already made it clear that in our oldest hospital, where the nurses appear to be on duty for more hours in each day than elsewhere, there are quiet times, as well there may be, for the nurses, and it must not be concluded that a nurse is always kept constantly on her feet and at work during the whole time she is in the wards. This may happen in a few hospitals, and in busy times; but it is by no means the rule, or nurses would have to be made of something much more robust than flesh and blood.

One word as to the night nurses. It is the almost universal opinion of hospital matrons at the present day that night duty should be undertaken for a period of three months, and no longer, when day duty should be resumed. Thus, in some hospitals a probationer is put on night duty for three months, and then on day duty for a similar period in the same ward. She is then moved to another ward, where she serves three months on night duty, and three months on day duty as before.

HOURS OF RELAXATION.

I have already stated that every nurse should be allowed at least two hours per diem for relaxation, in addition to one day off duty per month. In addition to the two hours per diem, some hospitals, the London amongst others, have the excellent arrangement of giving the sisters power to grant a nurse four hours off duty once a week, as circumstances will permit :—the matron has the power to grant late passes to those who wish to go to a concert, or perhaps dine with friends. Every nurse should be allowed three weeks' holiday in the year, which should be taken in periods of not less than one week at a time. Sisters should have at least 31 days' leave, to be taken in the same way and under similar conditions.

The question arises, how can nurses spend their leave, and what can they do with themselves in the heart of a great city? I find that they are, not unnaturally, so tired that most of them do not care to walk. The top of an omnibus or tramcar, and the deck of a steamboat, in fine weather, are therefore very favourite methods of taking the air. When a nurse has four hours, she likes to get away to the West-end to see the shops, the picture galleries, or to go to an afternoon concert or theatre. I am inclined to think, however, that much good might be done in an inexpensive way by many wealthy people if they were to give a thought to the busy and exacting life that nurses lead in our hospitals. In summer, at very little expense, one or more of the wealthy governors might arrange to give the nurses attached to the hospital they favour, an occasional picnic to Kew Gardens, to their own country seat, or to some other locality where fresh air and country scenes can be provided. Again, an occasional theatre does the nurse a great deal of good, and I think I may with confidence bring this fact to the notice of the managers. The managers of some of the principal theatres already send tickets to the matrons for the nurses from time to time. Many people have boxes at the Albert Hall, at Drury Lane, and elsewhere, which they cannot always occupy, and which might be filled by hospital nurses and sisters, if the owners would send their pass in turn to the matrons of the various hospitals. It has been suggested that ladies and gentlemen might send their carriages to the hospital by arrangement with the matron, and so give nurses an airing. Some few kind souls have already adopted this course, and continue to keep it up with commendable regularity. It is an idea, however, which does not seem to have grown in favour, partly, I believe, because nurses are independent enough to desire to spend their hours of recreation in their own way. Many a nurse would like to go for a drive by herself, or with a friend, who would not care to go if she had three other nurses with her. After all, this is a matter of detail, which a little tact could set right.

In 1884 I took great pains to ascertain whether the establishment of a Holiday House or Home of Rest for Nurses in some salubrious locality would be a step in the right direction. I sent a letter to every matron in the country, and in the result the opinion generally held was that of Mrs. Bedford Fenwick (*née* Manson), who wrote to the effect that "A Holiday House would be useful, but as a retreat for hospital nurses it would have great drawbacks. What is required is a permanent home for nurses incapacitated by old age or sickness."

The truth is, that when a nurse goes for a holiday it is essential for her health that she should escape from what is vulgarly known as "the shop." She does not want to meet other nurses in some central home, where the talk will be eternally about hospitals and cases, and all sorts of details of the daily life and work she leads in the hospital. She wants rest, she wants change of scene, of ideas, of companions, and of surroundings. Without these her holiday is relatively unsuccessful, and her health is not re-established to anything like the extent it would have been had she avoided institution life, and gone elsewhere. For these reasons, I believe that the scheme propounded by Miss Philippa K. Hicks, of the Great Ormond Street Hospital for Children, which has proved such a great success, is one worthy of the generous support and cordial approval of all who are interested in nurses. Experience shows that when sadly needing a few weeks' rest and holiday, many nurses have neither friends nor relations whom they can visit, hence Miss Hicks started the idea of getting ladies in the country to invite one or more nurses during the year to stay in their families. By this means a more complete time of rest, relaxation, and change is obtained than by a far longer stay in some institution.

The plan has been tried for some years, and has proved so great a boon to the nurses in many of our large City hospitals, that the time has arrived when an endeavour should be made to secure its extension by getting more ladies to offer a fortnight's change to those who need it. The ladies who have so far co-operated, state that in large houses such an addition to the household makes no difference, whilst others, who have but small means and large hearts, full of charity and love towards those whose lives are devoted to the sick and suffering, maintain that the admission of the nurse into their household for a short time is no inconvenience. Miss Hicks is a practical woman, who carefully arranges the details and sends her nurses to houses where the circumstances of hostess and guest will best assimilate. The scheme deserves the utmost measure of support and sympathy, because it enables nurses to get quite away from the sad routine of sick nursing into fresh scenes and new surroundings, which is the most invigorating stimulant to renewed energy for work.

Of course, Miss Hicks has only been able to undertake to provide for a limited number of nurses. I see no reason, however, why the honorary secretaries of the Hospitals Association should not set to work, and, by a little self-denial, collect particulars, both of the nurses who desire a change, and of those who are prepared to receive nurses when on their holiday. In this way every nurse who desires rest and change might ultimately be accommodated, to the mutual satisfaction of all concerned.

Reverting

Reverting for a moment to the general question, I may state that I have recently been visiting some of the large provincial hospitals, and have been struck with the cheerfulness with which everybody fulfils their duties, and have been forced to the conclusion, that after all there are few places in the world where the earnest life-work of a devoted man or woman can be more happily or usefully performed than within the walls of one of our hospitals. Here a useful and busy life can be spent under the most pleasant auspices, as every worker has the right to feel if they do their best, that the daily round is, in their case, not only hopeful to others, but entirely satisfactory to themselves.

GENERAL SUMMARY.

I will now summarise the opinions of the ladies who have charge of the principal hospitals in this country.

It is considered that the remedy for long hours will be found in the proper arrangement of the work of the nursing staff. It is generally held that for each set of wards containing 30 beds there should be provided at least—

- One sister ;
- One staff nurse, in her second year of training ; and
- Three probationers.

In a few of the large clinical hospitals in London an effective remedy for long hours would be to arrange for the visiting physicians and surgeons to pay their visits in the morning. This practice generally prevails outside London, and it is also met with in some of the special hospitals in London. I am afraid, however, that the difficulties in the way of its general adoption are considerable. Further, where each nurse is allowed, exclusive of meal-times, two hours off duty per day and one day and night per month, a remedy for long hours has been effectively applied.

It is generally allowed that 10 hours on duty in the wards is not too long a time, and that to reduce the hours below this point would have very serious disadvantages, and not be calculated to promote the best interests of either the nurses, the patients, or the hospitals. After all, it is essential to good nursing that each sister and the charge-nurse should take a personal interest in her cases, and to secure this they must have practical charge of them from first to last, for which purpose it is necessary that they should be on duty for at least 10 hours in each day.

On the question of food, where there is a nursing institution attached to the hospital and a nurses' home, it seems desirable that there should be a separate kitchen and *cuisine* for the nurses. Although a printed diet table, setting forth the meals to be provided for the nurses each day for the period of a month, has advantages, it is generally held that as much variety as possible should be aimed at, the better plan is to keep a record of the meals supplied each day, without having a fixed diet table.

The best arrangement of meals of night nurses appears to be : Breakfast from 8 to 8.30 p.m. ; two meals during the night, and dinner on coming off duty at 9 to 9.30 a.m. In some hospitals the night nurses have milk, or some light refreshment, before going to bed. The meals during the night are served in the ward kitchens ; breakfast and dinner being served in the nurses' dining hall.

Although some matrons hold that it is better for a nurse to be permanently engaged on night duty, the general opinion seems to be that it is best for the health of the nurses and for the efficiency of the nursing that they should alternate day and night duty, changing over every three months.

Finally, there seems to be a general consensus of opinion that the matron should either preside during the nurses' dinner hour, or that she should, at any rate, frequently inspect the meals served in the nurses' dining hall.

APPENDIX Q.

PAPER handed in by Mr. *T. D. Mann*, 22 June 1891.

METROPOLITAN ASYLUMS BOARD.—FEVER AND SMALLPOX HOSPITALS.

STATEMENT of the Amount expended on Capital Account in erecting and fitting up the
Fever and Smallpox Hospitals.

<i>Fever Hospitals</i> —(six in number):	£.
Cost of Land - - - - -	92,512
Cost of erecting Buildings, Engineering Works, Fixtures and Fittings, } Furniture and Bedding, Professional, and all Charges - - - }	447,745
	£. 540,257
<i>Smallpox Hospitals</i> :	
Cost of Three Ships and fitting them up as Hospitals, Furniture, erecting } Administrative Buildings on Shore, including Site, construction of Pier, } Electric Lighting Plant, &c. - - - - - }	95,970
	£.
Cost of Land for Gore Farm Hospital - - - - -	16,900
Cost of erecting and fitting up Gore Farm Hospital - - -	61,580
Cost of consolidating two old Smallpox Camps at Gore Farm into } an Infirmary - - - - - }	3,978
	82,458
	£. 178,428

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Metropolitan Hospitals, &c.

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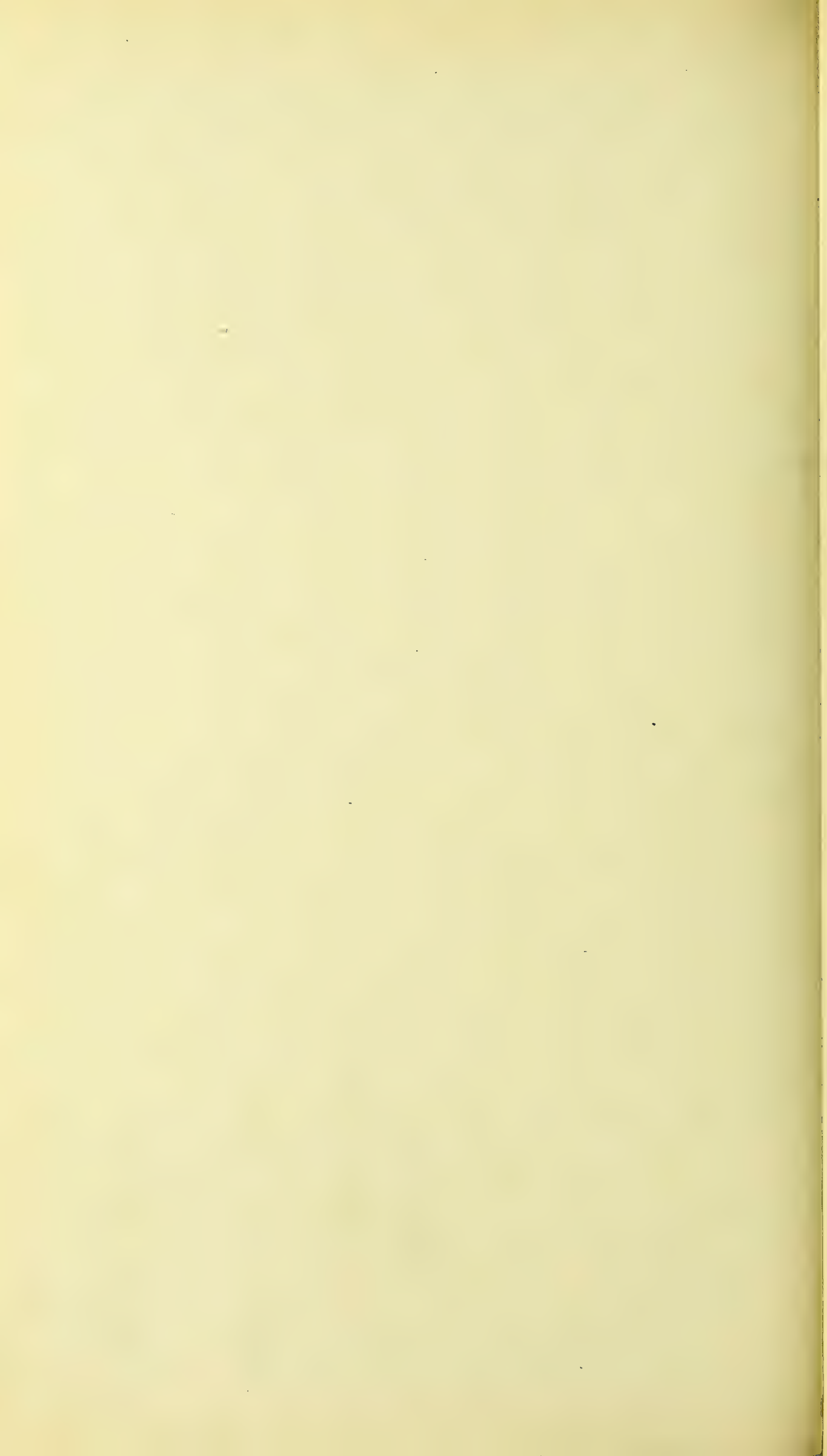
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